

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: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/27/2014 1:10 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: 5/27/2014 Time: 1:10 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. 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 ADVOCATE TRINITY HOSPITAL (140048) 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	-48,102	470,371	-118,191	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	-48,102	470,371	-118,191	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: 140048		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 12:59 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2320 E. 93RD ST.		PO Box:						1.00		
2.00	City: CHICAGO		State: IL		Zip Code: 60617-		County: COOK		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		ADVOCATE TRINITY HOSPITAL	140048	29404	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										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										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2013		12/31/2013		20.00	
21.00	Type of Control (see instructions)					1				21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N		Y		22.01	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		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.		10,188	2,809	0	37	471		7	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.		0	0	0	0	0			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 12:59 pm		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				39.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	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	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		
61.02	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		
61.03	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		
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		
61.05	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		
61.06	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		

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 12:59 pm																
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))																
		1.00	2.00	3.00																
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010																				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00															
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))														
		1.00	2.00	3.00	4.00	5.00														
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000														
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>									1.00	2.00	3.00	4.00	5.00							
		1.00	2.00	3.00	4.00	5.00														
Inpatient Psychiatric Facility PPS																				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N																
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0														
Inpatient Rehabilitation Facility PPS																				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N																
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0														
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> <td></td> </tr> </tbody> </table>									1.00											
		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																
TEFRA Providers																				
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N																
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.																			
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> <td></td> <td></td> </tr> </tbody> </table>									V	XIX			1.00	2.00						
		V	XIX																	
		1.00	2.00																	
Title V and XIX Services																				
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y															
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N															
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N															
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N															
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N															
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00															

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		V	XIX			
		1.00	2.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00	
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		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	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0			118.00	
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	702,040	3,052,733	6,958,599		118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02	
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		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 12:59 pm			
		1.00	2.00				
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	148036	140.00			
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ADVOCATE HEALTHCARE	Contractor's Name: NATIONAL GOVT SERV		Contractor's Number: 00131			
142.00	Street: 3075 HIGHLAND PARKWAY SUITE 600	PO Box:					
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00			
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y		145.00			
				1.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00			
		Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
161.10	CORF		N	N	N		
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00			
		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0			
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.50			
		Beginning 1.00		Ending 2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2013		12/31/2013		170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/27/2014 12:59 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			Y	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		03/31/2013	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/27/2014 12:59 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.	SCOTT		MI TCHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5761		SCOTT.MI TCHELL@ADVOCATEHEALTH.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	03/31/2013	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SR. REIMBURSEMENT SPECIALIST	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: 140048

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2014 12:59 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	163	59,495	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)		163	59,495	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	24	8,760	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		187	68,255	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		187				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: 140048

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2014 12:59 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)	13,113	10,284	33,292			1.00
2.00 HMO and other (see instructions)	3,038	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	13,113	10,284	33,292			7.00
8.00 INTENSIVE CARE UNIT	2,975	2,242	7,257			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		921	3,117			13.00
14.00 Total (see instructions)	16,088	13,447	43,666	0.00	913.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	913.00	27.00
28.00 Observation Bed Days		726	3,396			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	65	75			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: 140048

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2014 12:59 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,603	2,767	11,102	1.00
2.00 HMO and other (see instructions)			990			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,603	2,767	11,102	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140048

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

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2014 12:59 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	57,576,678	0	57,576,678	1,899,040.00	30.32
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		57,642	0	57,642	2,080.00	27.71
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		130,931	0	130,931	2,147.00	60.98
12.00	Contract management and administrative services		849,516	0	849,516	4,519.00	187.99
13.00	Contract Labor: Physician-Part A - Administrative		3,434,024	0	3,434,024	40,677.00	84.42
14.00	Home office salaries & wage-related costs		6,034,773	0	6,034,773	94,089.00	64.14
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		14,775,865	0	14,775,865		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		4,232	0	4,232		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,530,792	0	1,530,792	16,640.00	91.99
27.00	Administrative & General	5.00	7,324,442	0	7,324,442	224,640.00	32.61
28.00	Administrative & General under contract (see inst.)		849,516	0	849,516	4,519.00	187.99
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	2,102,983	0	2,102,983	81,120.00	25.92
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	1,365,485	0	1,365,485	89,440.00	15.27
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,187,730	-439,460	748,270	45,760.00	16.35
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	439,460	439,460	27,040.00	16.25
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,655,405	0	1,655,405	45,760.00	36.18
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00
40.00	Pharmacy	15.00	2,084,494	0	2,084,494	45,760.00	45.55
41.00	Medical Records & Medical Records Library	16.00	1,019,613	0	1,019,613	43,680.00	23.34

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140048		Period: From 01/01/2013 To 12/31/2013		Worksheet S-3 Part II Date/Time Prepared: 5/27/2014 12:59 pm	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	0	0	0.00	0.00	42.00
43.00	Other General Servi ce	18.00	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140048

