

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: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 6/2/2014 3:10 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 6/2/2014	Time: 3:10 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. 01001 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 KATHERINE SHAW BETHEA (140012) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

Cost Center Description	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	-328,681	-8,252	0	0	1.00
2.00 Subprovider - IPF	0	35,351	-1		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	1		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	-293,330	-8,252	0	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: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 6/2/2014 3:07 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: KATHERINE SHAW BETHEA HOSPITAL			PO Box: 403 EAST						1.00	
2.00	City: DIXON,			State: IL		Zip Code: 61021-		County: LEE		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		KATHERINE SHAW BETHEA	140012	99914	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		KSB PSYCH	14S012	99914	4	11/01/1983	N	P	O	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		KSB HOME HEALTH	147131	99914		07/07/1976	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2013		12/31/2013		20.00	
21.00	Type of Control (see instructions)							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	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y		Y		22.01	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							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	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		1,204	712	0	0	42	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.		0	0	0	0	0	0		25.00	
						Urban/Rural	S	Date of Geogr			
						1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.							2		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.							2		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				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	N	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
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)	N				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20		
				1.00			
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01		
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			N	63.00		
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
			Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</u>							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	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)			N	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.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
					1.00		
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.						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)			N			106.00

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		V 1.00	XIX 2.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 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		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	952,531	352,947		0
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		
119.00	DO NOT USE THIS LINE				
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N		N
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				
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		

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1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:			
142.00	Street:	PO Box:					
143.00	City:	State:		Zip Code:			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				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.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				N	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)					0.00	
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)					0.00	
				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)					170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 6/2/2014 3:07 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
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	05/13/2014	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 6/2/2014 3:07 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.	KAREN		SUI K	41.00
42.00	Enter the employer/company name of the cost report preparer.	KATHERINE SHAW BETHEA HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-285-5523		KSUI K@KSBHOSPITAL.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 6/2/2014 3:07 pm
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		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	05/13/2014	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
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.	DIRECTOR OF ACCOUNTING	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140012

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

Worksheet S-3
Part I
Date/Time Prepared:
6/2/2014 3:07 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	60	21,900	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)		60	21,900	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		66	24,090	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,110		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	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	99.00				0	25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		80				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140012

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

Worksheet S-3
Part I
Date/Time Prepared:
6/2/2014 3:07 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)	4,983	871	8,866			1.00
2.00 HMO and other (see instructions)	152	712				2.00
3.00 HMO IPF Subprovider	1	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	4,983	871	8,866			7.00
8.00 INTENSIVE CARE UNIT	673	109	1,279			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		230	680			13.00
14.00 Total (see instructions)	5,656	1,210	10,825	6.99	791.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,368	723	3,162	0.00	13.00	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	4,169	337	6,406	0.00	10.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				6.99	814.00	27.00
28.00 Observation Bed Days		472	3,130			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	36	101			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140012

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

Worksheet S-3
Part I
Date/Time Prepared:
6/2/2014 3:07 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	1,584	748	3,789	1.00
2.00 HMO and other (see instructions)			42			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,584	748	3,789	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	177	132	494	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					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	0.00					25.00
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140012		Period: From 01/01/2013 To 12/31/2013		Worksheet S-3 Part II Date/Time Prepared: 6/2/2014 3:07 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	61,438,868	0	61,438,868	1,731,477.00	35.48	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		1,705,743	63,795	1,769,538	8,180.00	216.32	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		22,040,241	0	22,040,241	123,784.00	178.05	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	50,489	0	50,489	2,097.00	24.08	7.00
7.01	Contracted interns and residents (in an approved programs)		435,217	0	435,217	12,434.00	35.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		1,425,052	-43,778	1,381,274	57,078.00	24.20	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		790,257	0	790,257	6,636.00	119.09	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		28,268	0	28,268	243.00	116.33	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		18,241,116	0	18,241,116			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		656,658	0	656,658			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		261,931	0	261,931			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		3,510,176	0	3,510,176			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		149,363	0	149,363			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	471,669	0	471,669	19,386.00	24.33	26.00
27.00	Administrative & General	5.00	5,990,775	-467,353	5,523,422	244,658.00	22.58	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	915,066	12,363	927,429	41,647.00	22.27	30.00
31.00	Laundry & Linen Service	8.00	23,761	0	23,761	2,085.00	11.40	31.00
32.00	Housekeeping	9.00	727,330	-195,744	531,586	61,216.00	8.68	32.00
33.00	Housekeeping under contract (see instructions)		132,833	0	132,833	4,160.00	31.93	33.00
34.00	Dietary	10.00	929,224	-213,436	715,788	50,328.00	14.22	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	213,436	213,436	15,324.00	13.93	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,330,753	-3,339	1,327,414	26,441.00	50.20	38.00
39.00	Central Services and Supply	14.00	37,232	0	37,232	3,244.00	11.48	39.00
40.00	Pharmacy	15.00	959,137	0	959,137	24,458.00	39.22	40.00
41.00	Medical Records & Medical Records Library	16.00	1,765,432	-662,567	1,102,865	82,379.00	13.39	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140012

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

Worksheet S-3
Part II
Date/Time Prepared:
6/2/2014 3:07 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	0	215,810	215,810	7,290.00	29.60	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: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part III Date/Time Prepared: 6/2/2014 3:07 pm
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	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	39,045,754	0	39,045,754	1,597,322.00	24.44	1.00
2.00	Excluded area salaries (see instructions)	1,425,052	-43,778	1,381,274	57,078.00	24.20	2.00
3.00	Subtotal salaries (line 1 minus line 2)	37,620,702	43,778	37,664,480	1,540,244.00	24.45	3.00
4.00	Subtotal other wages & related costs (see inst.)	818,525	0	818,525	6,879.00	118.99	4.00
5.00	Subtotal wage-related costs (see inst.)	18,503,047	0	18,503,047	0.00	49.13	5.00
6.00	Total (sum of lines 3 thru 5)	56,942,274	43,778	56,986,052	1,547,123.00	36.83	6.00
7.00	Total overhead cost (see instructions)	13,283,212	-1,100,830	12,182,382	582,616.00	20.91	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 6/2/2014 3:07 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,622,371	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	328,231	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	59,834	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)	11,448,264	8.00
9.00	Prescription Drug Plan	1,936,140	9.00
10.00	Dental, Hearing and Vision Plan	465,794	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	117,934	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)	289,255	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	337,612	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	2,701,843	17.00
18.00	Medicare Taxes - Employers Portion Only	890,864	18.00
19.00	Unemployment Insurance	142,530	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))	1,131,527	21.00
22.00	Day Care Cost and Allowances	56,695	22.00
23.00	Tuition Reimbursement	140,987	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	22,669,881	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part V Date/Time Prepared: 6/2/2014 3:07 pm
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF			0 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	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	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
17.00	Renal Dialysis			0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140012 Component CCN: 147131		Period: From 01/01/2013 To 12/31/2013		Worksheet S-4 Date/Time Prepared: 6/2/2014 3:07 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			LEE		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	1,855	38	0	1,893	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	243.00	31.00	125.00	396.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			2.00	0.00	2.00	4.00
5.00	Other Administrative Personnel			2.00	0.00	2.00	5.00
6.00	Direct Nursing Service			8.00	0.00	8.00	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			0.00	0.00	0.00	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.00	0.00	0.00	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.00	0.00	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			2.00	0.00	2.00	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	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.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99914			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,605	84	81	48	1,818	21.00
22.00	Skilled Nursing Visit Charges	471,739	25,655	22,800	14,110	534,304	22.00
23.00	Physical Therapy Visits	1,523	2	35	13	1,573	23.00
24.00	Physical Therapy Visit Charges	565,245	378	12,096	4,734	582,453	24.00
25.00	Occupational Therapy Visits	142	3	4	0	149	25.00
26.00	Occupational Therapy Visit Charges	54,789	1,182	1,182	0	57,153	26.00
27.00	Speech Pathology Visits	24	0	0	0	24	27.00
28.00	Speech Pathology Visit Charges	7,345	0	0	0	7,345	28.00
29.00	Medical Social Service Visits	1	0	0	0	1	29.00
30.00	Medical Social Service Visit Charges	473	0	0	0	473	30.00
31.00	Home Health Aide Visits	576	16	1	11	604	31.00
32.00	Home Health Aide Visit Charges	80,960	2,216	142	1,492	84,810	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,871	105	121	72	4,169	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,180,551	29,431	36,220	20,336	1,266,538	35.00
36.00	Total Number of Episodes (standard/non outlier)	263		41	6	310	36.00
37.00	Total Number of Outlier Episodes		3		1	4	37.00
38.00	Total Non-Routine Medical Supply Charges	94,025	4,760	2,691	1,323	102,799	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 6/2/2014 3:07 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)		0.230113		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		9,614,830		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		48,183,372		6.00
7.00	Medicaid cost (line 1 times line 6)		11,087,620		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		1,472,790		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		224,094		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,472,790		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	11,054,096	1,579,157	12,633,253	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,543,691	363,385	2,907,076	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,543,691	363,385	2,907,076	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		5,251,649		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		230,616		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		5,021,033		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,155,405		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,062,481		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,535,271		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140012		Period: From 01/01/2013 To 12/31/2013		Worksheet A	
Date/Time Prepared: 6/2/2014 3:07 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		3,335,416	3,335,416	763,847	4,099,263	1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		3,318,770	3,318,770	641,770	3,960,540	2.00
3.00 00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	471,669	188,508	660,177	0	660,177	4.00
5.01 00510	NONPATIENT TELEPHONES	0	0	0	706,569	706,569	5.01
5.02 00520	DATA PROCESSING	1,370,135	2,114,759	3,484,894	-705,238	2,779,656	5.02
5.03 00530	PURCHASING RECEIVING AND STORES	360,462	500,745	861,207	-135,549	725,658	5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE	1,568,372	2,062,409	3,630,781	-1,766,417	1,864,364	5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	2,691,806	7,563,745	10,255,551	-108,894	10,146,657	5.05
7.00 00700	OPERATION OF PLANT	915,066	2,718,190	3,633,256	-148,444	3,484,812	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	23,761	371,544	395,305	0	395,305	8.00
9.00 00900	HOUSEKEEPING	727,330	556,357	1,283,687	-210,720	1,072,967	9.00
10.00 01000	DIETARY	929,224	668,802	1,598,026	-748,478	849,548	10.00
11.00 01100	CAFETERIA	0	0	0	748,478	748,478	11.00
13.00 01300	NURSING ADMINISTRATION	1,330,753	267,037	1,597,790	-2,840	1,594,950	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	37,232	2,952,332	2,989,564	-2,897,273	92,291	14.00
15.00 01500	PHARMACY	959,137	2,717,731	3,676,868	-2,770,940	905,928	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,765,432	730,167	2,495,599	-675,079	1,820,520	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01 01701	UTILIZATION REVIEW	0	0	0	232,120	232,120	17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	50,489	0	50,489	645,148	695,637	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	942,398	877,028	1,819,426	-559,830	1,259,596	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	4,521,545	629,156	5,150,701	-125,909	5,024,792	30.00
31.00 03100	INTENSIVE CARE UNIT	1,185,009	217,668	1,402,677	-80	1,402,597	31.00
40.00 04000	SUBPROVIDER - I PF	930,249	95,433	1,025,682	-235	1,025,447	40.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	374,650	70,013	444,663	1,906	446,569	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	1,312,609	738,703	2,051,312	-169,912	1,881,400	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	120,110	120,110	52.00
53.00 05300	ANESTHESIOLOGY	0	50,212	50,212	-35,156	15,056	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,112,210	1,098,320	2,210,530	-2,021	2,208,509	54.00
54.01 05401	ULTRA SOUND	316,626	68,223	384,849	1,570	386,419	54.01
57.00 05700	CT SCAN	115,599	239,558	355,157	0	355,157	57.00
58.00 05800	MRI	148,084	184,120	332,204	0	332,204	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	1,904,834	1,904,834	59.00
60.00 06000	LABORATORY	2,424,472	2,551,854	4,976,326	-3,656	4,972,670	60.00
60.01 06002	BLOOD BANK	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	752,455	259,023	1,011,478	-233,855	777,623	65.00
66.00 06600	PHYSICAL THERAPY	1,452,939	384,611	1,837,550	-64,256	1,773,294	66.00
67.00 06700	OCCUPATIONAL THERAPY	264,184	29,983	294,167	39,305	333,472	67.00
68.00 06800	SPEECH PATHOLOGY	280,216	75,970	356,186	-43,987	312,199	68.00
69.00 06900	ELECTROCARDIOLOGY	926,072	1,876,626	2,802,698	-2,954,088	-151,390	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	263,926	41,206	305,132	77	305,209	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,837,049	3,837,049	71.00
71.01 07101	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	40,504	20,949	61,453	0	61,453	71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	711,025	711,025	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	1,176,283	1,176,283	2,627,835	3,804,118	73.00
75.00 07500	ASC (NON-DISTINCT PART)	605,648	134,097	739,745	1,608	741,353	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 09001	PROVIDER BASED CLINICS	25,790,466	5,450,752	31,241,218	2,433,077	33,674,295	90.01
91.00 09100	EMERGENCY	3,983,336	667,639	4,650,975	-5,729	4,645,246	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00 09900	CMHC	0	0	0	0	0	99.00
101.00 10100	HOME HEALTH AGENCY	494,209	99,352	593,561	-42,781	550,780	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE	0	1,004,961	1,004,961	-1,004,961	0	113.00
116.00 11600	HOSPICE	0	0	0	0	0	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	61,438,274	48,108,252	109,546,526	0	109,546,526	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	594	1,386	1,980	0	1,980	190.00
194.00 07950	MEALS ON WHEELS	0	0	0	0	0	194.00
194.10 07958	IHAP	0	-6,012	-6,012	0	-6,012	194.10
200.00 20000	TOTAL (SUM OF LINES 118-199)	61,438,868	48,103,626	109,542,494	0	109,542,494	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140012

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

Worksheet A
Date/Time Prepared:
6/2/2014 3:07 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	-502,515	3,596,748	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-55,978	3,904,562	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-99,662	560,515	4.00
5.01	00510	NONPATIENT TELEPHONES	-3,097	703,472	5.01
5.02	00520	DATA PROCESSING	0	2,779,656	5.02
5.03	00530	PURCHASING RECEIVING AND STORES	-23,931	701,727	5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	1,864,364	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	-3,836,399	6,310,258	5.05
7.00	00700	OPERATION OF PLANT	-26,143	3,458,669	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	395,305	8.00
9.00	00900	HOUSEKEEPING	0	1,072,967	9.00
10.00	01000	DIETARY	0	849,548	10.00
11.00	01100	CAFETERIA	-387,341	361,137	11.00
13.00	01300	NURSING ADMINISTRATION	-166,680	1,428,270	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	92,291	14.00
15.00	01500	PHARMACY	0	905,928	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-64,487	1,756,033	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
17.01	01701	UTILIZATION REVIEW	0	232,120	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	695,637	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,259,596	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	5,024,792	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,402,597	31.00
40.00	04000	SUBPROVIDER - IPF	0	1,025,447	40.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	446,569	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,881,400	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	120,110	52.00
53.00	05300	ANESTHESIOLOGY	0	15,056	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-306	2,208,203	54.00
54.01	05401	ULTRA SOUND	0	386,419	54.01
57.00	05700	CT SCAN	0	355,157	57.00
58.00	05800	MRI	0	332,204	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,904,834	59.00
60.00	06000	LABORATORY	-434,662	4,538,008	60.00
60.01	06002	BLOOD BANK	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	777,623	65.00
66.00	06600	PHYSICAL THERAPY	0	1,773,294	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	333,472	67.00
68.00	06800	SPEECH PATHOLOGY	0	312,199	68.00
69.00	06900	ELECTROCARDIOLOGY	0	-151,390	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	305,209	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,837,049	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	61,453	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	711,025	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,804,118	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	741,353	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	-20,697,017	12,977,278	90.01
91.00	09100	EMERGENCY	-2,053,850	2,591,396	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	550,780	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-28,352,068	81,194,458	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,980	190.00
194.00	07950	MEALS ON WHEELS	0	0	194.00
194.10	07958	IHAP	0	-6,012	194.10
200.00		TOTAL (SUM OF LINES 118-199)	-28,352,068	81,190,426	200.00