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

Worksheet S-3
Part III
Date/Time Prepared:
5/27/2014 12:59 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	58,426,194	0	58,426,194	1,903,559.00	30.69	1.00
2.00	Excluded area salaries (see instructions)	57,642	0	57,642	2,080.00	27.71	2.00
3.00	Subtotal salaries (line 1 minus line 2)	58,368,552	0	58,368,552	1,901,479.00	30.70	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,449,244	0	10,449,244	141,432.00	73.88	4.00
5.00	Subtotal wage-related costs (see inst.)	14,775,865	0	14,775,865	0.00	25.31	5.00
6.00	Total (sum of lines 3 thru 5)	83,593,661	0	83,593,661	2,042,911.00	40.92	6.00
7.00	Total overhead cost (see instructions)	19,120,460	0	19,120,460	624,359.00	30.62	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2014 12:59 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,017,997 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			1,265,361 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			4,472,570 8.00
9.00	Prescription Drug Plan			1,005,978 9.00
10.00	Dental, Hearing and Vision Plan			235,913 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			82,527 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)			487,938 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,075,600 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			4,115,481 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			264,853 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))			300,023 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			455,856 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			14,780,097 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: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part V Date/Time Prepared: 5/27/2014 12:59 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		5,624,839	15,473,595
2.00	Hospital		5,624,839	15,473,595
3.00	Subprovider - IPF			
4.00	Subprovider - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC		0	0
15.00	Hospital-Based Health Clinic FQHC		0	0
16.00	Hospital-Based-CMHC			
16.10	Hospital-Based-CMHC 10		0	0
17.00	Renal Dialysis		0	0
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/27/2014 12:59 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)		0.266260	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		16,826,178	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		111,405,327	6.00	
7.00	Medicaid cost (line 1 times line 6)		29,662,782	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)		12,836,604	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		12,836,604	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	23,732,246	671,092	24,403,338	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	6,318,948	178,685	6,497,633	21.00
22.00	Partial payment by patients approved for charity care	105,980	18,860	124,840	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,212,968	159,825	6,372,793	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)		15,609,129	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,513,424	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		14,095,705	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		3,753,122	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		10,125,915	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		22,962,519	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140048		Period: From 01/01/2013 To 12/31/2013		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	3,041,409	3,041,409	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	3,565,185	3,565,185	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,530,792	10,811,041	12,341,833	-1,134	12,340,699	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,324,442	38,449,326	45,773,768	-3,720,735	42,053,033	5.00
7.00	00700	OPERATION OF PLANT	2,102,983	3,874,520	5,977,503	-28,623	5,948,880	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,365,485	730,247	2,095,732	-9,772	2,085,960	9.00
10.00	01000	DIETARY	1,187,730	2,305,114	3,492,844	-1,344,329	2,148,515	10.00
11.00	01100	CAFETERIA	0	0	0	1,292,351	1,292,351	11.00
13.00	01300	NURSING ADMINISTRATION	1,655,405	331,850	1,987,255	-3,431	1,983,824	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	2,084,494	5,028,791	7,113,285	-4,626,000	2,487,285	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,019,613	586,393	1,606,006	-5,243	1,600,763	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED. PROGRAM(SPECIFY)	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,162,956	6,318,145	23,481,101	-1,561,347	21,919,754	30.00
31.00	03100	INTENSIVE CARE UNIT	4,074,401	2,164,018	6,238,419	-603,435	5,634,984	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	899,976	156,518	1,056,494	-55,949	1,000,545	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,561,585	6,848,130	10,409,715	-4,985,281	5,424,434	50.00
51.00	05100	RECOVERY ROOM	610,641	144,621	755,262	-60,165	695,097	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	38,842	1,337,252	1,376,094	-221,623	1,154,471	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,228,767	4,188,416	7,417,183	-2,470,143	4,947,040	54.00
56.00	05600	RADIOISOTOPE	244,589	390,282	634,871	-313,633	321,238	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	522,558	1,570,968	2,093,526	-1,131,855	961,671	59.00
60.00	06000	LABORATORY	0	7,682,719	7,682,719	-701,173	6,981,546	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,224,678	550,255	1,774,933	-284,293	1,490,640	65.00
66.00	06600	PHYSICAL THERAPY	865,544	189,416	1,054,960	-23,600	1,031,360	66.00
67.00	06700	OCCUPATIONAL THERAPY	211,130	16,856	227,986	-892	227,094	67.00
68.00	06800	SPEECH PATHOLOGY	94,401	10,130	104,531	0	104,531	68.00
69.00	06900	ELECTROCARDIOLOGY	700,747	387,051	1,087,798	-147,481	940,317	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	31,326	42,430	73,756	-3,946	69,810	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,272,919	7,272,919	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	3,152,474	3,152,474	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,328,465	5,328,465	73.00
74.00	07400	RENAL DIALYSIS	487,103	253,969	741,072	-118,276	622,796	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	235,208	57,914	293,122	-17,670	275,452	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	646,200	974,132	1,620,332	-160,134	1,460,198	90.00
91.00	09100	EMERGENCY	4,407,440	2,820,926	7,228,366	-1,030,139	6,198,227	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	57,519,036	98,221,430	155,740,466	22,501	155,762,967	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NONREIM PARAMED RT	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	57,642	200,281	257,923	-22,501	235,422	194.00
200.00		TOTAL (SUM OF LINES 118-199)	57,576,678	98,421,711	155,998,389	0	155,998,389	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140048