RECLASSIFICATIONS

Provider CCN: 140012

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

Worksheet A-6
Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - DIETARY TO CAFETERIA						
1.00	CAFETERIA	11.00	213,436	0	1.00	
2.00	CAFETERIA	11.00	0	535,042	2.00	
	TOTALS		213,436	535,042		
B - LABOR & DELIVERY RECLASS						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	94,245	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	23,330	2.00	
	TOTALS		94,245	23,330		
C - INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	699,926	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	204,715	2.00	
3.00		0.00	0	0	3.00	
	TOTALS		0	904,641		
D - COMMUNICATIONS EXPENSE						
1.00	NONPATIENT TELEPHONES	5.01	199,486	0	1.00	
2.00	NONPATIENT TELEPHONES	5.01	0	507,083	2.00	
	TOTALS		199,486	507,083		
E - RECLASS BILLABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,823,992	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	711,025	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00	NURSERY	43.00	0	45	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	
	TOTALS		0	4,535,062		
F - RECLASS BILLABLE DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,627,835	1.00	
	TOTALS		0	2,627,835		
G - TRAVEL EXPENSES TO HHC						
1.00	HOME HEALTH AGENCY	101.00	0	8,267	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	8,267		
H - PROPERTY INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	63,921	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	27,259	2.00	
	TOTALS		0	91,180		
I - PT DIRECTOR SLARY TO OT						
1.00	OCCUPATIONAL THERAPY	67.00	33,274	0	1.00	
	TOTALS		33,274	0		
J - BIO-MED COSTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	398	1.00	
2.00	LABORATORY	60.00	0	4,225	2.00	
3.00	ELECTROCARDIOLOGY	69.00	0	8,594	3.00	
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	13,057	4.00	
5.00	ASC (NON-DISTINCT PART)	75.00	0	2,961	5.00	
6.00	EMERGENCY	91.00	0	4,138	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	4,219	7.00	
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,535	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	4,797	9.00	
10.00	NURSERY	43.00	0	1,861	10.00	
11.00	PHARMACY	15.00	0	19,193	11.00	
12.00	PHYSICAL THERAPY	66.00	0	1,490	12.00	
13.00	SUBPROVIDER - IPF	40.00	0	356	13.00	
14.00	RESPIRATORY THERAPY	65.00	0	8,244	14.00	
15.00	PROVIDER BASED CLINICS	90.01	0	1,054	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	700	16.00	
17.00	OPERATING ROOM	50.00	0	51,939	17.00	

RECLASSIFICATIONS

Provider CCN: 140012

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

Worksheet A-6
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
18.00	PROVIDER BASED CLINICS	90.01	0	31,992	18.00
	TOTALS		0	161,753	
K - HOUSEKEEPING RECLASS					
1.00	PHYSICAL THERAPY	66.00	6,405	0	1.00
2.00	SPEECH PATHOLOGY	68.00	1,628	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	1,876	0	3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	11,736	0	4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	4,789	0	5.00
6.00	ELECTROENCEPHALOGRAPHY	70.00	2,482	0	6.00
7.00	PROVIDER BASED CLINICS	90.01	119,684	0	7.00
8.00	DATA PROCESSING	5.02	1,236	0	8.00
9.00	HOME HEALTH AGENCY	101.00	2,531	0	9.00
11.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	5,872	0	11.00
12.00	OPERATION OF PLANT	7.00	12,363	0	12.00
14.00	ELECTROCARDIOLOGY	69.00	5,303	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	1,548	0	15.00
16.00	ULTRA SOUND	54.01	1,548	0	16.00
18.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	7,145	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	490	19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	490	20.00
21.00	SPEECH PATHOLOGY	68.00	0	125	21.00
22.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	144	22.00
23.00	PURCHASING RECEIVING AND STORES	5.03	0	898	23.00
24.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	449	24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	190	25.00
26.00	PROVIDER BASED CLINICS	90.01	0	9,156	26.00
27.00	HOME HEALTH AGENCY	101.00	0	194	27.00
29.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	366	29.00
30.00	OPERATION OF PLANT	7.00	0	946	30.00
31.00	ELECTROCARDIOLOGY	69.00	0	406	31.00
32.00	RADIOLOGY-DIAGNOSTIC	54.00	0	118	32.00
33.00	ULTRA SOUND	54.01	0	118	33.00
35.00	DATA PROCESSING	5.02	0	95	35.00
37.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	547	37.00
38.00	OCCUPATIONAL THERAPY	67.00	6,405	0	38.00
39.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	3,193	0	39.00
40.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	244	40.00
	TOTALS		195,744	14,976	
L - RECLASSUR COSTS					
1.00	UTILIZATION REVIEW	17.01	213,201	0	1.00
2.00	UTILIZATION REVIEW	17.01	0	16,310	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		213,201	16,310	
M - MEDICAL DIRECTORS COSTS					
1.00		0.00	0	0	1.00
2.00	UTILIZATION REVIEW	17.01	2,609	0	2.00
	TOTALS		2,609	0	
N - LEASE COSTS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	409,796	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
TOTALS			0	409,796		
O - ADMISSION KITS						
1.00		0.00	0	0	1.00	
TOTALS			0	0		
P - PHYSICIAN MEETING TIME						
1.00	MEDICAL RECORDS & LIBRARY	16.00	59,034	0	1.00	
2.00		0.00	0	0	2.00	
TOTALS			59,034	0		
Q - PHYSICIAN PRACTICE AMORTIZATION						
1.00	PROVIDER BASED CLINICS	90.01	0	100,320	1.00	
TOTALS			0	100,320		
R - RESIDENCY COSTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	645,148	1.00	
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	77,626	0	2.00	
3.00		0.00	0	0	3.00	
TOTALS			77,626	645,148		
S - RECLASS CODERS SALARIES						
1.00	PROVIDER BASED CLINICS	90.01	558,048	0	1.00	
TOTALS			558,048	0		
T - RECLASS CARDIAC CATH LAB SALARIES						
1.00	CARDIAC CATHETERIZATION	59.00	635,419	0	1.00	
2.00	CARDIAC CATHETERIZATION	59.00	0	1,270,415	2.00	
TOTALS			635,419	1,270,415		
U - RECLASS EKG SALARIES						
1.00	ELECTROCARDIOLOGY	69.00	102,128	0	1.00	
2.00	ELECTROCARDIOLOGY	69.00	0	78,950	2.00	
TOTALS			102,128	78,950		
V - RECLASS BILLERS SALARIES						
1.00	PROVIDER BASED CLINICS	90.01	473,389	0	1.00	
2.00	PROVIDER BASED CLINICS	90.01	0	1,304,504	2.00	
TOTALS			473,389	1,304,504		
W - RECLASS PATIENT ADVOCATE SALARY						
1.00	NURSING ADMINISTRATION	13.00	46,309	0	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	3,543	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	754	3.00	
TOTALS			46,309	4,297		
500.00	Grand Total: Increases		2,903,948	13,238,909	500.00	

RECLASSIFICATIONS

Provider CCN: 140012

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - DIETARY TO CAFETERIA							
1.00	DIETARY	10.00	213,436	0	0		1.00
2.00	DIETARY	10.00	0	535,042	0		2.00
	TOTALS		213,436	535,042			
B - LABOR & DELIVERY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	94,245	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	23,330	0		2.00
	TOTALS		94,245	23,330			
C - INTEREST EXPENSE							
1.00		0.00	0	0	11		1.00
2.00		0.00	0	0	11		2.00
3.00	INTEREST EXPENSE	113.00	0	904,641	11		3.00
	TOTALS		0	904,641			
D - COMMUNICATIONS EXPENSE							
1.00	DATA PROCESSING	5.02	199,486	0	0		1.00
2.00	DATA PROCESSING	5.02	0	507,083	0		2.00
	TOTALS		199,486	507,083			
E - RECLASS BILLABLE SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,881,037	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	6,910	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	3,207	0		3.00
4.00	OPERATING ROOM	50.00	0	174,378	0		4.00
5.00	ASC (NON-DISTINCT PART)	75.00	0	1,353	0		5.00
6.00	ANESTHESIOLOGY	53.00	0	29,936	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1	0		7.00
8.00	ULTRA SOUND	54.01	0	96	0		8.00
9.00	SPEECH PATHOLOGY	68.00	0	45,740	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	0	1,243,635	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	60,180	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	31,608	0		12.00
13.00	OCCUPATIONAL THERAPY	67.00	0	356	0		13.00
14.00	EMERGENCY	91.00	0	6,616	0		14.00
15.00	HOME HEALTH AGENCY	101.00	0	3,167	0		15.00
16.00	LABORATORY	60.00	0	2,928	0		16.00
17.00	PROVIDER BASED CLINICS	90.01	0	584	0		17.00
18.00	SUBPROVIDER - IPF	40.00	0	15	0		18.00
19.00	PROVIDER BASED CLINICS	90.01	0	43,315	0		19.00
	TOTALS		0	4,535,062			
F - RECLASS BILLABLE DRUGS							
1.00	PHARMACY	15.00	0	2,627,835	0		1.00
	TOTALS		0	2,627,835			
G - TRAVEL EXPENSES TO HHC							
1.00	PHYSICAL THERAPY	66.00	0	7,759	0		1.00
2.00	OCCUPATIONAL THERAPY	67.00	0	508	0		2.00
	TOTALS		0	8,267			
H - PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	91,180	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	91,180			
I - PT DIRECTOR SLARY TO OT							
1.00	PHYSICAL THERAPY	66.00	33,274	0	0		1.00
	TOTALS		33,274	0			
J - BIO-MED COSTS							
1.00	OPERATION OF PLANT	7.00	0	161,753	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
	TOTALS		0	161,753			

RECLASSIFICATIONS

Provider CCN: 140012

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
K - HOUSEKEEPING RECLASS							
1.00	HOUSEKEEPING	9.00	195,744	0	0		1.00
2.00	HOUSEKEEPING	9.00	0	14,976	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
35.00		0.00	0	0	0		35.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
	TOTALS		195,744	14,976			
L - RECLASSUR COSTS							
1.00	MEDICAL RECORDS & LIBRARY	16.00	163,553	0	0		1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	12,512	0		2.00
3.00	NURSING ADMINISTRATION	13.00	49,648	0	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	3,798	0		4.00
	TOTALS		213,201	16,310			
M - MEDICAL DIRECTORS COSTS							
1.00	PROVIDER BASED CLINICS	90.01	2,609	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		2,609	0			
N - LEASE COSTS							
1.00	INTENSIVE CARE UNIT	31.00	0	1,092	10		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	6,221	10		2.00
3.00	OPERATING ROOM	50.00	0	47,473	10		3.00
4.00	LABORATORY	60.00	0	4,953	10		4.00
5.00	PHARMACY	15.00	0	162,298	10		5.00
6.00	RESPIRATORY THERAPY	65.00	0	841	10		6.00
7.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,595	10		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,386	10		8.00
9.00	PROVIDER BASED CLINICS	90.01	0	7,819	10		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	16,236	10		10.00
11.00	PURCHASING RECEIVING AND STORES	5.03	0	148,183	10		11.00
12.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	903	10		12.00
13.00	ANESTHESIOLOGY	53.00	0	5,220	0		13.00
15.00	SUBPROVIDER - IPF	40.00	0	576	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	1,000	0		16.00
	TOTALS		0	409,796			
O - ADMINISTRATION KITS							
1.00		0.00	0	0	0		1.00
	TOTALS		0	0			
P - PHYSICIAN MEETING TIME							
1.00	PROVIDER BASED CLINICS	90.01	55,783	0	0		1.00
2.00	EMERGENCY	91.00	3,251	0	0		2.00
	TOTALS		59,034	0			

RECLASSIFICATIONS

Provider CCN: 140012

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

Worksheet A-6

Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
Q - PHYSICIAN PRACTICE AMORTIZATION						
1.00	INTEREST EXPENSE	113.00	0	100,320	0	1.00
	TOTALS		0	100,320		
R - RESIDENCY COSTS						
1.00	I & R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	645,148	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	22,666	0	0	2.00
3.00	PROVIDER BASED CLINICS	90.01	54,960	0	0	3.00
	TOTALS		77,626	645,148		
S - RECLASS CODERS SALARIES						
1.00	MEDICAL RECORDS & LIBRARY	16.00	558,048	0	0	1.00
	TOTALS		558,048	0		
T - RECLASS CARDIAC CATH LAB SALARIES						
1.00	ELECTROCARDIOLOGY	69.00	635,419	0	0	1.00
2.00	ELECTROCARDIOLOGY	69.00	0	1,270,415	0	2.00
	TOTALS		635,419	1,270,415		
U - RECLASS EKG SALARIES						
1.00	RESPIRATORY THERAPY	65.00	102,128	0	0	1.00
2.00	RESPIRATORY THERAPY	65.00	0	78,950	0	2.00
	TOTALS		102,128	78,950		
V - RECLASS BILLERS SALARIES						
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	473,389	0	0	1.00
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	1,304,504	0	2.00
	TOTALS		473,389	1,304,504		
W - RECLASS PATIENT ADVOCATE SALARY						
1.00	HOME HEALTH AGENCY	101.00	46,309	0	0	1.00
2.00	HOME HEALTH AGENCY	101.00	0	3,543	0	2.00
3.00	HOME HEALTH AGENCY	101.00	0	754	0	3.00
	TOTALS		46,309	4,297		
500.00	Grand Total: Decreases		2,903,948	13,238,909		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140012

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

Worksheet A-7
Part I
Date/Time Prepared:
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	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	2,129,972	0	0	0	1.00
2.00	Land Improvements	4,729,371	0	0	0	2.00
3.00	Buildings and Fixtures	47,484,339	27,832	0	27,832	3.00
4.00	Building Improvements	19,000	0	0	0	4.00
5.00	Fixed Equipment	28,576,830	296,432	0	296,432	5.00
6.00	Movable Equipment	35,128,615	1,803,468	0	1,803,468	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	118,068,127	2,127,732	0	2,127,732	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	118,068,127	2,127,732	0	2,127,732	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,129,972	0			1.00
2.00	Land Improvements	4,729,371	750,282			2.00
3.00	Buildings and Fixtures	47,512,171	11,299,214			3.00
4.00	Building Improvements	19,000	7,550			4.00
5.00	Fixed Equipment	28,858,323	7,873,341			5.00
6.00	Movable Equipment	36,150,726	20,663,282			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	119,399,563	40,593,669			8.00
9.00	Reconciling Items	0	227,300			9.00
10.00	Total (line 8 minus line 9)	119,399,563	40,366,369			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140012

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

Worksheet A-7
Part II
Date/Time Prepared:
6/2/2014 3:07 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	3,335,416	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,318,770	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,654,186	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	3,335,416				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	3,318,770				2.00
3.00	Total (sum of lines 1-2)	0	6,654,186				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140012

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

Worksheet A-7
Part III
Date/Time Prepared:
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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	83,248,837	0	83,248,837	0.701042	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	36,150,726	649,374	35,501,352	0.298958	0	2.00
3.00	Total (sum of lines 1-2)	119,399,563	649,374	118,750,189	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	3,335,416	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,300,616	409,796	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,636,032	409,796	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	197,411	63,921	0	0	3,596,748	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	166,891	27,259	0	0	3,904,562	2.00
3.00	Total (sum of lines 1-2)	364,302	91,180	0	0	7,501,310	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140012

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

Worksheet A-8

Date/Time Prepared:
6/2/2014 3:07 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)	B	-502,515	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-37,824	CAP REL COSTS-MVBLE EQUIP		2.00	11	2.00
3.00 Investment income - other (chapter 2)		0			0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-23,931	PURCHASING RECEIVING AND STORES		5.03	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	-3,097	NONPATIENT TELEPHONES		5.01	0	7.00
8.00 Television and radio service (chapter 21)	A	-26,143	OPERATION OF PLANT		7.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-23,177,382				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	B	-385,747	CAFETERIA		11.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-64,487	MEDICAL RECORDS & LIBRARY		16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines	B	-1,594	CAFETERIA		11.00	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	*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant		0			0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 GAIN ON SALE OF ASSET	B	-18,154	CAP REL COSTS-MVBLE EQUIP		2.00	9	33.00

Provider CCN: 140012

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.01 MISC REV	B	-23,918	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.01
35.00 NON ALLOWABLE A&G	A	-312,839	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 35.00
36.00 EMS TUITION	B	-8,147	EMERGENCY	91.00	0 36.00
36.01 EDUCATION REV (LIFE SUPPORT)	B	-20,370	NURSING ADMINISTRATION	13.00	0 36.01
37.00 SALE OF RADIOLOGY COPIES	B	-306	RADIOLOGY-DIAGNOSTIC	54.00	0 37.00
39.00 NON ALLOW ADVERTISING	A	-106,379	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 39.00
40.00 REBATE REVENUE	B	-37,393	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 40.00
40.01 GRANT REVENUE	B	-146,310	NURSING ADMINISTRATION	13.00	0 40.01
41.00 OFFSET AHA LOBBYING DUES	A	-34,002	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 41.00
42.00 EMPLOYEE PHYSICIANS	A	-99,662	EMPLOYEE BENEFITS	4.00	0 42.00
43.00 PHYSICIAN RECRUITMENT COSTS	A	-112,133	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 43.00
44.00 IPA TAX	A	-3,209,735	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 44.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-28,352,068			50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140012