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

Worksheet A
Date/Time Prepared:
5/27/2014 12:59 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	114,577	3,155,986	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	825,721	4,390,906	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,025,874	14,366,573	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-15,446,079	26,606,954	5.00
7.00	00700	OPERATION OF PLANT	-62,191	5,886,689	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	0	2,085,960	9.00
10.00	01000	DIETARY	0	2,148,515	10.00
11.00	01100	CAFETERIA	-678,821	613,530	11.00
13.00	01300	NURSING ADMINISTRATION	-11,403	1,972,421	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	0	2,487,285	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-14,443	1,586,320	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PARAMEDICAL ED. PROGRAM(SPECIFY)	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,273,450	19,646,304	30.00
31.00	03100	INTENSIVE CARE UNIT	-379,171	5,255,813	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,000,545	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,918	5,422,516	50.00
51.00	05100	RECOVERY ROOM	0	695,097	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,154,471	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,307	4,943,733	54.00
56.00	05600	RADIOISOTOPE	0	321,238	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	961,671	59.00
60.00	06000	LABORATORY	0	6,981,546	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-270	1,490,370	65.00
66.00	06600	PHYSICAL THERAPY	-32,840	998,520	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	227,094	67.00
68.00	06800	SPEECH PATHOLOGY	0	104,531	68.00
69.00	06900	ELECTROCARDIOLOGY	-1,272	939,045	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	69,810	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,272,919	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	3,152,474	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,328,465	73.00
74.00	07400	RENAL DIALYSIS	0	622,796	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	275,452	76.97
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	-64,546	1,395,652	90.00
91.00	09100	EMERGENCY	-829,621	5,368,606	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-16,833,160	138,929,807	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	NONREIM PARAMED RT	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	235,422	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-16,833,160	139,165,229	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
B - COST OF DRUGS 9929					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,328,465	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
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
TOTALS			0	5,328,465	
C - MEDICAL SUPPLIES 9929					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,425,393	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
TOTALS			0	10,425,393	
D - DERPRECIATION EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,041,409	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3,565,185	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
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00

RECLASSIFICATIONS

Provider CCN: 140048

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	
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
TOTALS			0	6,606,594	
E - RECLASS CAFETERIA					
1.00	CAFETERIA	11.00	439,460	852,891	1.00
TOTALS			439,460	852,891	
F - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO	72.00	0	3,152,474	1.00
PATIENT					
TOTALS			0	3,152,474	
500.00	Grand Total: Increases		439,460	26,365,817	500.00

RECLASSIFICATIONS

Provider CCN: 140048

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

Worksheet A-6
Date/Time Prepared:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
B - COST OF DRUGS 9929						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	37,973	0	1.00
2.00	DIETARY	10.00	0	1,177	0	2.00
3.00	OPERATION OF PLANT	7.00	0	1,622	0	3.00
4.00	PHARMACY	15.00	0	4,535,007	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	192,143	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	75,253	0	6.00
7.00	NURSERY	43.00	0	1,642	0	7.00
8.00	OPERATING ROOM	50.00	0	137,497	0	8.00
9.00	RECOVERY ROOM	51.00	0	4,347	0	9.00
10.00	ANESTHESIOLOGY	53.00	0	49,726	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	41,414	0	11.00
12.00	RADIOISOTOPE	56.00	0	1,173	0	12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	7,174	0	13.00
15.00	PHYSICAL THERAPY	66.00	0	51	0	15.00
16.00	ELECTROCARDIOLOGY	69.00	0	3,301	0	16.00
17.00	RENAL DIALYSIS	74.00	0	6,042	0	17.00
18.00	CLINIC	90.00	0	2,527	0	18.00
19.00	EMERGENCY	91.00	0	229,522	0	19.00
20.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	140	0	20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	734	0	21.00
TOTALS			0	5,328,465		
C - MEDICAL SUPPLIES 9929						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	18	0	2.00
3.00	OPERATION OF PLANT	7.00	0	1,741	0	3.00
4.00	HOUSEKEEPING	9.00	0	5,391	0	4.00
5.00	DIETARY	10.00	0	45	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	854	0	6.00
7.00	PHARMACY	15.00	0	51,119	0	7.00
8.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	22,025	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	956,611	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	402,951	0	10.00
11.00	NURSERY	43.00	0	51,234	0	11.00
12.00	OPERATING ROOM	50.00	0	4,229,672	0	12.00
13.00	RECOVERY ROOM	51.00	0	19,677	0	13.00
14.00	ANESTHESIOLOGY	53.00	0	115,114	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,372,597	0	15.00
16.00	RADIOISOTOPE	56.00	0	305,390	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	1,037,689	0	17.00
18.00	LABORATORY	60.00	0	689,628	0	18.00
19.00	RESPIRATORY THERAPY	65.00	0	242,129	0	19.00
20.00	PHYSICAL THERAPY	66.00	0	12,831	0	20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	892	0	21.00
23.00	ELECTROCARDIOLOGY	69.00	0	10,227	0	23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,212	0	24.00
25.00	RENAL DIALYSIS	74.00	0	97,185	0	25.00
26.00	CARDIAC REHABILITATION	76.97	0	2,308	0	26.00
27.00	CLINIC	90.00	0	138,576	0	27.00
28.00	EMERGENCY	91.00	0	656,277	0	28.00
TOTALS			0	10,425,393		
D - DERPRECIATION EXPENSE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,116	9	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	3,682,762	9	2.00
3.00	OPERATION OF PLANT	7.00	0	25,260	0	3.00
4.00	HOUSEKEEPING	9.00	0	4,381	0	4.00
5.00	DIETARY	10.00	0	50,756	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	2,577	0	6.00
7.00	PHARMACY	15.00	0	39,874	0	7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,243	0	8.00
10.00	ADULTS & PEDIATRICS	30.00	0	412,593	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	125,231	0	11.00
12.00	NURSERY	43.00	0	3,073	0	12.00
13.00	OPERATING ROOM	50.00	0	618,112	0	13.00
14.00	RECOVERY ROOM	51.00	0	36,141	0	14.00
15.00	ANESTHESIOLOGY	53.00	0	56,783	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,056,132	0	16.00
17.00	RADIOISOTOPE	56.00	0	7,070	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	86,992	0	18.00
19.00	LABORATORY	60.00	0	11,545	0	19.00
20.00	RESPIRATORY THERAPY	65.00	0	42,164	0	20.00
21.00	PHYSICAL THERAPY	66.00	0	10,718	0	21.00