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

Worksheet A-8-2

Date/Time Prepared:
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	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	60.00	LABORATORY	637,465	339,450	298,015	208,000	1,945	1.00
2.00	91.00	EMERGENCY	2,394,987	1,221,443	1,173,544	159,800	4,059	2.00
3.00	90.01	PROVIDER BASED CLINICS	19,601,541	19,601,541	0	159,800	0	3.00
4.00	90.01	PROVIDER BASED CLINICS	1,188,512	1,067,680	120,832	159,800	1,154	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			23,822,505	22,230,114	1,592,391		7,158	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	60.00	LABORATORY	194,500	9,725	8,719	4,076	9,042	1.00
2.00	91.00	EMERGENCY	311,840	15,592	29,316	14,365	47,101	2.00
3.00	90.01	PROVIDER BASED CLINICS	0	0	130,587	0	658,872	3.00
4.00	90.01	PROVIDER BASED CLINICS	88,658	4,433	8,852	900	34,209	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			594,998	29,750	177,474	19,341	749,224	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	60.00	LABORATORY	4,227	202,803	95,212	434,662	1.00
2.00	91.00	EMERGENCY	23,079	349,284	824,260	2,045,703	2.00
3.00	90.01	PROVIDER BASED CLINICS	0	0	0	19,601,541	3.00
4.00	90.01	PROVIDER BASED CLINICS	3,478	93,036	27,796	1,095,476	4.00
5.00	0.00		0	0	0	0	5.00
6.00	0.00		0	0	0	0	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			30,784	645,123	947,268	23,177,382	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140012

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

Worksheet B
Part I
Date/Time Prepared:
6/2/2014 3:07 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,596,748	3,596,748			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,904,562		3,904,562		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	560,515	38,921	18,657	618,093	4.00
5.01 00510	NONPATIENT TELEPHONES	703,472	4,268	0	2,035	5.01
5.02 00520	DATA PROCESSING	2,779,656	66,780	731,819	11,868	5.02
5.03 00530	PURCHASING RECEIVING AND STORES	701,727	103,523	200,133	3,773	5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE	1,864,364	104,882	8,077	11,209	5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	6,310,258	108,480	81,491	27,341	5.05
7.00 00700	OPERATION OF PLANT	3,458,669	1,098,822	53,251	9,402	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	395,305	1,577	0	241	8.00
9.00 00900	HOUSEKEEPING	1,072,967	34,139	1,445	5,389	9.00
10.00 01000	DIETARY	849,548	38,895	23,261	7,257	10.00
11.00 01100	CAFETERIA	361,137	31,456	0	2,164	11.00
13.00 01300	NURSING ADMINISTRATION	1,428,270	19,861	87,345	13,457	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	92,291	5,897	20,794	377	14.00
15.00 01500	PHARMACY	905,928	20,950	248,947	9,724	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,756,033	42,397	3,231	11,181	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01 01701	UTILIZATION REVIEW	232,120	1,185	0	2,188	17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	695,637	0	0	512	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,259,596	35,794	10,949	9,626	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	5,024,792	279,035	119,909	44,884	30.00
31.00 03100	INTENSIVE CARE UNIT	1,402,597	30,620	16,904	12,014	31.00
40.00 04000	SUBPROVIDER - IPF	1,025,447	76,222	4,669	9,431	40.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	446,569	4,608	11,850	3,798	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,881,400	117,792	456,034	13,307	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	120,110	10,924	0	955	52.00
53.00 05300	ANESTHESIOLOGY	15,056	618	41,782	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,208,203	54,959	627,272	11,291	54.00
54.01 05401	ULTRA SOUND	386,419	2,761	46,383	3,226	54.01
57.00 05700	CT SCAN	355,157	5,009	200	1,172	57.00
58.00 05800	MRI	332,204	4,190	383,742	1,501	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,904,834	77,477	0	6,496	59.00
60.00 06000	LABORATORY	4,538,008	46,552	111,514	24,579	60.00
60.01 06002	BLOOD BANK	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	777,623	22,588	48,613	6,593	65.00
66.00 06600	PHYSICAL THERAPY	1,773,294	77,938	52,508	14,457	66.00
67.00 06700	OCCUPATIONAL THERAPY	333,472	0	350	3,081	67.00
68.00 06800	SPEECH PATHOLOGY	312,199	15,262	7,709	2,857	68.00
69.00 06900	ELECTROCARDIOLOGY	-151,390	1,220	124,974	3,982	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	305,209	14,217	24,174	2,701	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,837,049	0	0	0	71.00
71.01 07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	61,453	25,541	1,270	411	71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	711,025	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	3,804,118	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	741,353	36,169	25,627	6,140	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	PROVIDER BASED CLINICS	12,977,278	806,869	236,704	272,551	90.01
91.00 09100	EMERGENCY	2,591,396	76,066	66,639	40,350	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900	CMHC	0	0	0	0	99.00
101.00 10100	HOME HEALTH AGENCY	550,780	29,400	6,335	4,566	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
118.00	SUBTOTALS (SUM OF LINES 1-117)	81,194,458	3,573,864	3,904,562	618,087	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,980	13,232	0	6	190.00
194.00 07950	MEALS ON WHEELS	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140012

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.10 07958 IHAP	-6,012	9,652	0	0	0	194.10
200.00 Cross Foot Adjustments		0	0	0	0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	81,190,426	3,596,748	3,904,562	618,093	709,775	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140012

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

Worksheet B
Part I
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
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
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00520	DATA PROCESSING	3,625,092					5.02
5.03	00530	PURCHASING RECEIVING AND STORES	37,981	1,056,588				5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	156,145	3,635	2,173,830			5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	244,768	3,047	0	6,823,585	6,823,585	5.05
7.00	00700	OPERATION OF PLANT	25,321	30,189	0	4,693,611	430,667	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	397,123	36,438	8.00
9.00	00900	HOUSEKEEPING	0	693	0	1,117,468	102,534	9.00
10.00	01000	DIETARY	29,541	2,917	0	962,760	88,339	10.00
11.00	01100	CAFETERIA	0	871	0	397,518	36,475	11.00
13.00	01300	NURSING ADMINISTRATION	113,944	22,852	0	1,702,741	156,237	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,440	0	0	129,689	11,900	14.00
15.00	01500	PHARMACY	54,862	1,163	0	1,251,025	114,789	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	177,245	18,619	0	2,046,510	187,780	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	UTILIZATION REVIEW	16,881	0	0	255,209	23,417	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	696,149	63,876	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	42,201	5,427	0	1,382,495	126,852	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	160,365	30,173	119,524	5,834,443	535,345	30.00
31.00	03100	INTENSIVE CARE UNIT	75,962	10,894	32,583	1,592,915	146,160	31.00
40.00	04000	SUBPROVIDER - IPF	46,421	1,457	57,112	1,234,936	113,313	40.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	3,292	7,438	479,445	43,992	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	143,484	73,566	225,179	2,946,676	270,375	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,733	9,415	144,082	13,220	52.00
53.00	05300	ANESTHESIOLOGY	0	5,272	29,540	92,268	8,466	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	122,384	34,800	75,314	3,152,180	289,231	54.00
54.01	05401	ULTRA SOUND	0	3,583	34,134	480,286	44,069	54.01
57.00	05700	CT SCAN	4,220	10,017	165,463	543,128	49,835	57.00
58.00	05800	MRI	8,440	4,901	76,692	813,560	74,649	58.00
59.00	05900	CARDIAC CATHETERIZATION	59,082	130,886	204,768	2,401,500	220,352	59.00
60.00	06000	LABORATORY	118,164	157,065	223,023	5,245,368	481,294	60.00
60.01	06002	BLOOD BANK	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	54,862	17,744	48,087	984,616	90,344	65.00
66.00	06600	PHYSICAL THERAPY	147,705	5,567	59,155	2,143,855	196,712	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	185	13,030	352,953	32,386	67.00
68.00	06800	SPEECH PATHOLOGY	12,660	5,709	6,415	368,482	33,810	68.00
69.00	06900	ELECTROCARDIOLOGY	16,881	61,593	89,879	149,029	13,674	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,220	1,873	37,179	391,463	35,919	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	279,214	193,223	4,309,486	395,421	71.00
71.01	07101	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	21,101	311	6,137	120,950	11,098	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	17,202	728,227	66,819	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,811	293,958	4,118,887	377,933	73.00
75.00	07500	ASC (NON-DISTINCT PART)	29,541	10,762	10,018	871,896	80,002	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	1,531,906	70,452	0	16,081,950	1,475,597	90.01
91.00	09100	EMERGENCY	113,944	23,604	139,362	3,082,550	282,842	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	46,421	1,701	0	648,654	59,518	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,625,092	1,056,578	2,173,830	81,169,668	6,821,680	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	17,108	1,570	190.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
194.10	07958	IHAP	0	10	0	3,650	335	194.10
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,625,092	1,056,588	2,173,830	81,190,426	6,823,585	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140012

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
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
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05
7.00	00700	OPERATION OF PLANT	5,124,278				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,901	437,462			8.00
9.00	00900	HOUSEKEEPING	84,467	0	1,304,469		9.00
10.00	01000	DIETARY	96,235	0	8,515	1,155,849	10.00
11.00	01100	CAFETERIA	77,829	0	11,069	0	522,891
13.00	01300	NURSING ADMINISTRATION	49,141	0	6,386	0	7,003
14.00	01400	CENTRAL SERVICES & SUPPLY	14,592	0	12,772	0	2,334
15.00	01500	PHARMACY	51,835	0	11,495	0	14,006
16.00	01600	MEDICAL RECORDS & LIBRARY	104,900	0	25,544	0	42,018
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
17.01	01701	UTILIZATION REVIEW	2,931	0	851	0	3,502
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	88,562	0	0	0	15,173
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	690,393	172,525	264,386	712,223	80,535
31.00	03100	INTENSIVE CARE UNIT	75,760	24,662	20,436	70,223	15,173
40.00	04000	SUBPROVIDER - I/PF	188,591	13,503	28,950	191,452	17,508
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	11,402	12,614	4,257	0	4,669
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	291,443	50,303	85,574	0	29,179
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,028	6,972	10,644	0	1,167
53.00	05300	ANESTHESIOLOGY	1,530	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	135,979	31,584	32,782	0	18,675
54.01	05401	ULTRA SOUND	6,832	3,479	1,703	0	4,669
57.00	05700	CT SCAN	12,393	0	3,406	0	2,334
58.00	05800	MRI	10,367	0	2,980	0	2,334
59.00	05900	CARDIAC CATHETERIZATION	191,694	5,728	10,644	0	11,672
60.00	06000	LABORATORY	115,180	0	263,959	0	35,015
60.01	06002	BLOOD BANK	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	55,887	0	37,891	0	11,672
66.00	06600	PHYSICAL THERAPY	192,837	13,606	27,247	0	23,343
67.00	06700	OCCUPATIONAL THERAPY	0	0	8,515	0	4,669
68.00	06800	SPEECH PATHOLOGY	37,761	0	4,257	0	4,669
69.00	06900	ELECTROCARDIOLOGY	3,017	0	2,129	0	7,003
70.00	07000	ELECTROENCEPHALOGRAPHY	35,175	0	4,257	0	3,502
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	63,194	0	11,495	0	1,167
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	89,489	27,327	51,089	14,291	12,839
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	PROVIDER BASED CLINICS	1,996,368	0	238,415	0	101,541
91.00	09100	EMERGENCY	188,203	75,159	106,435	0	35,015
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	72,742	0	0	0	10,505
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,067,658	437,462	1,298,083	988,189	522,891
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,739	0	6,386	0	0
194.00	07950	MEALS ON WHEELS	0	0	0	167,660	0
194.10	07958	I/HAP	23,881	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	5,124,278	437,462	1,304,469	1,155,849	522,891

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140012

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00550						5.04
5.05	00560						5.05
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	1,921,508					13.00
14.00	01400	0	171,287				14.00
15.00	01500	0	0	1,443,150			15.00
16.00	01600	0	0	0	2,406,752		16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	0	0	0	0	0	17.01
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	836,167	0	6,223	266,858	0	30.00
31.00	03100	211,342	0	880	137,419	0	31.00
40.00	04000	169,605	0	837	161,118	0	40.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	51,920	0	0	23,028	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	227,040	0	4,578	212,064	0	50.00
52.00	05200	13,112	0	363	28,274	0	52.00
53.00	05300	0	0	132	31,261	0	53.00
54.00	05400	0	0	17,069	25,481	0	54.00
54.01	05401	0	0	21	13,045	0	54.01
57.00	05700	0	0	625	94,738	0	57.00
58.00	05800	0	0	261	18,017	0	58.00
59.00	05900	0	0	1,533	127,169	0	59.00
60.00	06000	0	0	419	169,975	0	60.00
60.01	06002	0	0	0	0	0	60.01
65.00	06500	0	0	40,655	147,137	0	65.00
66.00	06600	0	0	3,087	16,616	0	66.00
67.00	06700	0	0	0	3,359	0	67.00
68.00	06800	0	0	0	1,471	0	68.00
69.00	06900	0	0	0	86,584	0	69.00
70.00	07000	0	0	0	4,878	0	70.00
71.00	07100	0	171,287	0	256,494	0	71.00
71.01	07101	11,750	0	0	13,683	0	71.01
72.00	07200	0	0	0	26,929	0	72.00
73.00	07300	0	0	0	510,060	0	73.00
75.00	07500	100,515	0	44	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	1,361,842	0	0	90.01
91.00	09100	300,057	0	4,513	31,094	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	0	0	0	0	0	99.00
101.00	10100	0	0	68	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	0	0	116.00
118.00	11800	1,921,508	171,287	1,443,150	2,406,752	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	0	0	194.00
194.10	07958	0	0	0	0	0	194.10
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		1,921,508	171,287	1,443,150	2,406,752	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140012

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

Worksheet B
Part I
Date/Time Prepared:
6/2/2014 3:07 pm

Cost Center Description	UTILIZATION REVIEW	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		17.01	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
5.01 00510	NONPATIENT TELEPHONES					5.01
5.02 00520	DATA PROCESSING					5.02
5.03 00530	PURCHASING RECEIVING AND STORES					5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL					5.05
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
17.01 01701	UTILIZATION REVIEW	285,910				17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	760,025			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,613,082		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	181,225	620,285	1,316,498	11,517,106	-1,936,783
31.00 03100	INTENSIVE CARE UNIT	26,877	91,993	195,246	2,609,086	-287,239
40.00 04000	SUBPROVIDER - I PF	63,858	0	0	2,183,671	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	13,950	47,747	101,338	794,362	-149,085
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	4,117,232	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	244,862	0
53.00 05300	ANESTHESIOLOGY	0	0	0	133,657	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	3,702,981	0
54.01 05401	ULTRA SOUND	0	0	0	554,104	0
57.00 05700	CT SCAN	0	0	0	706,459	0
58.00 05800	MRI	0	0	0	922,168	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	2,970,292	0
60.00 06000	LABORATORY	0	0	0	6,311,210	0
60.01 06002	BLOOD BANK	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	0	0	1,368,202	0
66.00 06600	PHYSICAL THERAPY	0	0	0	2,617,303	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	401,882	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	450,450	0
69.00 06900	ELECTROCARDIOLOGY	0	0	0	261,436	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	475,194	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,132,688	0
71.01 07101	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	233,337	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	821,975	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,006,880	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	1,247,492	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	PROVIDER BASED CLINICS	0	0	0	21,255,713	0
91.00 09100	EMERGENCY	0	0	0	4,105,868	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
99.00 09900	CMHC	0	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	0	0	0	791,487	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0
116.00 11600	HOSPICE	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	285,910	760,025	1,613,082	80,937,097	-2,373,107
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	57,803	0
194.00 07950	MEALS ON WHEELS	0	0	0	167,660	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140012

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	UTILIZATION REVIEW	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
	17.01	21.00	22.00	24.00	25.00	
194.10 07958 IHAP	0	0	0	27,866	0	194.10
200.00 Cross Foot Adjustments		0	0	0		200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	285,910	760,025	1,613,082	81,190,426	-2,373,107	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 6/2/2014 3:07 pm
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Cost Center Description		Total		
		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
5.01	00510	NONPATIENT TELEPHONES		5.01
5.02	00520	DATA PROCESSING		5.02
5.03	00530	PURCHASING RECEIVING AND STORES		5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL		5.05
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
17.01	01701	UTILIZATION REVIEW		17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	9,580,323	30.00
31.00	03100	INTENSIVE CARE UNIT	2,321,847	31.00
40.00	04000	SUBPROVIDER - IPF	2,183,671	40.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	645,277	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	4,117,232	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	244,862	52.00
53.00	05300	ANESTHESIOLOGY	133,657	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,702,981	54.00
54.01	05401	ULTRA SOUND	554,104	54.01
57.00	05700	CT SCAN	706,459	57.00
58.00	05800	MRI	922,168	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,970,292	59.00
60.00	06000	LABORATORY	6,311,210	60.00
60.01	06002	BLOOD BANK	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,368,202	65.00
66.00	06600	PHYSICAL THERAPY	2,617,303	66.00
67.00	06700	OCCUPATIONAL THERAPY	401,882	67.00
68.00	06800	SPEECH PATHOLOGY	450,450	68.00
69.00	06900	ELECTROCARDIOLOGY	261,436	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	475,194	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,132,688	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	233,337	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	821,975	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,006,880	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,247,492	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	PROVIDER BASED CLINICS	21,255,713	90.01
91.00	09100	EMERGENCY	4,105,868	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.00	09900	CMHC	0	99.00
101.00	10100	HOME HEALTH AGENCY	791,487	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	113.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	78,563,990	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	57,803	190.00
194.00	07950	MEALS ON WHEELS	167,660	194.00
194.10	07958	IHAP	27,866	194.10
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	78,817,319	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140012

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
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	38,921	18,657	57,578	4.00
5.01 00510	NONPATIENT TELEPHONES	0	4,268	0	4,268	5.01
5.02 00520	DATA PROCESSING	0	66,780	731,819	798,599	5.02
5.03 00530	PURCHASING RECEIVING AND STORES	0	103,523	200,133	303,656	5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE	0	104,882	8,077	112,959	5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	0	108,480	81,491	189,971	5.05
7.00 00700	OPERATION OF PLANT	0	1,098,822	53,251	1,152,073	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	1,577	0	1,577	8.00
9.00 00900	HOUSEKEEPING	0	34,139	1,445	35,584	9.00
10.00 01000	DIETARY	0	38,895	23,261	62,156	10.00
11.00 01100	CAFETERIA	0	31,456	0	31,456	11.00
13.00 01300	NURSING ADMINISTRATION	0	19,861	87,345	107,206	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	5,897	20,794	26,691	14.00
15.00 01500	PHARMACY	0	20,950	248,947	269,897	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	42,397	3,231	45,628	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01 01701	UTILIZATION REVIEW	0	1,185	0	1,185	17.01
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	0	35,794	10,949	46,743	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	279,035	119,909	398,944	30.00
31.00 03100	INTENSIVE CARE UNIT	0	30,620	16,904	47,524	31.00
40.00 04000	SUBPROVIDER - IPF	0	76,222	4,669	80,891	40.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	4,608	11,850	16,458	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	117,792	456,034	573,826	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	10,924	0	10,924	52.00
53.00 05300	ANESTHESIOLOGY	0	618	41,782	42,400	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	54,959	627,272	682,231	54.00
54.01 05401	ULTRA SOUND	0	2,761	46,383	49,144	54.01
57.00 05700	CT SCAN	0	5,009	200	5,209	57.00
58.00 05800	MRI	0	4,190	383,742	387,932	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	77,477	0	77,477	59.00
60.00 06000	LABORATORY	0	46,552	111,514	158,066	60.00
60.01 06002	BLOOD BANK	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	22,588	48,613	71,201	65.00
66.00 06600	PHYSICAL THERAPY	0	77,938	52,508	130,446	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	350	350	67.00
68.00 06800	SPEECH PATHOLOGY	0	15,262	7,709	22,971	68.00
69.00 06900	ELECTROCARDIOLOGY	0	1,220	124,974	126,194	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	14,217	24,174	38,391	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
71.01 07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	25,541	1,270	26,811	71.01
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
75.00 07500	ASC (NON-DISTINCT PART)	0	36,169	25,627	61,796	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	PROVIDER BASED CLINICS	0	806,869	236,704	1,043,573	90.01
91.00 09100	EMERGENCY	0	76,066	66,639	142,705	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900	CMHC	0	0	0	0	99.00
101.00 10100	HOME HEALTH AGENCY	0	29,400	6,335	35,735	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
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,573,864	3,904,562	7,478,426	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13,232	0	13,232	190.00
194.00 07950	MEALS ON WHEELS	0	0	0	0	194.00
194.10 07958	I HAP	0	9,652	0	9,652	194.10

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
ALLOCATION OF CAPITAL RELATED COSTS							
			1.00	2.00	2A	4.00	
200.00	Cross Foot Adjustments	0			0		200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	3,596,748	3,904,562	7,501,310	57,578	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140012		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 6/2/2014 3:07 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
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
5.01	00510	NONPATIENT TELEPHONES	4,457					5.01
5.02	00520	DATA PROCESSING	220	799,924				5.02
5.03	00530	PURCHASING RECEIVING AND STORES	59	8,381	312,447			5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	160	34,455	1,075	149,693		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	303	54,011	901	0	247,732	5.05
7.00	00700	OPERATION OF PLANT	113	5,587	8,927	0	15,634	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,323	8.00
9.00	00900	HOUSEKEEPING	18	0	205	0	3,722	9.00
10.00	01000	DIETARY	71	6,519	863	0	3,207	10.00
11.00	01100	CAFETERIA	12	0	258	0	1,324	11.00
13.00	01300	NURSING ADMINISTRATION	107	25,143	6,758	0	5,672	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12	1,862	0	0	432	14.00
15.00	01500	PHARMACY	59	12,106	344	0	4,167	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	237	39,112	5,506	0	6,817	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	UTILIZATION REVIEW	18	3,725	0	0	850	17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	2,319	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	119	9,312	1,605	0	4,605	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	350	35,387	8,923	8,234	19,435	30.00
31.00	03100	INTENSIVE CARE UNIT	71	16,762	3,221	2,245	5,306	31.00
40.00	04000	SUBPROVIDER - I/PF	89	10,243	431	3,935	4,114	40.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	12	0	973	512	1,597	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	226	31,662	21,754	15,513	9,815	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6	0	513	649	480	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,559	2,035	307	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	113	27,006	10,291	5,189	10,500	54.00
54.01	05401	ULTRA SOUND	24	0	1,060	2,352	1,600	54.01
57.00	05700	CT SCAN	12	931	2,962	11,399	1,809	57.00
58.00	05800	MRI	12	1,862	1,449	5,283	2,710	58.00
59.00	05900	CARDIAC CATHETERIZATION	113	13,037	38,705	14,107	7,999	59.00
60.00	06000	LABORATORY	166	26,074	46,446	15,364	17,472	60.00
60.01	06002	BLOOD BANK	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	53	12,106	5,247	3,313	3,280	65.00
66.00	06600	PHYSICAL THERAPY	83	32,593	1,646	4,075	7,141	66.00
67.00	06700	OCCUPATIONAL THERAPY	18	0	55	898	1,176	67.00
68.00	06800	SPEECH PATHOLOGY	36	2,794	1,688	442	1,227	68.00
69.00	06900	ELECTROCARDIOLOGY	12	3,725	18,214	6,192	496	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12	931	554	2,561	1,304	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	82,566	13,312	14,355	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	30	4,656	92	423	403	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,185	2,426	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	6,154	20,184	13,720	73.00
75.00	07500	ASC (NON-DISTINCT PART)	77	6,519	3,182	690	2,904	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	1,167	338,037	20,834	0	53,586	90.01
91.00	09100	EMERGENCY	196	25,143	6,980	9,601	10,268	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	59	10,243	503	0	2,161	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,445	799,924	312,444	149,693	247,663	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12	0	0	0	57	190.00
194.00	07950	MEALS ON WHEELS	0	0	0	0	0	194.00
194.10	07958	IHAP	0	0	3	0	12	194.10
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)	4,457	799,924	312,447	149,693	247,732	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 6/2/2014 3:07 pm				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
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	
5.01	00510	NONPATIENT TELEPHONES					5.01	
5.02	00520	DATA PROCESSING					5.02	
5.03	00530	PURCHASING RECEIVING AND STORES					5.03	
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.04	
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05	
7.00	00700	OPERATION OF PLANT	1,183,209				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	901	3,823			8.00	
9.00	00900	HOUSEKEEPING	19,504	0	59,535		9.00	
10.00	01000	DIETARY	22,221	0	389	96,102	10.00	
11.00	01100	CAFETERIA	17,971	0	505	0	51,727	11.00
13.00	01300	NURSING ADMINISTRATION	11,347	0	291	0	693	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,369	0	583	0	231	14.00
15.00	01500	PHARMACY	11,969	0	525	0	1,386	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	24,222	0	1,166	0	4,157	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	UTILIZATION REVIEW	677	0	39	0	346	17.01
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	20,449	0	0	0	1,501	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	159,413	1,507	12,065	59,217	7,967	30.00
31.00	03100	INTENSIVE CARE UNIT	17,493	216	933	5,839	1,501	31.00
40.00	04000	SUBPROVIDER - IPF	43,546	118	1,321	15,918	1,732	40.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,633	110	194	0	462	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	67,295	440	3,906	0	2,887	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,241	61	486	0	115	52.00
53.00	05300	ANESTHESIOLOGY	353	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,398	276	1,496	0	1,847	54.00
54.01	05401	ULTRA SOUND	1,578	30	78	0	462	54.01
57.00	05700	CT SCAN	2,862	0	155	0	231	57.00
58.00	05800	MRI	2,394	0	136	0	231	58.00
59.00	05900	CARDIAC CATHETERIZATION	44,263	50	486	0	1,155	59.00
60.00	06000	LABORATORY	26,595	0	12,047	0	3,464	60.00
60.01	06002	BLOOD BANK	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	12,905	0	1,729	0	1,155	65.00
66.00	06600	PHYSICAL THERAPY	44,526	119	1,244	0	2,309	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	389	0	462	67.00
68.00	06800	SPEECH PATHOLOGY	8,719	0	194	0	462	68.00
69.00	06900	ELECTROCARDIOLOGY	697	0	97	0	693	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,122	0	194	0	346	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	14,592	0	525	0	115	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	20,663	239	2,332	1,188	1,270	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	460,965	0	10,881	0	10,044	90.01
91.00	09100	EMERGENCY	43,456	657	4,858	0	3,464	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	16,796	0	0	0	1,039	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,170,135	3,823	59,244	82,162	51,727	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,560	0	291	0	0	190.00
194.00	07950	MEALS ON WHEELS	0	0	0	13,940	0	194.00
194.10	07958	IHAP	5,514	0	0	0	0	194.10
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,183,209	3,823	59,535	96,102	51,727	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 6/2/2014 3:07 pm		
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		13.00	14.00	15.00	16.00	17.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00510					5.01
5.02	00520					5.02
5.03	00530					5.03
5.04	00550					5.04
5.05	00560					5.05
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300	158,470				13.00
14.00	01400	0	33,215			14.00
15.00	01500	0	0	301,358		15.00
16.00	01600	0	0	0	127,886	16.00
17.00	01700	0	0	0	0	17.00
17.01	01701	0	0	0	0	17.01
21.00	02100	0	0	0	0	21.00
22.00	02200	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	68,960	0	1,299	14,174	30.00
31.00	03100	17,430	0	184	7,299	31.00
40.00	04000	13,988	0	175	8,558	40.00
42.00	04200	0	0	0	0	42.00
43.00	04300	4,282	0	0	1,223	43.00
44.00	04400	0	0	0	0	44.00
45.00	04500	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	18,724	0	956	11,264	50.00
52.00	05200	1,081	0	76	1,502	52.00
53.00	05300	0	0	28	1,660	53.00
54.00	05400	0	0	3,564	1,353	54.00
54.01	05401	0	0	4	693	54.01
57.00	05700	0	0	131	5,032	57.00
58.00	05800	0	0	55	957	58.00
59.00	05900	0	0	320	6,755	59.00
60.00	06000	0	0	87	9,028	60.00
60.01	06002	0	0	0	0	60.01
65.00	06500	0	0	8,490	7,815	65.00
66.00	06600	0	0	645	883	66.00
67.00	06700	0	0	0	178	67.00
68.00	06800	0	0	0	78	68.00
69.00	06900	0	0	0	4,599	69.00
70.00	07000	0	0	0	259	70.00
71.00	07100	0	33,215	0	13,624	71.00
71.01	07101	969	0	0	727	71.01
72.00	07200	0	0	0	1,430	72.00
73.00	07300	0	0	0	27,143	73.00
75.00	07500	8,290	0	9	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	0	0	0	0	88.00
89.00	08900	0	0	0	0	89.00
90.00	09000	0	0	0	0	90.00
90.01	09001	0	0	284,379	0	90.01
91.00	09100	24,746	0	942	1,652	91.00
92.00	09200	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900	0	0	0	0	99.00
101.00	10100	0	0	14	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	0	0	0	0	113.00
116.00	11600	0	0	0	0	116.00
118.00	11800	158,470	33,215	301,358	127,886	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	0	0	0	0	190.00
194.00	07950	0	0	0	0	194.00
194.10	07958	0	0	0	0	194.10
200.00		0	0	0	0	200.00
201.00		0	0	0	0	201.00
202.00		158,470	33,215	301,358	127,886	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 6/2/2014 3:07 pm	
Cost Center Description	UTILIZATION REVIEW	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
	17.01	21.00	22.00	24.00	25.00
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
5.01 00510	NONPATIENT TELEPHONES				5.01
5.02 00520	DATA PROCESSING				5.02
5.03 00530	PURCHASING RECEIVING AND STORES				5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL				5.05
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
17.01 01701	UTILIZATION REVIEW	7,044			17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,367		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		85,230	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	4,465		804,519	0 30.00
31.00 03100	INTENSIVE CARE UNIT	662		127,805	0 31.00
40.00 04000	SUBPROVIDER - I PF	1,573		187,510	0 40.00
42.00 04200	SUBPROVIDER	0		0	0 42.00
43.00 04300	NURSERY	344		29,154	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0		0	0 44.00
45.00 04500	NURSING FACILITY	0		0	0 45.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0		759,507	0 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0		22,223	0 52.00
53.00 05300	ANESTHESIOLOGY	0		48,342	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0		776,315	0 54.00
54.01 05401	ULTRA SOUND	0		57,325	0 54.01
57.00 05700	CT SCAN	0		30,842	0 57.00
58.00 05800	MRI	0		403,161	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0		205,072	0 59.00
60.00 06000	LABORATORY	0		317,098	0 60.00
60.01 06002	BLOOD BANK	0		0	0 60.01
65.00 06500	RESPIRATORY THERAPY	0		127,908	0 65.00
66.00 06600	PHYSICAL THERAPY	0		227,056	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0		3,813	0 67.00
68.00 06800	SPEECH PATHOLOGY	0		38,877	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0		161,290	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0		52,925	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		157,072	0 71.00
71.01 07101	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		49,381	0 71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0		5,041	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0		67,201	0 73.00
75.00 07500	ASC (NON-DISTINCT PART)	0		109,731	0 75.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC	0		0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0 89.00
90.00 09000	CLINIC	0		0	0 90.00
90.01 09001	PROVIDER BASED CLINICS	0		2,248,871	0 90.01
91.00 09100	EMERGENCY	0		278,425	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
99.00 09900	CMHC	0		0	0 99.00
101.00 10100	HOME HEALTH AGENCY	0		66,975	0 101.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE	0		0	113.00
116.00 11600	HOSPICE	0		0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,044	0	7,363,439	0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		21,153	0 190.00
194.00 07950	MEALS ON WHEELS	0		13,940	0 194.00