RECLASSIFICATIONS

Provider CCN: 140048

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		
22.00	ELECTROCARDIOLOGY	69.00	0	133,953	0		22.00
23.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	336	0		23.00
24.00	RENAL DIALYSIS	74.00	0	15,049	0		24.00
25.00	CARDIAC REHABILITATION	76.97	0	15,362	0		25.00
26.00	CLINIC	90.00	0	19,031	0		26.00
27.00	EMERGENCY	91.00	0	144,340	0		27.00
	TOTALS		0	6,606,594			
E - RECLASS CAFETERIA							
1.00	DIETARY	10.00	439,460	852,891	0		1.00
	TOTALS		439,460	852,891			
F - IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,152,474	0		1.00
	TOTALS		0	3,152,474			
500.00	Grand Total: Decreases		439,460	26,365,817			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140048

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	3,255,643	508,537	0	508,537	0 1.00
2.00	Land Improvements	4,025,963	245,234	0	245,234	0 2.00
3.00	Buildings and Fixtures	87,752,550	3,817,878	0	3,817,878	0 3.00
4.00	Building Improvements	0	0	0	0	0 4.00
5.00	Fixed Equipment	37,492,854	4,408,578	0	4,408,578	995,698 5.00
6.00	Movable Equipment	103,338	56,779	0	56,779	0 6.00
7.00	HIT designated Assets	619,543	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	133,249,891	9,037,006	0	9,037,006	995,698 8.00
9.00	Reconciling Items	-1,763,872	-8,487,140	0	-8,487,140	0 9.00
10.00	Total (line 8 minus line 9)	135,013,763	17,524,146	0	17,524,146	995,698 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,764,180	0			1.00
2.00	Land Improvements	4,271,197	973,950			2.00
3.00	Buildings and Fixtures	91,570,428	25,692,894			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	40,905,734	22,194,536			5.00
6.00	Movable Equipment	160,117	72,838			6.00
7.00	HIT designated Assets	619,543	268,849			7.00
8.00	Subtotal (sum of lines 1-7)	141,291,199	49,203,067			8.00
9.00	Reconciling Items	-10,251,012	0			9.00
10.00	Total (line 8 minus line 9)	151,542,211	49,203,067			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140048

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140048

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	NEW CAP REL COSTS-BLDG & FIXT	4	0	4	0.800000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1	0	1	0.200000	0	2.00
3.00	Total (sum of lines 1-2)	5	0	5	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	3,155,986	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,390,906	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,546,892	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	3,155,986	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,390,906	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	7,546,892	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140048

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				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT		1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP		2.00	0	2.00
3.00 Investment income - other (chapter 2)		0			0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-84,551	ADMINISTRATIVE & GENERAL		5.00	0	7.00
8.00 Television and radio service (chapter 21)		0			0.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,491,167				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	-1,422,642				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	A	-678,821	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		0			0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines		0			0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00

Provider CCN: 140048

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	3.00	
33.00 NONALLOWABLE INTEREST EXPENSE	A	-1,460,174	ADMINISTRATIVE & GENERAL	5.00	0	33.00
37.00		0		0.00	0	37.00
38.00 MEDICAID ASSESSMENT FROM F/S	A	-8,039,071	ADMINISTRATIVE & GENERAL	5.00	0	38.00
40.00 PBP	A	-103,452	ADMINISTRATIVE & GENERAL	5.00	0	40.00
41.00		0		0.00	0	41.00
42.00 ADD MEDICARE DEPRECIATION	A	-83,310	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	42.00
43.00 ADD MEDICARE DEPRECIATION	A	2,700	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	43.00
44.00 AMBULANCE	A	-21,537	EMERGENCY	91.00	0	44.00
45.00 LOBBYING COSTS	A	-33,640	ADMINISTRATIVE & GENERAL	5.00	0	45.00
45.05 PHO EXPENSE	A	-823,300	ADMINISTRATIVE & GENERAL	5.00	0	45.05
45.06 MISC INCOME	B	-272	ELECTROCARDIOLOGY	69.00	0	45.06
45.07 MISC INCOME	B	-58,084	EMERGENCY	91.00	0	45.07
45.08 MISC INCOME	B	-323,031	ADMINISTRATIVE & GENERAL	5.00	0	45.08
45.09 MISC INCOME	B	-4,783	ADULTS & PEDIATRICS	30.00	0	45.09
45.10 MISC INCOME	B	-62,191	OPERATION OF PLANT	7.00	0	45.10
45.11 MISC INCOME	B	-11,403	NURSING ADMINISTRATIVE	13.00	0	45.11
45.12 MISC INCOME	B	-14,443	MEDICAL RECORDS & LIBRARY	16.00	0	45.12
45.13 MISC INCOME	B	-3,307	RADIOLOGY-DIAGNOSTIC	54.00	0	45.13
45.14 MISC INCOME	B	-270	RESPIRATORY THERAPY	65.00	0	45.14
45.15 MISC INCOME	B	-1,440	CLINIC	90.00	0	45.15
45.16 MISC INCOME	B	-794	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.16
45.17 MISC INCOME	B	-5,535	PHYSICAL THERAPY	66.00	0	45.17
45.18 NON ALLOWABLE	A	-69,496	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.18
45.19 NON ALLOWABLE	A	-39,146	ADMINISTRATIVE & GENERAL	5.00	0	45.19
45.20		0		0.00	0	45.20
45.21		0		0.00	0	45.21
45.45		0		0.00	0	45.45
45.46		0		0.00	0	45.46
45.47		0		0.00	0	45.47
45.48		0		0.00	0	45.48
45.49		0		0.00	0	45.49
45.50		0		0.00	0	45.50
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-16,833,160				50.00