Cost Center Description		UTILIZATION REVIEW	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
194.10	07958 IHAP	0	21.00	22.00	24.00	25.00
200.00	Cross Foot Adjustments		2,367	85,230	15,181	0
201.00	Negative Cost Centers	0	0	0	87,597	0
202.00	TOTAL (sum lines 118-201)	7,044	2,367	85,230	7,501,310	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 6/2/2014 3:07 pm
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Cost Center Description		Total		
		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
5.01	00510	NONPATIENT TELEPHONES		5.01
5.02	00520	DATA PROCESSING		5.02
5.03	00530	PURCHASING RECEIVING AND STORES		5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL		5.05
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
17.01	01701	UTILIZATION REVIEW		17.01
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	804,519	30.00
31.00	03100	INTENSIVE CARE UNIT	127,805	31.00
40.00	04000	SUBPROVIDER - IPF	187,510	40.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	29,154	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	759,507	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,223	52.00
53.00	05300	ANESTHESIOLOGY	48,342	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	776,315	54.00
54.01	05401	ULTRA SOUND	57,325	54.01
57.00	05700	CT SCAN	30,842	57.00
58.00	05800	MRI	403,161	58.00
59.00	05900	CARDIAC CATHETERIZATION	205,072	59.00
60.00	06000	LABORATORY	317,098	60.00
60.01	06002	BLOOD BANK	0	60.01
65.00	06500	RESPIRATORY THERAPY	127,908	65.00
66.00	06600	PHYSICAL THERAPY	227,056	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,813	67.00
68.00	06800	SPEECH PATHOLOGY	38,877	68.00
69.00	06900	ELECTROCARDIOLOGY	161,290	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	52,925	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	157,072	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	49,381	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,041	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	67,201	73.00
75.00	07500	ASC (NON-DISTINCT PART)	109,731	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	PROVIDER BASED CLINICS	2,248,871	90.01
91.00	09100	EMERGENCY	278,425	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
99.00	09900	CMHC	0	99.00
101.00	10100	HOME HEALTH AGENCY	66,975	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,363,439	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,153	190.00
194.00	07950	MEALS ON WHEELS	13,940	194.00
194.10	07958	IHAP	15,181	194.10
200.00		Cross Foot Adjustments	87,597	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	7,501,310	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	412,891				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		3,177,905			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,468	15,185	60,967,199		4.00
5.01 00510	NONPATIENT TELEPHONES	490	0	200,722		5.01
5.02 00520	DATA PROCESSING	7,666	595,623	1,170,649	751	859 5.02
5.03 00530	PURCHASING RECEIVING AND STORES	11,884	162,887	372,198	10	9 5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE	12,040	6,574	1,105,644	27	37 5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	12,453	66,325	2,696,875	51	58 5.05
7.00 00700	OPERATION OF PLANT	126,140	43,341	927,429	19	6 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	181	0	23,761	0	0 8.00
9.00 00900	HOUSEKEEPING	3,919	1,176	531,586	3	0 9.00
10.00 01000	DIETARY	4,465	18,932	715,788	12	7 10.00
11.00 01100	CAFETERIA	3,611	0	213,436	2	0 11.00
13.00 01300	NURSING ADMINISTRATION	2,280	71,090	1,327,414	18	27 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	677	16,924	37,232	2	2 14.00
15.00 01500	PHARMACY	2,405	202,617	959,137	10	13 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,867	2,630	1,102,865	40	42 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
17.01 01701	UTILIZATION REVIEW	136	0	215,810	3	4 17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	50,489	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,109	8,911	949,543	20	10 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	32,032	97,593	4,427,300	59	38 30.00
31.00 03100	INTENSIVE CARE UNIT	3,515	13,758	1,185,009	12	18 31.00
40.00 04000	SUBPROVIDER - IPF	8,750	3,800	930,249	15	11 40.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	529	9,645	374,650	2	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	13,522	371,164	1,312,609	38	34 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,254	0	94,245	1	0 52.00
53.00 05300	ANESTHESIOLOGY	71	34,006	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,309	510,534	1,113,758	19	29 54.00
54.01 05401	ULTRA SOUND	317	37,751	318,174	4	0 54.01
57.00 05700	CT SCAN	575	163	115,599	2	1 57.00
58.00 05800	MRI	481	312,326	148,084	2	2 58.00
59.00 05900	CARDIAC CATHETERIZATION	8,894	0	640,722	19	14 59.00
60.00 06000	LABORATORY	5,344	90,761	2,424,472	28	28 60.00
60.01 06002	BLOOD BANK	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	2,593	39,566	650,327	9	13 65.00
66.00 06600	PHYSICAL THERAPY	8,947	42,736	1,426,070	14	35 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	285	303,863	3	0 67.00
68.00 06800	SPEECH PATHOLOGY	1,752	6,274	281,844	6	3 68.00
69.00 06900	ELECTROCARDIOLOGY	140	101,716	392,781	2	4 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,632	19,675	266,408	2	1 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
71.01 07101	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,932	1,034	40,504	5	5 71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
75.00 07500	ASC (NON-DISTINCT PART)	4,152	20,858	605,648	13	7 75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	PROVIDER BASED CLINICS	92,625	192,652	26,883,195	197	363 90.01
91.00 09100	EMERGENCY	8,732	54,237	3,980,085	33	27 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
99.00 09900	CMHC	0	0	0	0	0 99.00
101.00 10100	HOME HEALTH AGENCY	3,375	5,156	450,431	10	11 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	0	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	410,264	3,177,905	60,966,605	749	859 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,519	0	594	2	0 190.00
194.00 07950	MEALS ON WHEELS	0	0	0	0	0 194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.10 07958 IHAP	1,108	0	0	0	0	194.10
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)	3,596,748	3,904,562	618,093	709,775	3,625,092	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	8.711132	1.228659	0.010138	945.106525	4,220.130384	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			57,578	4,457	799,924	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000944	5.934754	931.227008	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PURCHASING RECEIVING AND STORES (COST OF SUPPLIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530	8,988,386					5.03
5.04	00550	30,921	308,794,663				5.04
5.05	00560	25,921	0	-6,823,585	74,366,841		5.05
7.00	00700	256,820	0	0	4,693,611	237,750	7.00
8.00	00800	0	0	0	397,123	181	8.00
9.00	00900	5,898	0	0	1,117,468	3,919	9.00
10.00	01000	24,819	0	0	962,760	4,465	10.00
11.00	01100	7,413	0	0	397,518	3,611	11.00
13.00	01300	194,403	0	0	1,702,741	2,280	13.00
14.00	01400	0	0	0	129,689	677	14.00
15.00	01500	9,890	0	0	1,251,025	2,405	15.00
16.00	01600	158,391	0	0	2,046,510	4,867	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	0	0	0	255,209	136	17.01
21.00	02100	0	0	0	696,149	0	21.00
22.00	02200	46,171	0	0	1,382,495	4,109	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	256,684	16,977,816	0	5,834,443	32,032	30.00
31.00	03100	92,674	4,628,238	0	1,592,915	3,515	31.00
40.00	04000	12,395	8,112,480	0	1,234,936	8,750	40.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	28,004	1,056,536	0	479,445	529	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	625,827	31,985,703	0	2,946,676	13,522	50.00
52.00	05200	14,746	1,337,361	0	144,082	1,254	52.00
53.00	05300	44,850	4,196,025	0	92,268	71	53.00
54.00	05400	296,042	10,697,960	0	3,152,180	6,309	54.00
54.01	05401	30,483	4,848,632	0	480,286	317	54.01
57.00	05700	85,212	23,503,320	0	543,128	575	57.00
58.00	05800	41,694	10,893,685	0	813,560	481	58.00
59.00	05900	1,113,449	29,086,332	0	2,401,500	8,894	59.00
60.00	06000	1,336,155	31,679,344	0	5,245,368	5,344	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	150,952	6,830,563	0	984,616	2,593	65.00
66.00	06600	47,360	8,402,757	0	2,143,855	8,947	66.00
67.00	06700	1,573	1,850,843	0	352,953	0	67.00
68.00	06800	48,570	911,223	0	368,482	1,752	68.00
69.00	06900	523,976	12,766,844	0	149,029	140	69.00
70.00	07000	15,934	5,281,048	0	391,463	1,632	70.00
71.00	07100	2,375,237	27,446,408	0	4,309,486	0	71.00
71.01	07101	2,645	871,788	0	120,950	2,932	71.01
72.00	07200	0	2,443,534	0	728,227	0	72.00
73.00	07300	177,038	41,767,460	0	4,118,887	0	73.00
75.00	07500	91,552	1,423,013	0	871,896	4,152	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	599,336	0	0	16,081,950	92,625	90.01
91.00	09100	200,800	19,795,750	0	3,082,550	8,732	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	0	0	0	0	0	99.00
101.00	10100	14,467	0	0	648,654	3,375	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	0	0	116.00
118.00		8,988,302	308,794,663	-6,823,585	74,346,083	235,123	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	17,108	1,519	190.00
194.00	07950	0	0	0	0	0	194.00
194.10	07958	84	0	0	3,650	1,108	194.10
200.00							200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PURCHASING RECEIVING AND STORES (COST OF SUPPLIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	7.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,056,588	2,173,830		6,823,585	5,124,278	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.117550	0.007040		0.091756	21.553220	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	312,447	149,693		247,732	1,183,209	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.034761	0.000485		0.003331	4.976694	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

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

Worksheet B-1

Date/Time Prepared:
6/2/2014 3:07 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (HOURS OF SERVICE)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00550						5.04
5.05	00560						5.05
7.00	00700						7.00
8.00	00800	441,818					8.00
9.00	00900	0	3,064				9.00
10.00	01000	0	20	59,123			10.00
11.00	01100	0	26	0	448		11.00
13.00	01300	0	15	0	6	384,971	13.00
14.00	01400	0	30	0	2	0	14.00
15.00	01500	0	27	0	12	0	15.00
16.00	01600	0	60	0	36	0	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	0	2	0	3	0	17.01
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	13	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	174,244	621	36,431	69	167,525	30.00
31.00	03100	24,908	48	3,592	13	42,342	31.00
40.00	04000	13,637	68	9,793	15	33,980	40.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	12,740	10	0	4	10,402	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	50,804	201	0	25	45,487	50.00
52.00	05200	7,041	25	0	1	2,627	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	31,898	77	0	16	0	54.00
54.01	05401	3,514	4	0	4	0	54.01
57.00	05700	0	8	0	2	0	57.00
58.00	05800	0	7	0	2	0	58.00
59.00	05900	5,785	25	0	10	0	59.00
60.00	06000	0	620	0	30	0	60.00
60.01	06002	0	0	0	0	0	60.01
65.00	06500	0	89	0	10	0	65.00
66.00	06600	13,741	64	0	20	0	66.00
67.00	06700	0	20	0	4	0	67.00
68.00	06800	0	10	0	4	0	68.00
69.00	06900	0	5	0	6	0	69.00
70.00	07000	0	10	0	3	0	70.00
71.00	07100	0	0	0	0	0	71.00
71.01	07101	0	27	0	1	2,354	71.01
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	27,599	120	731	11	20,138	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	560	0	87	0	90.01
91.00	09100	75,907	250	0	30	60,116	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	0	0	0	0	0	99.00
101.00	10100	0	0	0	9	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	0	0	116.00
118.00		441,818	3,049	50,547	448	384,971	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	15	0	0	0	190.00
194.00	07950	0	0	8,576	0	0	194.00
194.10	07958	0	0	0	0	0	194.10
200.00							200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (HOURS OF SERVICE)	
		8.00	9.00	10.00	11.00	13.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	437,462	1,304,469	1,155,849	522,891	1,921,508	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.990141	425.740535	19.549904	1,167.167411	4.991306	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,823	59,535	96,102	51,727	158,470	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.008653	19.430483	1.625459	115.462054	0.411641	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	UTILIZATION REVIEW (PATIENT DAYS)	
		14.00	15.00	16.00	17.00	17.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00550						5.04
5.05	00560						5.05
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400	1,000					14.00
15.00	01500		1,105,782				15.00
16.00	01600			115,896,158			16.00
17.00	01700				13,978		17.00
17.01	01701					13,978	17.01
21.00	02100						21.00
22.00	02200						22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000		4,768	12,850,735	8,860	8,860	30.00
31.00	03100		674	6,617,485	1,314	1,314	31.00
40.00	04000		641	7,758,758	3,122	3,122	40.00
42.00	04200						42.00
43.00	04300			1,108,937	682	682	43.00
44.00	04400						44.00
45.00	04500						45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000		3,508	10,212,055			50.00
52.00	05200		278	1,361,576			52.00
53.00	05300		101	1,505,416			53.00
54.00	05400		13,079	1,227,044			54.00
54.01	05401		16	628,174			54.01
57.00	05700		479	4,562,184			57.00
58.00	05800		200	867,609			58.00
59.00	05900		1,175	6,123,884			59.00
60.00	06000		321	8,185,276			60.00
60.01	06002						60.01
65.00	06500		31,151	7,085,495			65.00
66.00	06600		2,365	800,174			66.00
67.00	06700			161,736			67.00
68.00	06800			70,855			68.00
69.00	06900			4,169,513			69.00
70.00	07000			234,883			70.00
71.00	07100	1,000		12,351,640			71.00
71.01	07101			658,906			71.01
72.00	07200			1,296,807			72.00
73.00	07300			24,559,665			73.00
75.00	07500		34				75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800						88.00
89.00	08900						89.00
90.00	09000						90.00
90.01	09001		1,043,482				90.01
91.00	09100		3,458	1,497,351			91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900						99.00
101.00	10100		52				101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600						116.00
118.00		1,000	1,105,782	115,896,158	13,978	13,978	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000						190.00
194.00	07950						194.00
194.10	07958						194.10
200.00							200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

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

Worksheet B-1

Date/Time Prepared:
6/2/2014 3:07 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	UTILIZATION REVIEW (PATIENT DAYS)	
		14.00	15.00	16.00	17.00	17.01	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	171,287	1,443,150	2,406,752	0	285,910	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	171.287000	1.305094	0.020766	0.000000	20.454285	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	33,215	301,358	127,886	0	7,044	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	33.215000	0.272529	0.001103	0.000000	0.503935	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

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

Worksheet B-1
Date/Time Prepared:
6/2/2014 3:07 pm

Cost Center Description	INTERNS & RESIDENTS			
	SERVICES-SALARY & FRINGES APPRV (PATIENT DAYS)	SERVICES-OTHER PRGM COSTS APPRV (PATIENT DAYS)		
	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
5.01 00510	NONPATIENT TELEPHONES			5.01
5.02 00520	DATA PROCESSING			5.02
5.03 00530	PURCHASING RECEIVING AND STORES			5.03
5.04 00550	CASHIERING/ACCOUNTS RECEIVABLE			5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL			5.05
7.00 00700	OPERATION OF PLANT			7.00
8.00 00800	LAUNDRY & LINEN SERVICE			8.00
9.00 00900	HOUSEKEEPING			9.00
10.00 01000	DIETARY			10.00
11.00 01100	CAFETERIA			11.00
13.00 01300	NURSING ADMINISTRATION			13.00
14.00 01400	CENTRAL SERVICES & SUPPLY			14.00
15.00 01500	PHARMACY			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY			16.00
17.00 01700	SOCIAL SERVICE			17.00
17.01 01701	UTILIZATION REVIEW			17.01
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	10,856		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		10,856	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000	ADULTS & PEDIATRICS	8,860	8,860	30.00
31.00 03100	INTENSIVE CARE UNIT	1,314	1,314	31.00
40.00 04000	SUBPROVIDER - I PF	0	0	40.00
42.00 04200	SUBPROVIDER	0	0	42.00
43.00 04300	NURSERY	682	682	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000	OPERATING ROOM	0	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401	ULTRA SOUND	0	0	54.01
57.00 05700	CT SCAN	0	0	57.00
58.00 05800	MRI	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000	LABORATORY	0	0	60.00
60.01 06002	BLOOD BANK	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
71.01 07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	0	71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800	RURAL HEALTH CLINIC	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000	CLINIC	0	0	90.00
90.01 09001	PROVIDER BASED CLINICS	0	0	90.01
91.00 09100	EMERGENCY	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.00 09900	CMHC	0	0	99.00
101.00 10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
113.00 11300	INTEREST EXPENSE			113.00
116.00 11600	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	10,856	10,856	118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00 07950	MEALS ON WHEELS	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

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

Worksheet B-1
Date/Time Prepared:
6/2/2014 3:07 pm

Cost Center Description	INTERNS & RESIDENTS			
	SERVICES-SALARY & FRINGES APPRV (PATIENT DAYS)	SERVICES-OTHER PRGM COSTS APPRV (PATIENT DAYS)		
	21.00	22.00		
194.10 07958 IHAP	0	0		194.10
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)	760,025	1,613,082		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	70.009672	148.588983		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	2,367	85,230		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.218036	7.850958		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140012