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

Provider CCN: 140048

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

Worksheet A-8-1

Date/Time Prepared:
5/27/2014 12:59 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	PERSONNEL	2,096,164	0
2.00	5.00	ADMINISTRATIVE & GENERAL	DATA PROCESSING	1,711,171	0
3.00	5.00	ADMINISTRATIVE & GENERAL	ADMIN & GENERAL	5,234,319	11,485,204
4.00	1.00	NEW CAP REL COSTS-BLDG & FIX	DEPRECIATION	197,887	0
4.01	2.00	NEW CAP REL COSTS-MVBLE EQUI	DEPRECIATION	823,021	0
4.02	0.00			0	0
4.03	0.00			0	0
5.00	0	0	0	10,062,562	11,485,204

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

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

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

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

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

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

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

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

Provider CCN: 140048

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

Worksheet A-8-1

Date/Time Prepared:
5/27/2014 12:59 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	2,096,164	0		1.00
2.00	1,711,171	0		2.00
3.00	-6,250,885	0		3.00
4.00	197,887	9		4.00
4.01	823,021	9		4.01
4.02	0	0		4.02
4.03	0	0		4.03
5.00	-1,422,642			5.00

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

Related Organization(s) and/or Home Office	Type of Business		
	6.00		
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00	HEALTH CARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140048

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

Worksheet A-8-2

Date/Time Prepared:
5/27/2014 12:59 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	2,268,667	2,268,667	0	0	1	1.00
2.00	50.00	OPERATING ROOM	1,918	1,918	0	0	1	2.00
3.00	69.00	ELECTROCARDIOLOGY	1,000	1,000	0	0	1	3.00
4.00	91.00	EMERGENCY	750,000	750,000	0	0	1	4.00
5.00	66.00	PHYSICAL THERAPY	27,305	27,305	0	0	1	5.00
6.00	31.00	INTENSIVE CARE UNIT	379,171	379,171	0	0	1	6.00
7.00	90.00	CLINIC	63,106	63,106	0	0	1	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			3,491,167	3,491,167	0	0	7	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	3.00
4.00	91.00	EMERGENCY	0	0	0	0	0	4.00
5.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	5.00
6.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	6.00
7.00	90.00	CLINIC	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			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,268,667		1.00
2.00	50.00	OPERATING ROOM	0	0	0	1,918		2.00
3.00	69.00	ELECTROCARDIOLOGY	0	0	0	1,000		3.00
4.00	91.00	EMERGENCY	0	0	0	750,000		4.00
5.00	66.00	PHYSICAL THERAPY	0	0	0	27,305		5.00
6.00	31.00	INTENSIVE CARE UNIT	0	0	0	379,171		6.00
7.00	90.00	CLINIC	0	0	0	63,106		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			0	0	0	3,491,167		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140048

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2014 12:59 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	3,155,986	3,155,986			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	4,390,906		4,390,906		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	14,366,573	34,503	48,004	14,449,080	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	26,606,954	477,255	664,003	1,888,300	5.00
7.00 00700	OPERATION OF PLANT	5,886,689	547,417	761,618	542,166	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	29,600	41,182	0	8.00
9.00 00900	HOUSEKEEPING	2,085,960	26,730	37,189	352,033	9.00
10.00 01000	DIETARY	2,148,515	90,315	125,654	192,910	10.00
11.00 01100	CAFETERIA	613,530	53,037	73,790	113,296	11.00
13.00 01300	NURSING ADMINISTRATION	1,972,421	30,532	42,479	426,777	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	2,487,285	43,060	59,910	537,399	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,586,320	22,642	31,502	262,864	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01 02301	PARAMEDICAL ED. PROGRAM(SPECIFY)	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	19,646,304	720,700	1,002,701	4,424,749	30.00
31.00 03100	INTENSIVE CARE UNIT	5,255,813	154,132	214,444	1,050,413	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	1,000,545	21,403	29,778	232,021	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,422,516	288,016	400,715	918,205	50.00
51.00 05100	RECOVERY ROOM	695,097	0	0	157,428	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	1,154,471	0	0	10,014	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,943,733	155,732	216,668	832,402	54.00
56.00 05600	RADIOISOTOPE	321,238	12,613	17,549	63,057	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	961,671	9,224	12,834	134,720	59.00
60.00 06000	LABORATORY	6,981,546	93,608	130,237	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	1,490,370	27,651	38,471	315,732	65.00
66.00 06600	PHYSICAL THERAPY	998,520	49,266	68,544	223,144	66.00
67.00 06700	OCCUPATIONAL THERAPY	227,094	0	0	54,431	67.00
68.00 06800	SPEECH PATHOLOGY	104,531	0	0	24,337	68.00
69.00 06900	ELECTROCARDIOLOGY	939,045	38,189	53,132	180,658	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	69,810	1,334	1,857	8,076	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,272,919	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	3,152,474	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	5,328,465	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	622,796	7,773	10,815	125,579	74.00
76.00 03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	275,452	13,280	18,477	60,639	76.97
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	1,395,652	22,960	31,944	166,596	90.00
91.00 09100	EMERGENCY	5,368,606	154,111	214,414	1,136,273	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	138,929,807	3,125,083	4,347,911	14,434,219	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01 19201	NONREIM PARAMED RT	0	0	0	0	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140048

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2014 12:59 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	235,422	30,903	42,995	14,861	324,181	194.00
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)	139,165,229	3,155,986	4,390,906	14,449,080	139,165,229	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 5/27/2014 12:59 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	29,636,512				5.00
7.00	00700	OPERATION OF PLANT	2,093,734	9,831,624			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	19,152	138,790	228,724		8.00
9.00	00900	HOUSEKEEPING	676,972	125,333	0	3,304,217	9.00
10.00	01000	DIETARY	691,985	423,472	184	146,250	3,819,285
11.00	01100	CAFETERIA	230,983	248,681	0	85,884	2,292,930
13.00	01300	NURSING ADMINISTRATION	668,935	143,160	0	49,442	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	846,287	201,904	0	69,729	0
16.00	01600	MEDICAL RECORDS & LIBRARY	515,006	106,166	0	36,665	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMEDICAL ED. PROGRAM(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,979,528	3,379,237	138,653	1,167,046	1,253,184
31.00	03100	INTENSIVE CARE UNIT	1,806,081	722,703	24,389	249,592	273,171
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	347,359	100,356	16,229	34,659	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,902,043	1,350,463	14,701	466,394	0
51.00	05100	RECOVERY ROOM	230,678	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	315,089	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,663,683	730,201	0	252,181	0
56.00	05600	RADIOISOTOPE	112,145	59,141	0	20,425	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	302,632	43,251	0	14,937	0
60.00	06000	LABORATORY	1,949,649	438,915	0	151,583	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	506,590	129,654	0	44,777	0
66.00	06600	PHYSICAL THERAPY	362,438	231,003	0	79,779	0
67.00	06700	OCCUPATIONAL THERAPY	76,176	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	34,869	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	327,681	179,062	0	61,841	0
70.00	07000	ELECTROENCEPHALOGRAPHY	21,938	6,257	0	2,161	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,967,921	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	853,003	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,441,787	0	0	0	0
74.00	07400	RENAL DIALYSIS	207,526	36,448	0	12,588	0
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	99,533	62,269	0	21,505	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	437,572	107,656	0	37,180	0
91.00	09100	EMERGENCY	1,859,819	722,604	34,568	249,557	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	29,548,794	9,686,726	228,724	3,254,175	3,819,285
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	NONREIM PARAMED RT	0	0	0	0	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	87,718	144,898	0	50,042	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	29,636,512	9,831,624	228,724	3,304,217	3,819,285

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140048		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part I Date/Time Prepared: 5/27/2014 12:59 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	3,712,131					11.00
13.00	01300	139,455	3,473,201				13.00
14.00	01400	0	0	0			14.00
15.00	01500	175,602	0	0	4,421,176		15.00
16.00	01600	85,894	0	0	0	2,647,059	16.00
17.00	01700	0	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,445,827	1,915,413	0	160,656	1,135,366	30.00
31.00	03100	343,236	436,437	0	62,921	5,223	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	75,816	82,500	0	1,373	100,393	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	300,035	326,355	0	114,965	461,052	50.00
51.00	05100	51,442	52,488	0	3,635	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	3,272	4,004	0	41,577	0	53.00
54.00	05400	271,998	30,806	0	34,627	310,173	54.00
56.00	05600	20,605	0	0	981	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	44,021	52,098	0	5,998	0	59.00
60.00	06000	0	0	0	0	61,802	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	103,169	26	0	0	0	65.00
66.00	06600	72,915	0	0	43	2,902	66.00
67.00	06700	17,786	0	0	0	0	67.00
68.00	06800	7,953	0	0	0	0	68.00
69.00	06900	59,032	42,328	0	2,760	25,243	69.00
70.00	07000	2,639	2,452	0	614	2,031	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	3,791,835	0	73.00
74.00	07400	41,035	41,227	0	5,052	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	19,814	2,319	0	0	0	76.97
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	54,437	15,151	0	2,113	4,352	90.00
91.00	09100	371,292	467,344	0	191,909	509,507	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		3,707,275	3,470,948	0	4,421,059	2,618,044	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	4,856	2,253	0	117	29,015	194.00
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		3,712,131	3,473,201	0	4,421,176	2,647,059	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140048

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

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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	PARAMEDICAL ED. PROGRAM(SPECIFY)	
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		17.00	21.00	22.00			
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500	ADMINISTRATIVE & GENERAL						5.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
17.00 01700	SOCIAL SERVICE	0					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01 02301	PARAMEDICAL ED. PROGRAM(SPECIFY)	0	0	0	0	0	23.01
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
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	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 PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	0	90.00
91.00 09100	EMERGENCY	0	0	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201	NONREIM PARAMED RT	0	0	0	0	0	192.01
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140048

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

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Part I
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMEDICAL ED. PROGRAM(SPECIFY)		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		17.00	21.00				22.00
200.00	Cross Foot Adjustments		0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	0
202.00	TOTAL (sum lines 118-201)	0	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140048