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

Worksheet C
Part I
Date/Time Prepared:
6/2/2014 3:07 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		9,580,323	0	9,580,323	30.00
31.00	03100	INTENSIVE CARE UNIT		2,321,847	0	2,321,847	31.00
40.00	04000	SUBPROVIDER - IPF		2,183,671	0	2,183,671	40.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		645,277	0	645,277	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
45.00	04500	NURSING FACILITY		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		4,117,232	0	4,117,232	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		244,862	0	244,862	52.00
53.00	05300	ANESTHESIOLOGY		133,657	0	133,657	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		3,702,981	0	3,702,981	54.00
54.01	05401	ULTRA SOUND		554,104	0	554,104	54.01
57.00	05700	CT SCAN		706,459	0	706,459	57.00
58.00	05800	MRI		922,168	0	922,168	58.00
59.00	05900	CARDIAC CATHETERIZATION		2,970,292	0	2,970,292	59.00
60.00	06000	LABORATORY		6,311,210	95,212	6,406,422	60.00
60.01	06002	BLOOD BANK		0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	1,368,202	0	1,368,202	65.00
66.00	06600	PHYSICAL THERAPY	0	2,617,303	0	2,617,303	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	401,882	0	401,882	67.00
68.00	06800	SPEECH PATHOLOGY	0	450,450	0	450,450	68.00
69.00	06900	ELECTROCARDIOLOGY		261,436	0	261,436	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		475,194	0	475,194	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		5,132,688	0	5,132,688	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES		233,337	0	233,337	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		821,975	0	821,975	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		5,006,880	0	5,006,880	73.00
75.00	07500	ASC (NON-DISTINCT PART)		1,247,492	0	1,247,492	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS		21,255,713	27,796	21,283,509	90.01
91.00	09100	EMERGENCY		4,105,868	824,260	4,930,128	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		2,499,712	0	2,499,712	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY		791,487	0	791,487	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
116.00	11600	HOSPICE		0	0	0	116.00
200.00		Subtotal (see instructions)	0	81,063,702	947,268	82,010,970	200.00
201.00		Less Observation Beds		2,499,712	0	2,499,712	201.00
202.00		Total (see instructions)	0	78,563,990	947,268	79,511,258	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140012		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 6/2/2014 3:07 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,905,031		12,905,031			30.00
31.00	03100	INTENSIVE CARE UNIT	6,119,212		6,119,212			31.00
40.00	04000	SUBPROVIDER - IPF	7,758,758		7,758,758			40.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	1,108,937		1,108,937			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,212,055	21,496,609	31,708,664	0.129846	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,361,576	163,208	1,524,784	0.160588	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,505,416	2,557,701	4,063,117	0.032895	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,227,044	9,927,049	11,154,093	0.331984	0.000000	54.00
54.01	05401	ULTRA SOUND	628,174	4,291,377	4,919,551	0.112633	0.000000	54.01
57.00	05700	CT SCAN	4,562,184	18,492,292	23,054,476	0.030643	0.000000	57.00
58.00	05800	MRI	867,609	9,553,878	10,421,487	0.088487	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,123,884	11,337,903	17,461,787	0.170102	0.000000	59.00
60.00	06000	LABORATORY	8,185,276	22,687,041	30,872,317	0.204429	0.000000	60.00
60.01	06002	BLOOD BANK	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	7,085,495	2,156,056	9,241,551	0.148049	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	800,174	7,455,596	8,255,770	0.317027	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	161,736	1,233,800	1,395,536	0.287977	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	70,855	1,041,277	1,112,132	0.405033	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,169,513	9,314,107	13,483,620	0.019389	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	234,883	4,442,744	4,677,627	0.101589	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,351,640	15,370,313	27,721,953	0.185149	0.000000	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	658,906	79,644	738,550	0.315939	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,296,807	1,381,202	2,678,009	0.306935	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,559,665	18,645,963	43,205,628	0.115885	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,644,682	1,644,682	0.758500	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	PROVIDER BASED CLINICS	0	39,381,885	39,381,885	0.539733	0.000000	90.01
91.00	09100	EMERGENCY	4,575,652	14,731,808	19,307,460	0.212657	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,497,351	2,775,129	4,272,480	0.585073	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0			99.00
101.00	10100	HOME HEALTH AGENCY	0	1,225,939	1,225,939			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	120,027,833	221,387,203	341,415,036			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	120,027,833	221,387,203	341,415,036			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 6/2/2014 3:07 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.129846		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.160588		52.00
53.00	05300 ANESTHESIOLOGY	0.032895		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.331984		54.00
54.01	05401 ULTRA SOUND	0.112633		54.01
57.00	05700 CT SCAN	0.030643		57.00
58.00	05800 MRI	0.088487		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.170102		59.00
60.00	06000 LABORATORY	0.207513		60.00
60.01	06002 BLOOD BANK	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.148049		65.00
66.00	06600 PHYSICAL THERAPY	0.317027		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.287977		67.00
68.00	06800 SPEECH PATHOLOGY	0.405033		68.00
69.00	06900 ELECTROCARDIOLOGY	0.019389		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.101589		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.185149		71.00
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERVICES	0.315939		71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.306935		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.115885		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.758500		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 PROVIDER BASED CLINICS	0.540439		90.01
91.00	09100 EMERGENCY	0.255348		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.585073		92.00
OTHER REIMBURSABLE COST CENTERS				
99.00	09900 CMHC			99.00
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: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 6/2/2014 3:07 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		9,580,323	0	9,580,323
31.00	03100 INTENSIVE CARE UNIT		2,321,847	0	2,321,847
40.00	04000 SUBPROVIDER - I/PF		2,183,671	0	2,183,671
42.00	04200 SUBPROVIDER		0	0	0
43.00	04300 NURSERY		645,277	0	645,277
44.00	04400 SKILLED NURSING FACILITY		0	0	0
45.00	04500 NURSING FACILITY		0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		4,117,232	0	4,117,232
52.00	05200 DELIVERY ROOM & LABOR ROOM		244,862	0	244,862
53.00	05300 ANESTHESIOLOGY		133,657	0	133,657
54.00	05400 RADIOLOGY-DIAGNOSTIC		3,702,981	0	3,702,981
54.01	05401 ULTRA SOUND		554,104	0	554,104
57.00	05700 CT SCAN		706,459	0	706,459
58.00	05800 MRI		922,168	0	922,168
59.00	05900 CARDIAC CATHETERIZATION		2,970,292	0	2,970,292
60.00	06000 LABORATORY		6,311,210	95,212	6,406,422
60.01	06002 BLOOD BANK		0	0	0
65.00	06500 RESPIRATORY THERAPY	0	1,368,202	0	1,368,202
66.00	06600 PHYSICAL THERAPY	0	2,617,303	0	2,617,303
67.00	06700 OCCUPATIONAL THERAPY	0	401,882	0	401,882
68.00	06800 SPEECH PATHOLOGY	0	450,450	0	450,450
69.00	06900 ELECTROCARDIOLOGY		261,436	0	261,436
70.00	07000 ELECTROENCEPHALOGRAPHY		475,194	0	475,194
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		5,132,688	0	5,132,688
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERVICES		233,337	0	233,337
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		821,975	0	821,975
73.00	07300 DRUGS CHARGED TO PATIENTS		5,006,880	0	5,006,880
75.00	07500 ASC (NON-DISTINCT PART)		1,247,492	0	1,247,492
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000 CLINIC	0	0	0	0
90.01	09001 PROVIDER BASED CLINICS		21,255,713	27,796	21,283,509
91.00	09100 EMERGENCY		4,105,868	824,260	4,930,128
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,499,712	0	2,499,712
OTHER REIMBURSABLE COST CENTERS					
99.00	09900 CMHC	0	0	0	0
101.00	10100 HOME HEALTH AGENCY	791,487	791,487	0	791,487
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE		0	0	0
116.00	11600 HOSPICE	0	0	0	0
200.00	Subtotal (see instructions)	81,063,702	81,063,702	947,268	82,010,970
201.00	Less Observation Beds	2,499,712	2,499,712	0	2,499,712
202.00	Total (see instructions)	78,563,990	78,563,990	947,268	79,511,258