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

Worksheet B
Part I
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
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				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	43,369,364	0	43,369,364	30.00
31.00	03100	10,598,555	0	10,598,555	31.00
32.00	03200	0	0	0	32.00
33.00	03300	0	0	0	33.00
34.00	03400	0	0	0	34.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
43.00	04300	2,042,432	0	2,042,432	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	11,965,460	0	11,965,460	50.00
51.00	05100	1,190,768	0	1,190,768	51.00
52.00	05200	0	0	0	52.00
53.00	05300	1,528,427	0	1,528,427	53.00
54.00	05400	9,442,204	0	9,442,204	54.00
56.00	05600	627,754	0	627,754	56.00
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
59.00	05900	1,581,386	0	1,581,386	59.00
60.00	06000	9,807,340	0	9,807,340	60.00
60.01	06001	0	0	0	60.01
65.00	06500	2,656,440	0	2,656,440	65.00
66.00	06600	2,088,554	0	2,088,554	66.00
67.00	06700	375,487	0	375,487	67.00
68.00	06800	171,690	0	171,690	68.00
69.00	06900	1,908,971	0	1,908,971	69.00
70.00	07000	119,169	0	119,169	70.00
71.00	07100	9,240,840	0	9,240,840	71.00
72.00	07200	4,005,477	0	4,005,477	72.00
73.00	07300	10,562,087	0	10,562,087	73.00
74.00	07400	1,110,839	0	1,110,839	74.00
76.00	03020	0	0	0	76.00
76.97	07697	573,288	0	573,288	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	2,275,613	0	2,275,613	90.00
91.00	09100	11,280,004	0	11,280,004	91.00
92.00	09200	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	0	0	0	109.00
110.00	11000	0	0	0	110.00
111.00	11100	0	0	0	111.00
118.00		138,522,149	0	138,522,149	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	0	0	0	190.00
192.00	19200	0	0	0	192.00
192.01	19201	0	0	0	192.01
194.00	07950	643,080	0	643,080	194.00
200.00		0	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140048

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

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	139,165,229	0	139,165,229	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 12:59 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	34,503	48,004	82,507	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	477,255	664,003	1,141,258	5.00
7.00 00700	OPERATION OF PLANT	0	547,417	761,618	1,309,035	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	29,600	41,182	70,782	8.00
9.00 00900	HOUSEKEEPING	0	26,730	37,189	63,919	9.00
10.00 01000	DIETARY	0	90,315	125,654	215,969	10.00
11.00 01100	CAFETERIA	0	53,037	73,790	126,827	11.00
13.00 01300	NURSING ADMINISTRATION	0	30,532	42,479	73,011	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	0	43,060	59,910	102,970	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	22,642	31,502	54,144	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01 02301	PARAMEDICAL ED. PROGRAM(SPECIFY)	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	720,700	1,002,701	1,723,401	30.00
31.00 03100	INTENSIVE CARE UNIT	0	154,132	214,444	368,576	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	21,403	29,778	51,181	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	288,016	400,715	688,731	50.00
51.00 05100	RECOVERY ROOM	0	0	0	899	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	57	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	155,732	216,668	372,400	54.00
56.00 05600	RADIOISOTOPE	0	12,613	17,549	30,162	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	9,224	12,834	22,058	59.00
60.00 06000	LABORATORY	0	93,608	130,237	223,845	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	27,651	38,471	66,122	65.00
66.00 06600	PHYSICAL THERAPY	0	49,266	68,544	117,810	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	311	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	139	68.00
69.00 06900	ELECTROCARDIOLOGY	0	38,189	53,132	91,321	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	1,334	1,857	3,191	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	7,773	10,815	18,588	74.00
76.00 03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	13,280	18,477	31,757	76.97
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	22,960	31,944	54,904	90.00
91.00 09100	EMERGENCY	0	154,111	214,414	368,525	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,125,083	4,347,911	7,472,994	82,422
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01 19201	NONREIM PARAMED RT	0	0	0	0	192.01
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	30,903	42,995	73,898	85

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	3,155,986	4,390,906	7,546,892	82,507	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 12:59 pm		
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,152,040			5.00
7.00	00700	OPERATION OF PLANT	81,387	1,393,518		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	744	19,672	91,198	8.00
9.00	00900	HOUSEKEEPING	26,315	17,765	0	110,009
10.00	01000	DIETARY	26,899	60,022	74	4,869
11.00	01100	CAFETERIA	8,979	35,248	0	2,859
13.00	01300	NURSING ADMINISTRATION	26,003	20,291	0	1,646
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0
15.00	01500	PHARMACY	32,897	28,618	0	2,322
16.00	01600	MEDICAL RECORDS & LIBRARY	20,019	15,048	0	1,221
17.00	01700	SOCIAL SERVICE	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0
23.01	02301	PARAMEDICAL ED. PROGRAM(SPECIFY)	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	271,322	478,965	55,284	38,854
31.00	03100	INTENSIVE CARE UNIT	70,206	102,435	9,725	8,310
32.00	03200	CORONARY CARE UNIT	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
41.00	04100	SUBPROVIDER - I&R	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	13,502	14,224	6,471	1,154
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	73,936	191,412	5,861	15,528
51.00	05100	RECOVERY ROOM	8,967	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0
53.00	05300	ANESTHESIOLOGY	12,248	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,670	103,498	0	8,396
56.00	05600	RADIOISOTOPE	4,359	8,383	0	680
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	11,764	6,130	0	497
60.00	06000	LABORATORY	75,786	62,211	0	5,047
60.01	06001	BLOOD LABORATORY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	19,692	18,377	0	1,491
66.00	06600	PHYSICAL THERAPY	14,089	32,742	0	2,656
67.00	06700	OCCUPATIONAL THERAPY	2,961	0	0	0
68.00	06800	SPEECH PATHOLOGY	1,355	0	0	0
69.00	06900	ELECTROCARDIOLOGY	12,738	25,380	0	2,059
70.00	07000	ELECTROENCEPHALOGRAPHY	853	887	0	72
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	76,497	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	33,158	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	56,045	0	0	0
74.00	07400	RENAL DIALYSIS	8,067	5,166	0	419
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	3,869	8,826	0	716
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	17,009	15,259	0	1,238
91.00	09100	EMERGENCY	72,294	102,421	13,783	8,309
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,148,630	1,372,980	91,198	108,343
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0
192.01	19201	NONREIM PARAMED RT	0	0	0	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	3,410	20,538	0	1,666
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,152,040	1,393,518	91,198	110,009
						308,934