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140012		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 6/2/2014 3:07 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	12,905,031		12,905,031			30.00
31.00	03100	INTENSIVE CARE UNIT	6,119,212		6,119,212			31.00
40.00	04000	SUBPROVIDER - IPF	7,758,758		7,758,758			40.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	1,108,937		1,108,937			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,212,055	21,496,609	31,708,664	0.129846	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,361,576	163,208	1,524,784	0.160588	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,505,416	2,557,701	4,063,117	0.032895	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,227,044	9,927,049	11,154,093	0.331984	0.000000	54.00
54.01	05401	ULTRA SOUND	628,174	4,291,377	4,919,551	0.112633	0.000000	54.01
57.00	05700	CT SCAN	4,562,184	18,492,292	23,054,476	0.030643	0.000000	57.00
58.00	05800	MRI	867,609	9,553,878	10,421,487	0.088487	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,123,884	11,337,903	17,461,787	0.170102	0.000000	59.00
60.00	06000	LABORATORY	8,185,276	22,687,041	30,872,317	0.204429	0.000000	60.00
60.01	06002	BLOOD BANK	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	7,085,495	2,156,056	9,241,551	0.148049	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	800,174	7,455,596	8,255,770	0.317027	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	161,736	1,233,800	1,395,536	0.287977	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	70,855	1,041,277	1,112,132	0.405033	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,169,513	9,314,107	13,483,620	0.019389	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	234,883	4,442,744	4,677,627	0.101589	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,351,640	15,370,313	27,721,953	0.185149	0.000000	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	658,906	79,644	738,550	0.315939	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,296,807	1,381,202	2,678,009	0.306935	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,559,665	18,645,963	43,205,628	0.115885	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,644,682	1,644,682	0.758500	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	PROVIDER BASED CLINICS	0	39,381,885	39,381,885	0.539733	0.000000	90.01
91.00	09100	EMERGENCY	4,575,652	14,731,808	19,307,460	0.212657	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,497,351	2,775,129	4,272,480	0.585073	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0			99.00
101.00	10100	HOME HEALTH AGENCY	0	1,225,939	1,225,939			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	120,027,833	221,387,203	341,415,036			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	120,027,833	221,387,203	341,415,036			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 6/2/2014 3:07 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital
				Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
40.00	04000	SUBPROVIDER - IPF		40.00
42.00	04200	SUBPROVIDER		42.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
45.00	04500	NURSING FACILITY		45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000	50.00
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
54.01	05401	ULTRA SOUND	0.000000	54.01
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	06002	BLOOD BANK	0.000000	60.01
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
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	89.00
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	PROVIDER BASED CLINICS	0.000000	90.01
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS				
99.00	09900	CMHC		99.00
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: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 6/2/2014 3:07 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	804,519	0	804,519	11,996	67.07	30.00
31.00	INTENSIVE CARE UNIT	127,805		127,805	1,279	99.93	31.00
40.00	SUBPROVIDER - IPF	187,510	0	187,510	3,162	59.30	40.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	29,154		29,154	680	42.87	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (Lines 30-199)	1,148,988		1,148,988	17,117		200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	4,983	334,210	30.00
31.00	INTENSIVE CARE UNIT	673	67,253	31.00
40.00	SUBPROVIDER - IPF	1,368	81,122	40.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (Lines 30-199)	7,024	482,585	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 6/2/2014 3:07 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Title XVIII		Capital Costs (column 3 x column 4)	
					Hospital	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	759,507	31,708,664	0.023953	3,856,532	92,376	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,223	1,524,784	0.014575	3,805	55	52.00
53.00	05300	ANESTHESIOLOGY	48,342	4,063,117	0.011898	546,825	6,506	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	776,315	11,154,093	0.069599	1,067,193	74,276	54.00
54.01	05401	ULTRA SOUND	57,325	4,919,551	0.011652	145,788	1,699	54.01
57.00	05700	CT SCAN	30,842	23,054,476	0.001338	2,398,105	3,209	57.00
58.00	05800	MRI	403,161	10,421,487	0.038686	421,387	16,302	58.00
59.00	05900	CARDIAC CATHETERIZATION	205,072	17,461,787	0.011744	3,270,455	38,408	59.00
60.00	06000	LABORATORY	317,098	30,872,317	0.010271	4,581,438	47,056	60.00
60.01	06002	BLOOD BANK	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	127,908	9,241,551	0.013841	4,045,581	55,995	65.00
66.00	06600	PHYSICAL THERAPY	227,056	8,255,770	0.027503	560,491	15,415	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,813	1,395,536	0.002732	115,908	317	67.00
68.00	06800	SPEECH PATHOLOGY	38,877	1,112,132	0.034957	52,539	1,837	68.00
69.00	06900	ELECTROCARDIOLOGY	161,290	13,483,620	0.011962	2,747,872	32,870	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	52,925	4,677,627	0.011314	76,593	867	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	157,072	27,721,953	0.005666	8,052,095	45,623	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	49,381	738,550	0.066862	21,084	1,410	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,041	2,678,009	0.001882	962,821	1,812	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	67,201	43,205,628	0.001555	12,708,516	19,762	73.00
75.00	07500	ASC (NON-DISTINCT PART)	109,731	1,644,682	0.066719	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	2,248,871	39,381,885	0.057104	0	0	90.01
91.00	09100	EMERGENCY	278,425	19,307,460	0.014421	2,080,234	29,999	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	209,916	4,272,480	0.049132	709,994	34,883	92.00
200.00		Total (lines 50-199)	6,357,392	312,297,159		48,425,256	520,677	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 6/2/2014 3:07 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
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
200.00		Total (lines 30-199)	0	0	0	0	0 200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,996	0.00	4,983	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,279	0.00	673	0	31.00
40.00	04000	SUBPROVIDER - IPF	3,162	0.00	1,368	0	40.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	680	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	45.00
200.00		Total (lines 30-199)	17,117		7,024	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 6/2/2014 3:07 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
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
54.01	05401	ULTRA SOUND	0	0	0	0	54.01
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	06002	BLOOD BANK	0	0	0	0	60.01
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
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	0	0	0	71.01
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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (Lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 6/2/2014 3:07 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Title XVIII		Hospital		Inpatient Program Charges	
			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)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	31,708,664	0.000000	0.000000	3,856,532	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,524,784	0.000000	0.000000	3,805	52.00
53.00	05300	ANESTHESIOLOGY	0	4,063,117	0.000000	0.000000	546,825	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,154,093	0.000000	0.000000	1,067,193	54.00
54.01	05401	ULTRA SOUND	0	4,919,551	0.000000	0.000000	145,788	54.01
57.00	05700	CT SCAN	0	23,054,476	0.000000	0.000000	2,398,105	57.00
58.00	05800	MRI	0	10,421,487	0.000000	0.000000	421,387	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	17,461,787	0.000000	0.000000	3,270,455	59.00
60.00	06000	LABORATORY	0	30,872,317	0.000000	0.000000	4,581,438	60.00
60.01	06002	BLOOD BANK	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	9,241,551	0.000000	0.000000	4,045,581	65.00
66.00	06600	PHYSICAL THERAPY	0	8,255,770	0.000000	0.000000	560,491	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,395,536	0.000000	0.000000	115,908	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,112,132	0.000000	0.000000	52,539	68.00
69.00	06900	ELECTROCARDIOLOGY	0	13,483,620	0.000000	0.000000	2,747,872	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,677,627	0.000000	0.000000	76,593	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	27,721,953	0.000000	0.000000	8,052,095	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	738,550	0.000000	0.000000	21,084	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,678,009	0.000000	0.000000	962,821	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	43,205,628	0.000000	0.000000	12,708,516	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,644,682	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	PROVIDER BASED CLINICS	0	39,381,885	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	0	19,307,460	0.000000	0.000000	2,080,234	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,272,480	0.000000	0.000000	709,994	92.00
200.00		Total (lines 50-199)	0	312,297,159			48,425,256	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 6/2/2014 3:07 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title VIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	6,481,703	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	604,179	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,906,379	0	54.00
54.01	05401 ULTRA SOUND	0	438,894	0	54.01
57.00	05700 CT SCAN	0	5,687,107	0	57.00
58.00	05800 MRI	0	2,587,737	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	4,495,846	0	59.00
60.00	06000 LABORATORY	0	757,033	0	60.00
60.01	06002 BLOOD BANK	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	744,906	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	84,393	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	5,373,478	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,409,979	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,460,913	0	71.00
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	8,322	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	777,956	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,920,920	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	1,195,618	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 PROVIDER BASED CLINICS	0	1,974,129	0	90.01
91.00	09100 EMERGENCY	0	3,061,741	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,211,824	0	92.00
200.00	Total (lines 50-199)	0	52,183,057	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 6/2/2014 3:07 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.129846	6,481,703	0	0	841,623 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.160588	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.032895	604,179	0	0	19,874 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.331984	3,906,379	0	0	1,296,855 54.00
54.01	05401 ULTRA SOUND	0.112633	438,894	0	0	49,434 54.01
57.00	05700 CT SCAN	0.030643	5,687,107	0	0	174,270 57.00
58.00	05800 MRI	0.088487	2,587,737	0	0	228,981 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.170102	4,495,846	0	0	764,752 59.00
60.00	06000 LABORATORY	0.204429	757,033	1,218	0	154,759 60.00
60.01	06002 BLOOD BANK	0.000000	0	0	0	0 60.01
65.00	06500 RESPIRATORY THERAPY	0.148049	744,906	0	0	110,283 65.00
66.00	06600 PHYSICAL THERAPY	0.317027	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.287977	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.405033	84,393	0	0	34,182 68.00
69.00	06900 ELECTROCARDIOLOGY	0.019389	5,373,478	0	0	104,186 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.101589	1,409,979	0	0	143,238 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.185149	4,460,913	0	0	825,934 71.00
71.01	07101 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.315939	8,322	0	0	2,629 71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.306935	777,956	0	0	238,782 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.115885	6,920,920	898	63,902	802,031 73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.758500	1,195,618	0	0	906,876 75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000				0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0 89.00
90.00	09000 CLINIC	0.000000	0	0	0	0 90.00
90.01	09001 PROVIDER BASED CLINICS	0.539733	1,974,129	0	0	1,065,503 90.01
91.00	09100 EMERGENCY	0.212657	3,061,741	0	0	651,101 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.585073	1,211,824	0	0	709,006 92.00
200.00	Subtotal (see instructions)		52,183,057	2,116	63,902	9,124,299 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		52,183,057	2,116	63,902	9,124,299 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 6/2/2014 3:07 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 ULTRA SOUND	0	0		54.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	249	0		60.00
60.01 06002 BLOOD BANK	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
71.01 07101 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	104	7,405		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 PROVIDER BASED CLINICS	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	353	7,405		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	353	7,405		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140012 Component CCN: 14S012		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 6/2/2014 3:07 pm	
				Title VIII		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	759,507	31,708,664	0.023953	0	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,223	1,524,784	0.014575	0	0 52.00
53.00	05300	ANESTHESIOLOGY	48,342	4,063,117	0.011898	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	776,315	11,154,093	0.069599	7,064	492 54.00
54.01	05401	ULTRA SOUND	57,325	4,919,551	0.011652	2,514	29 54.01
57.00	05700	CT SCAN	30,842	23,054,476	0.001338	18,624	25 57.00
58.00	05800	MRI	403,161	10,421,487	0.038686	8,888	344 58.00
59.00	05900	CARDIAC CATHETERIZATION	205,072	17,461,787	0.011744	0	0 59.00
60.00	06000	LABORATORY	317,098	30,872,317	0.010271	181,835	1,868 60.00
60.01	06002	BLOOD BANK	0	0	0.000000	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	127,908	9,241,551	0.013841	72,876	1,009 65.00
66.00	06600	PHYSICAL THERAPY	227,056	8,255,770	0.027503	8,810	242 66.00
67.00	06700	OCCUPATIONAL THERAPY	3,813	1,395,536	0.002732	1,019	3 67.00
68.00	06800	SPEECH PATHOLOGY	38,877	1,112,132	0.034957	780	27 68.00
69.00	06900	ELECTROCARDIOLOGY	161,290	13,483,620	0.011962	20,583	246 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	52,925	4,677,627	0.011314	10,915	123 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	157,072	27,721,953	0.005666	8,096	46 71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	49,381	738,550	0.066862	271,533	18,155 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,041	2,678,009	0.001882	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	67,201	43,205,628	0.001555	554,301	862 73.00
75.00	07500	ASC (NON-DISTINCT PART)	109,731	1,644,682	0.066719	0	0 75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	0	0	0.000000	0	0 90.00
90.01	09001	PROVIDER BASED CLINICS	2,248,871	39,381,885	0.057104	0	0 90.01
91.00	09100	EMERGENCY	278,425	19,307,460	0.014421	80,732	1,164 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,272,480	0.000000	0	0 92.00
200.00		Total (lines 50-199)	6,147,476	312,297,159		1,248,570	24,635 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012 Component CCN: 14S012	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 6/2/2014 3:07 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
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 ULTRA SOUND	0	0	0	0	0	54.01
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	0	0	0	60.00
60.01	06002 BLOOD BANK	0	0	0	0	0	60.01
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
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 PROVIDER BASED CLINICS	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012 Component CCN: 14S012	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 6/2/2014 3:07 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	31,708,664	0.000000	0.000000	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	1,524,784	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	4,063,117	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	11,154,093	0.000000	0.000000	7,064	54.00
54.01 05401 ULTRA SOUND	0	4,919,551	0.000000	0.000000	2,514	54.01
57.00 05700 CT SCAN	0	23,054,476	0.000000	0.000000	18,624	57.00
58.00 05800 MRI	0	10,421,487	0.000000	0.000000	8,888	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	17,461,787	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	30,872,317	0.000000	0.000000	181,835	60.00
60.01 06002 BLOOD BANK	0	0	0.000000	0.000000	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	9,241,551	0.000000	0.000000	72,876	65.00
66.00 06600 PHYSICAL THERAPY	0	8,255,770	0.000000	0.000000	8,810	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	1,395,536	0.000000	0.000000	1,019	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,112,132	0.000000	0.000000	780	68.00
69.00 06900 ELECTROCARDIOLOGY	0	13,483,620	0.000000	0.000000	20,583	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	4,677,627	0.000000	0.000000	10,915	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	27,721,953	0.000000	0.000000	8,096	71.00
71.01 07101 PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	738,550	0.000000	0.000000	271,533	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,678,009	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	43,205,628	0.000000	0.000000	554,301	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	1,644,682	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 09001 PROVIDER BASED CLINICS	0	39,381,885	0.000000	0.000000	0	90.01
91.00 09100 EMERGENCY	0	19,307,460	0.000000	0.000000	80,732	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,272,480	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	312,297,159			1,248,570	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 6/2/2014 3:07 pm
	Component CCN: 14S012	Title XVIII	Subprovider - IPF PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 ULTRA SOUND	0	0	0	54.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06002 BLOOD BANK	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
71.01	07101 PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 PROVIDER BASED CLINICS	0	154	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	154	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 6/2/2014 3:07 pm
		Component CCN: 14S012	Title XVIII	Subprovider - IPF
				PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.129846	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.160588	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.032895	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.331984	0	0	0	54.00
54.01	05401	ULTRA SOUND	0.112633	0	0	0	54.01
57.00	05700	CT SCAN	0.030643	0	0	0	57.00
58.00	05800	MRI	0.088487	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.170102	0	0	0	59.00
60.00	06000	LABORATORY	0.204429	0	0	0	60.00
60.01	06002	BLOOD BANK	0.000000	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.148049	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.317027	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.287977	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.405033	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.019389	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.101589	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.185149	0	0	0	71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	0.315939	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.306935	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.115885	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.758500	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000			0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	PROVIDER BASED CLINICS	0.539733	154	0	83	90.01
91.00	09100	EMERGENCY	0.212657	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.585073	0	0	0	92.00
200.00		Subtotal (see instructions)		154	0	83	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		154	0	83	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 6/2/2014 3:07 pm
	Component CCN: 14S012	Title XVII I	Subprovider - IPF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 ULTRA SOUND	0	0	54.01
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06002 BLOOD BANK	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
71.01 07101 PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 PROVIDER BASED CLINICS	0	0	90.01
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 6/2/2014 3:07 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		11,996	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		11,996	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)		8,866	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,983	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)		9,580,323	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)		9,580,323	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)		9,580,323	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)		798.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,979,573	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)		3,979,573	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 6/2/2014 3:07 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)	
Title XVIII		1.00	2.00	3.00	4.00	5.00	
Hospital							
PPS							
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	2,321,847	1,279	1,815.36	673	1,221,737	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					7,612,539	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,813,849	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)					401,463	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					520,677	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					922,140	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,891,709	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,130	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					798.63	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,499,712	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 6/2/2014 3:07 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	804,519	9,580,323	0.083976	2,499,712	209,916	90.00
91.00	Nursing School cost	0	9,580,323	0.000000	2,499,712	0	91.00
92.00	Allied health cost	0	9,580,323	0.000000	2,499,712	0	92.00
93.00	All other Medical Education	0	9,580,323	0.000000	2,499,712	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 14S012		Date/Time Prepared: 6/2/2014 3:07 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)		3,162	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,162	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,162	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)		1,368	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)		2,183,671	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,183,671	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)		2,183,671	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)		690.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		944,741	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)		944,741	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 14S012				Date/Time Prepared: 6/2/2014 3:07 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
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					229,554		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,174,295		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)					81,122		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					24,635		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					105,757		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,068,538		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: 140012 Component CCN: 14S012		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 6/2/2014 3:07 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	187,510	2,183,671	0.085869	0	0	90.00
91.00	Nursing School cost	0	2,183,671	0.000000	0	0	91.00
92.00	Allied health cost	0	2,183,671	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,183,671	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 6/2/2014 3:07 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		7,654,461	30.00
31.00	03100	INTENSIVE CARE UNIT		3,663,335	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.129846	3,856,532	500,755 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.160588	3,805	611 52.00
53.00	05300	ANESTHESIOLOGY	0.032895	546,825	17,988 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.331984	1,067,193	354,291 54.00
54.01	05401	ULTRA SOUND	0.112633	145,788	16,421 54.01
57.00	05700	CT SCAN	0.030643	2,398,105	73,485 57.00
58.00	05800	MRI	0.088487	421,387	37,287 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.170102	3,270,455	556,311 59.00
60.00	06000	LABORATORY	0.207513	4,581,438	950,708 60.00
60.01	06002	BLOOD BANK	0.000000	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0.148049	4,045,581	598,944 65.00
66.00	06600	PHYSICAL THERAPY	0.317027	560,491	177,691 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.287977	115,908	33,379 67.00
68.00	06800	SPEECH PATHOLOGY	0.405033	52,539	21,280 68.00
69.00	06900	ELECTROCARDIOLOGY	0.019389	2,747,872	53,278 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.101589	76,593	7,781 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.185149	8,052,095	1,490,837 71.00
71.01	07101	PSYCHIATRY/PSYCHOLOGICAL SERVICES	0.315939	21,084	6,661 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.306935	962,821	295,523 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.115885	12,708,516	1,472,726 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.758500	0	0 75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	PROVIDER BASED CLINICS	0.540439	0	0 90.01
91.00	09100	EMERGENCY	0.255348	2,080,234	531,184 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.585073	709,994	415,398 92.00
200.00		Total (sum of lines 50-94 and 96-98)		48,425,256	7,612,539 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		48,425,256	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 14S012		Date/Time Prepared: 6/2/2014 3:07 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
40.00	04000	SUBPROVIDER - IPF		3,063,338	40.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.129846	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.160588	0	52.00
53.00	05300	ANESTHESIOLOGY	0.032895	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.331984	7,064	54.00
54.01	05401	ULTRA SOUND	0.112633	2,514	54.01
57.00	05700	CT SCAN	0.030643	18,624	57.00
58.00	05800	MRI	0.088487	8,888	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.170102	0	59.00
60.00	06000	LABORATORY	0.207513	181,835	60.00
60.01	06002	BLOOD BANK	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.148049	72,876	65.00
66.00	06600	PHYSICAL THERAPY	0.317027	8,810	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.287977	1,019	67.00
68.00	06800	SPEECH PATHOLOGY	0.405033	780	68.00
69.00	06900	ELECTROCARDIOLOGY	0.019389	20,583	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.101589	10,915	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.185149	8,096	71.00
71.01	07101	PSYCHIATRI CE/PSYCHOLOGI CAL SERVI CES	0.315939	271,533	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.306935	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.115885	554,301	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.758500	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	PROVIDER BASED CLINICS	0.540439	0	90.01
91.00	09100	EMERGENCY	0.255348	80,732	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.585073	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,248,570	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,248,570	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 6/2/2014 3:07 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		8,123,653	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		2,707,884	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0	1.03
2.00	Outlier payments for discharges. (see instructions)		142,797	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		336,513	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		57.42	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)		6.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		6.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		5.99	10.00
11.00	FTE count for residents in dental and podiatric programs.		1.01	11.00
12.00	Current year allowable FTE (see instructions)		7.00	12.00
13.00	Total allowable FTE count for the prior year.		6.61	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.		6.25	14.00
15.00	Sum of lines 12 through 14 divided by 3.		6.62	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		6.62	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.115291	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.096508	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.096508	21.00
22.00	IME payment adjustment (see instructions)		573,189	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		573,189	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.58	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.92	31.00
32.00	Sum of lines 30 and 31		20.50	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.14	33.00
34.00	Disproportionate share adjustment (see instructions)		540,358	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 6/2/2014 3:07 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			0	35.00
35.01	Factor 3 (see instructions)			0.00000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			636,454	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			160,421	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		160,421		36.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			0	46.00
47.00	Subtotal (see instructions)		12,248,302		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)		12,248,302		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		928,001		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).		183,254		52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)			0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)			0	56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		13,359,557		59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		13,359,557		61.00
62.00	Deductibles billed to program beneficiaries		1,251,208		62.00
63.00	Coinurance billed to program beneficiaries		7,104		63.00
64.00	Allowable bad debts (see instructions)		114,620		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		74,503		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		75,915		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		12,175,748		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.92	Bundled Model 1 discount amount			0	70.92
70.93	HVBP incentive payment (see instructions)			31,153	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-81,906	70.94
70.95	Recovery of Accelerated Depreciation			0	70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 6/2/2014 3:07 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		12,124,995		71.00
71.01	Sequestration adjustment (see instructions)		183,087		71.01
72.00	Interim payments		12,270,589		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		-328,681		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)		142,797		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140012

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/2/2014 3:07 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013	1.01	8,123,653	0	8,123,653	0	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013	1.02	2,707,884	0	0	2,707,884	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI	1.03	0	0	0	0	1.03	
2.00	Outlier payments for discharges (see instructions)	2.00	142,797	0	0	142,797	2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	336,513	336,513	0	0	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.096508	0.096508	0.096508	0.096508	5.00	
6.00	IME payment adjustment (see instructions)	22.00	573,189	17,271	416,939	138,979	6.00	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	573,189	17,271	416,939	138,979	9.00	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0614	0.0614	0.0614	0.0614	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	540,358	0	498,792	41,566	11.00	
11.01	Uncompensated care payments	36.00	160,421	0	0	160,421	11.01	
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	12,248,302	17,271	9,039,384	3,191,647	13.00	
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	48.00	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	12,248,302	17,271	9,039,384	3,191,647	15.00	
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	928,001	0	0	928,001	16.00	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	
19.00	SUBTOTAL			17,271	9,039,384	4,119,648	19.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140012

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/2/2014 3:07 pm

		Title XVIII		Hospital		PPS		
	W/S L, line	(Amounts from L)						
	0	1.00	2.00	3.00	4.00	5.00		
20.00	Capital DRG other than outlier	1.00	862,282	0	0	862,282	862,282	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	5,790	0	0	5,790	5,790	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0695	0.0695	0.0695	0.0695		22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	59,929	0	0	59,929	59,929	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	0	0	0	0	0	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	928,001	0	0	928,001	928,001	26.00
	W/S E, Part A line	(Amounts to E, Part A)						
	0	1.00	2.00	3.00	4.00	5.00		
27.00	Low volume adjustment factor			0.000000	0.000000			27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96		0			0	28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to W/S E Part A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 6/2/2014 3:07 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		7,758	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,124,299	2.00
3.00	PPS payments		10,414,134	3.00
4.00	Outlier payment (see instructions)		145,963	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		7,758	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		66,018	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)		66,018	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		66,018	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		58,260	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)		7,758	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)		10,560,097	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)		2,498,136	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)		8,069,719	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		119,637	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)		8,189,356	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		8,189,356	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)		184,009	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		119,606	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		94,507	36.00
37.00	Subtotal (see instructions)		8,308,962	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		8,308,962	40.00
40.01	Sequestration adjustment (see instructions)		125,465	40.01
41.00	Interim payments		8,191,749	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-8,252	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)		145,963	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: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 6/2/2014 3:07 pm
		Component CCN: 14S012	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
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)		83	2.00
3.00	PPS payments		242	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
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 charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		242	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)		48	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)		194	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)		194	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		194	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)		194	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		194	40.00
40.01	Sequestration adjustment (see instructions)		3	40.01
41.00	Interim payments		192	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-1	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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140012

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

Worksheet E-1
Part I
Date/Time Prepared:
6/2/2014 3:07 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		12,135,521		8,191,749	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	08/06/2013	135,068		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)		135,068		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)		12,270,589		8,191,749	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		328,681		8,252	6.02	
7.00	Total Medicare program liability (see instructions)		11,941,908		8,183,497	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	MAC		01001		8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140012
Component CCN: 14S012

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

Worksheet E-1
Part I
Date/Time Prepared:
6/2/2014 3:07 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		921,863		192	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)		921,863		192	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		35,351		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		957,214		191	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	MAC		01001		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part II Date/Time Prepared: 6/2/2014 3:07 pm
		Component CCN: 14S012	Title XVIII	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)		1,130,386	1.00
2.00	Net IPF PPS Outlier Payments		3,419	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		5.99	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		8.663014	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,133,805	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of teaching physicians (From Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,133,805	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,133,805	18.00
19.00	Deductibles		127,732	19.00
20.00	Subtotal (line 18 minus line 19)		1,006,073	20.00
21.00	Coinsurance		70,690	21.00
22.00	Subtotal (line 20 minus line 21)		935,383	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		56,164	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		36,507	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		56,140	25.00
26.00	Subtotal (sum of lines 22 and 24)		971,890	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		971,890	31.00
31.01	Sequestration adjustment (see instructions)		14,676	31.01
32.00	Interim payments		921,863	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		35,351	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		3,419	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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 6/2/2014 3:07 pm	
		Title VIII	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.			6.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			6.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			5.99	6.00
7.00	Enter the lesser of line 5 or line 6			5.99	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	5.99	0.00	5.99	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.	5.99	0.00	5.99	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	5.99	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	6.61	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	6.25	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	6.28	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	6.28	0.00		17.00
18.00	Per resident amount	89,696.13	0.00		18.00
19.00	Approved amount for resident costs	563,292	0	563,292	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			563,292	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	7,024	153		26.00
27.00	Total Inpatient Days (see instructions)	13,307	13,307		27.00
28.00	Ratio of inpatient days to total inpatient days	0.527842	0.011498		28.00
29.00	Program direct GME amount	297,329	6,477		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		915		30.00
31.00	Net Program direct GME amount			302,891	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 6/2/2014 3:07 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)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		13,988,144	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)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		13,988,144	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		9,132,140	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		9,132,140	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		23,120,284	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.605016	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.394984	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		302,891	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		183,254	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		119,637	50.00

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

Provider CCN: 140012

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

Worksheet G

Date/Time Prepared:
6/2/2014 3:07 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	11,494,916	0	1,283,615	0	1.00
2.00	Temporary investments	1,505,793	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	62,294,872	0	0	0	4.00
5.00	Other receivable	11,230,551	0	148,126	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-12,265,633	0	0	0	6.00
7.00	Inventory	1,483,958	0	0	0	7.00
8.00	Prepaid expenses	1,488,956	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	77,233,413	0	1,431,741	0	11.00
FIXED ASSETS						
12.00	Land	2,129,972	0	0	0	12.00
13.00	Land improvements	4,729,371	0	0	0	13.00
14.00	Accumulated depreciation	-2,125,951	0	0	0	14.00
15.00	Buildings	47,512,171	0	0	0	15.00
16.00	Accumulated depreciation	-24,962,835	0	0	0	16.00
17.00	Leasehold improvements	19,000	0	0	0	17.00
18.00	Accumulated depreciation	-15,883	0	0	0	18.00
19.00	Fixed equipment	28,858,323	0	0	0	19.00
20.00	Accumulated depreciation	-15,578,710	0	0	0	20.00
21.00	Automobiles and trucks	327,057	0	0	0	21.00
22.00	Accumulated depreciation	-317,241	0	0	0	22.00
23.00	Major movable equipment	38,674,457	0	0	0	23.00
24.00	Accumulated depreciation	-29,353,685	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	3,990,348	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	53,886,394	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,352,762	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	13,364,789	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	14,717,551	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	145,837,358	0	1,431,741	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,502,327	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,608,178	0	0	0	38.00
39.00	Payroll taxes payable	1,537,178	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,442,371	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	18,036,935	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	36,126,989	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	19,964,314	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	11,530,447	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	31,494,761	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	67,621,750	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	78,215,608	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	431,741	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	1,000,000	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)	78,215,608	0	1,431,741	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	145,837,358	0	1,431,741	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140012

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

Worksheet G-1

Date/Time Prepared:
6/2/2014 3:07 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		72,536,511			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		22,111,687				2.00
3.00	Total (sum of line 1 and line 2)		94,648,198			0	3.00
4.00	PENSION EQUITY ADJUSTMENT	2,482,332		0		0	4.00
5.00	RESTRICTED DONOR CREATED FUND	-211,053		0		211,053	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		2,271,279			0	10.00
11.00	Subtotal (line 3 plus line 10)		96,919,477			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		96,919,477			0	19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	1,220,688		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)	1,220,688		0			3.00
4.00	PENSION EQUITY ADJUSTMENT		0				4.00
5.00	RESTRICTED DONOR CREATED FUND		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	211,053		0			10.00
11.00	Subtotal (line 3 plus line 10)	1,431,741		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)		0			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	1,431,741		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140012

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
6/2/2014 3:07 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	24,863,212		24,863,212	1.00
2.00	SUBPROVIDER - IPF	8,393,297		8,393,297	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	33,256,509		33,256,509	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,055,120		7,055,120	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,055,120		7,055,120	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	40,311,629		40,311,629	17.00
18.00	Ancillary services	83,949,831	162,571,809	246,521,640	18.00
19.00	Outpatient services	4,575,652	96,116,887	100,692,539	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		1,229,594	1,229,594	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00		0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	128,837,112	259,918,290	388,755,402	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		109,542,494		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		109,542,494		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140012

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

Worksheet G-3

Date/Time Prepared:
6/2/2014 3:07 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	388,755,402	1.00
2.00	Less contractual allowances and discounts on patients' accounts	262,502,271	2.00
3.00	Net patient revenues (line 1 minus line 2)	126,253,131	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	109,542,494	4.00
5.00	Net income from service to patients (line 3 minus line 4)	16,710,637	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	224,978	6.00
7.00	Income from investments	610,729	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	23,931	10.00
11.00	Rebates and refunds of expenses	37,393	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	324,161	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	64,793	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	8,147	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	1,594	21.00
22.00	Rental of hospital space	329,567	22.00
23.00	Governmental appropriations	0	23.00
24.00	MEANINGFUL USE AND OTHER	4,149,229	24.00
25.00	Total other income (sum of lines 6-24)	5,774,522	25.00
26.00	Total (line 5 plus line 25)	22,485,159	26.00
27.00	NON OPERATING EXPENSES	373,472	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	373,472	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	22,111,687	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140012

Period: From 01/01/2013

Worksheet H

HHA CCN: 147131

To 12/31/2013

Date/Time Prepared: 6/2/2014 3:07 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	0	0	0	0	4.00
5.00	211,700	15,466	4,047	0	38,385	269,598	5.00
HHA REIMBURSABLE SERVICES							
6.00	210,980	15,403	15,910	0	0	242,293	6.00
7.00	0	0	7,759	0	0	7,759	7.00
8.00	0	0	508	0	0	508	8.00
9.00	0	0	0	0	0	0	9.00
10.00	100	9	0	0	0	109	10.00
11.00	27,651	2,018	844	0	0	30,513	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	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	0	0	0	23.00
24.00	450,431	32,896	29,068	0	38,385	550,780	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	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	0	0	0			4.00
5.00	0	269,598	0	269,598			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	242,293	0	242,293			6.00
7.00	0	7,759	0	7,759			7.00
8.00	0	508	0	508			8.00
9.00	0	0	0	0			9.00
10.00	0	109	0	109			10.00
11.00	0	30,513	0	30,513			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			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	0	0	0			23.00
24.00	0	550,780	0	550,780			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: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet H-1 Part I Date/Time Prepared: 6/2/2014 3:07 pm
		HHA CCN: 147131	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)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
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	0	0	0	0	0	4.00	
5.00	Administrative and General	269,598	0	0	0	269,598	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	242,293	0	0	0	242,293	6.00	
7.00	Physical Therapy	7,759	0	0	0	7,759	7.00	
8.00	Occupational Therapy	508	0	0	0	508	8.00	
9.00	Speech Pathology	0	0	0	0	0	9.00	
10.00	Medical Social Services	109	0	0	0	109	10.00	
11.00	Home Health Aide	30,513	0	0	0	30,513	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	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)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	550,780	0	0	0	550,780	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	269,598					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	232,311	474,604				6.00	
7.00	Physical Therapy	7,439	15,198				7.00	
8.00	Occupational Therapy	487	995				8.00	
9.00	Speech Pathology	0	0				9.00	
10.00	Medical Social Services	105	214				10.00	
11.00	Home Health Aide	29,256	59,769				11.00	
12.00	Supplies (see instructions)	0	0				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				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)	0	0				23.00	
24.00	Total (sum of lines 1-23)		550,780				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140012 HHA CCN: 147131	Period: From 01/01/2013 To 12/31/2013	Worksheet H-1 Part II Date/Time Prepared: 6/2/2014 3:07 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	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-269,598	281,182
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	242,293
7.00	Physical Therapy	0	0	0	0	0	7,759
8.00	Occupational Therapy	0	0	0	0	0	508
9.00	Speech Pathology	0	0	0	0	0	0
10.00	Medical Social Services	0	0	0	0	0	109
11.00	Home Health Aide	0	0	0	0	0	30,513
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
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	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-269,598	281,182
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		269,598
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.958802

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140012

Period: From 01/01/2013

Worksheet H-2

HHA CCN: 147131

To 12/31/2013

Part I
Date/Time Prepared:
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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	11,176	2,407	2,146	3,780	16,880	1.00
2.00 Skilled Nursing Care	474,604	15,280	3,294	2,139	4,726	25,321	2.00
3.00 Physical Therapy	15,198	0	0	0	0	0	3.00
4.00 Occupational Therapy	995	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	214	0	0	1	0	0	6.00
7.00 Home Health Aide	59,769	2,944	634	280	945	4,220	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)	550,780	29,400	6,335	4,566	9,451	46,421	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	PURCHASING RECEIVING AND STORES	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	5.03	5.04	5A.04	5.05	7.00	8.00	
1.00 Administrative and General	646	0	37,035	3,398	27,653	0	1.00
2.00 Skilled Nursing Care	885	0	526,249	48,286	37,804	0	2.00
3.00 Physical Therapy	0	0	15,198	1,395	0	0	3.00
4.00 Occupational Therapy	0	0	995	91	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	215	20	0	0	6.00
7.00 Home Health Aide	170	0	68,962	6,328	7,285	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)	1,701	0	648,654	59,518	72,742	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.			0.000000				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: 140012

Period: From 01/01/2013

Worksheet H-2

HHA CCN: 147131

To 12/31/2013

Part I
Date/Time Prepared:
6/2/2014 3:07 pm

Home Health Agency I

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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		9.00	10.00	11.00	13.00	14.00	15.00		
1.00	Administrative and General	0	0	3,502	0	0	26	1.00	
2.00	Skilled Nursing Care	0	0	5,836	0	0	35	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	1,167	0	0	7	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	10,505	0	0	68	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		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	UTILIZATION REVIEW	INTERNS & RESIDENTS		Subtotal		
		16.00	17.00	17.01	SERVICES-SALARIES & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	24.00		
1.00	Administrative and General	0	0	0	0	0	71,614	1.00	
2.00	Skilled Nursing Care	0	0	0	0	0	618,210	2.00	
3.00	Physical Therapy	0	0	0	0	0	16,593	3.00	
4.00	Occupational Therapy	0	0	0	0	0	1,086	4.00	
5.00	Speech Pathology	0	0	0	0	0	0	5.00	
6.00	Medical Social Services	0	0	0	0	0	235	6.00	
7.00	Home Health Aide	0	0	0	0	0	83,749	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	791,487	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: 140012

Period: From 01/01/2013

Worksheet H-2

HHA CCN: 147131

To 12/31/2013

Part I
Date/Time Prepared:
6/2/2014 3:07 pm

Home Health Agency I

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Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	25.00	26.00	27.00	28.00		
1.00 Administrative and General	0	71,614				1.00
2.00 Skilled Nursing Care	0	618,210	61,501	679,711		2.00
3.00 Physical Therapy	0	16,593	1,651	18,244		3.00
4.00 Occupational Therapy	0	1,086	108	1,194		4.00
5.00 Speech Pathology	0	0	0	0		5.00
6.00 Medical Social Services	0	235	23	258		6.00
7.00 Home Health Aide	0	83,749	8,331	92,080		7.00
8.00 Supplies (see instructions)	0	0	0	0		8.00
9.00 Drugs	0	0	0	0		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0		19.00
20.00 Total (sum of lines 1-19) (2)	0	791,487	71,614	791,487		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.			0.099481			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: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet H-2 Part II Date/Time Prepared: 6/2/2014 3:07 pm
		HHA CCN: 147131	Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)	PURCHASING RECEIVING AND STORES (COST OF SUPPLIES)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	1,283	1,959	211,700	4	4	5,497	1.00
2.00 Skilled Nursing Care	1,754	2,681	210,980	5	6	7,523	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	100	0	0	0	6.00
7.00 Home Health Aide	338	516	27,651	1	1	1,447	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)	3,375	5,156	450,431	10	11	14,467	20.00
21.00 Total cost to be allocated	29,400	6,335	4,566	9,451	46,421	1,701	21.00
22.00 Unit cost multiplier	8.711111	1.228666	0.010137	945.100000	4,220.090909	0.117578	22.00
Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
	5.04	5A.05	5.05	7.00	8.00	9.00	
1.00 Administrative and General	0	0	37,035	1,283	0	0	1.00
2.00 Skilled Nursing Care	0	0	526,249	1,754	0	0	2.00
3.00 Physical Therapy	0	0	15,198	0	0	0	3.00
4.00 Occupational Therapy	0	0	995	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	215	0	0	0	6.00
7.00 Home Health Aide	0	0	68,962	338	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	648,654	3,375	0	0	20.00
21.00 Total cost to be allocated	0	0	59,518	72,742	0	0	21.00
22.00 Unit cost multiplier	0.000000		0.091756	21.553185	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 140012 HHA CCN: 147131	Period: From 01/01/2013 To 12/31/2013	Worksheet H-2 Part II Date/Time Prepared: 6/2/2014 3:07 pm
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Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)		
	10.00	11.00	13.00	14.00	15.00	16.00		
1.00	Administrative and General	0	3	0	0	20	0	1.00
2.00	Skilled Nursing Care	0	5	0	0	27	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	1	0	0	5	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	9	0	0	52	0	20.00
21.00	Total cost to be allocated	0	10,505	0	0	68	0	21.00
22.00	Unit cost multiplier	0.000000	1,167.222222	0.000000	0.000000	1.307692	0.000000	22.00

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

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part I Date/Time Prepared: 6/2/2014 3:07 pm		
				HHA CCN: 147131	Title XVIII	Home Health Agency I		
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 (cols. 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	679,711		679,711	3,009	225.89	1.00
2.00	Physical Therapy	3.00	18,244	313,581	331,825	2,419	137.17	2.00
3.00	Occupational Therapy	4.00	1,194	24,515	25,709	221	116.33	3.00
4.00	Speech Pathology	5.00	0	5,760	5,760	40	144.00	4.00
5.00	Medical Social Services	6.00	258		258	2	129.00	5.00
6.00	Home Health Aide	7.00	92,080		92,080	715	128.78	6.00
7.00	Total (sum of lines 1-6)		791,487	343,856	1,135,343	6,406		7.00
Program Visits								
Part B								
Cost Center Description	Cost Limits	CBSA No. (1)	Part A	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		99914	915	903			8.00
9.00	Physical Therapy		99914	931	642			9.00
10.00	Occupational Therapy		99914	96	53			10.00
11.00	Speech Pathology		99914	8	16			11.00
12.00	Medical Social Services		99914	0	1			12.00
13.00	Home Health Aide		99914	163	441			13.00
14.00	Total (sum of lines 8-13)			2,113	2,056			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 (cols. 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	0	12,106	12,106	65,386	0.185147	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Part B								
Cost Center Description	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Cost of Services Part A	Part B 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	915	903		206,689	203,979		1.00
2.00	Physical Therapy	931	642		127,705	88,063		2.00
3.00	Occupational Therapy	96	53		11,168	6,165		3.00
4.00	Speech Pathology	8	16		1,152	2,304		4.00
5.00	Medical Social Services	0	1		0	129		5.00
6.00	Home Health Aide	163	441		20,991	56,792		6.00
7.00	Total (sum of lines 1-6)	2,113	2,056		367,705	357,432		7.00
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
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 140012 HHA CCN: 147131		Period: From 01/01/2013 To 12/31/2013		Worksheet H-3 Part I Date/Time Prepared: 6/2/2014 3:07 pm	
			Title XVIII		Home Health Agency I		PPS	
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		0	0		0		15.00
16.00	Cost of Drugs						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	410,668						1.00
2.00	Physical Therapy	215,768						2.00
3.00	Occupational Therapy	17,333						3.00
4.00	Speech Pathology	3,456						4.00
5.00	Medical Social Services	129						5.00
6.00	Home Health Aide	77,783						6.00
7.00	Total (sum of lines 1-6)	725,137						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140012 HHA CCN: 147131	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part II Date/Time Prepared: 6/2/2014 3:07 pm
			Title XVIII	Home Health Agency I

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	0.317027	989,131	313,581	col. 2, line 2.00	1.00
2.00	Occupational Therapy	67.00	0.287977	85,127	24,515	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.405033	14,221	5,760	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.185149	65,386	12,106	col. 2, line 15.00	4.00
4.01	Cost of Medical Supplies 1	71.01	0.315939	0	0	col. 2, line 15.01	4.01
5.00	Cost of Drugs	73.00	0.115885	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140012 HHA CCN: 147131	Period: From 01/01/2013 To 12/31/2013	Worksheet H-4 Part I-II Date/Time Prepared: 6/2/2014 3:07 pm
		Title XVII	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	0	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)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	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		360,457	311,128
12.00	Total PPS Reimbursement - Full Episodes with Outliers		1,635	4,972
13.00	Total PPS Reimbursement - LUPA Episodes		9,808	4,457
14.00	Total PPS Reimbursement - PEP Episodes		4,881	1,960
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		344	191
16.00	Total PPS Outlier Reimbursement - PEP Episodes		10	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
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		377,135	322,708
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		377,135	322,708
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		377,135	322,708
27.00	Reimbursable bad debts (from your records)			
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			
29.00	Total costs - current cost reporting period (line 26 plus line 27)		377,135	322,708
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		377,135	322,708
31.01	Sequestration adjustment (see instructions)		4,949	4,449
32.00	Interim payments (see instructions)		372,186	318,258
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	1
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: 140012
HHA CCN: 147131

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

Worksheet H-5
Date/Time Prepared:
6/2/2014 3:07 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		372,186		318,258	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)		372,186		318,258	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		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		372,186		318,259	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	MAC		01001		8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140012	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 6/2/2014 3:07 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		862,282	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		5,790	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		27.79	3.00
4.00	Number of interns & residents (see instructions)		6.62	4.00
5.00	Indirect medical education percentage (see instructions)		6.95	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		59,929	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		0	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		928,001	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