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140048		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/27/2014 12:59 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	360,031					11.00
13.00	01300	NURSING ADMINISTRATION	13,525	136,913				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0			14.00
15.00	01500	PHARMACY	17,030	0	0	186,905		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,330	0	0	0	100,263	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED. PROGRAM(SPECIFY)	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	140,240	75,505	0	6,792	43,004	30.00
31.00	03100	INTENSIVE CARE UNIT	33,288	17,204	0	2,660	198	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	7,353	3,252	0	58	3,803	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,098	12,865	0	4,860	17,463	50.00
51.00	05100	RECOVERY ROOM	4,989	2,069	0	154	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	317	158	0	1,758	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,379	1,214	0	1,464	11,748	54.00
56.00	05600	RADIOISOTOPE	1,998	0	0	41	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,269	2,054	0	254	0	59.00
60.00	06000	LABORATORY	0	0	0	0	2,341	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	10,006	1	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,071	0	0	2	110	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,725	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	771	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,725	1,669	0	117	956	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	256	97	0	26	77	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	160,298	0	73.00
74.00	07400	RENAL DIALYSIS	3,980	1,625	0	214	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,922	91	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	5,279	597	0	89	165	90.00
91.00	09100	EMERGENCY	36,009	18,423	0	8,113	19,299	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	359,560	136,824	0	186,900	99,164	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NONREIMPARAMED RT	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	471	89	0	5	1,099	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	360,031	136,913	0	186,905	100,263	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140048

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2014 12:59 pm

Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	PARAMEDICAL ED. PROGRAM(SPECIFY)	
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		17.00	21.00	22.00			
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500	ADMINISTRATIVE & GENERAL						5.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
17.00 01700	SOCIAL SERVICE	0					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		0			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0			0		23.00
23.01 02301	PARAMEDICAL ED. PROGRAM(SPECIFY)	0				0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0					30.00
31.00 03100	INTENSIVE CARE UNIT	0					31.00
32.00 03200	CORONARY CARE UNIT	0					32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0					33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
41.00 04100	SUBPROVIDER - I&R	0					41.00
42.00 04200	SUBPROVIDER	0					42.00
43.00 04300	NURSERY	0					43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0					50.00
51.00 05100	RECOVERY ROOM	0					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0					52.00
53.00 05300	ANESTHESIOLOGY	0					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0					54.00
56.00 05600	RADIOISOTOPE	0					56.00
57.00 05700	CT SCAN	0					57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
59.00 05900	CARDIAC CATHETERIZATION	0					59.00
60.00 06000	LABORATORY	0					60.00
60.01 06001	BLOOD LABORATORY	0					60.01
65.00 06500	RESPIRATORY THERAPY	0					65.00
66.00 06600	PHYSICAL THERAPY	0					66.00
67.00 06700	OCCUPATIONAL THERAPY	0					67.00
68.00 06800	SPEECH PATHOLOGY	0					68.00
69.00 06900	ELECTROCARDIOLOGY	0					69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0					73.00
74.00 07400	RENAL DIALYSIS	0					74.00
76.00 03020	OTHER ANCILLARY SERVICE COST CENTERS	0					76.00
76.97 07697	CARDIAC REHABILITATION	0					76.97
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
91.00 09100	EMERGENCY	0					91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910	CORF	0					99.10
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0					109.00
110.00 11000	INTESTINAL ACQUISITION	0					110.00
111.00 11100	ISLET ACQUISITION	0					111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0					192.00
192.01 19201	NONREIM PARAMED RT	0					192.01
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0					194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140048

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2014 12:59 pm

Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMEDICAL ED. PROGRAM(SPECIFY)		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		17.00	21.00				22.00
200.00	Cross Foot Adjustments		0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	0
202.00	TOTAL (sum lines 118-201)	0	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 12:59 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	2,960,004	0	2,960,004	30.00
31.00	03100	640,696	0	640,696	31.00
32.00	03200	0	0	0	32.00
33.00	03300	0	0	0	33.00
34.00	03400	0	0	0	34.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
43.00	04300	102,323	0	102,323	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	1,044,997	0	1,044,997	50.00
51.00	05100	17,078	0	17,078	51.00
52.00	05200	0	0	0	52.00
53.00	05300	14,538	0	14,538	53.00
54.00	05400	594,522	0	594,522	54.00
56.00	05600	45,983	0	45,983	56.00
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
59.00	05900	47,795	0	47,795	59.00
60.00	06000	369,230	0	369,230	60.00
60.01	06001	0	0	0	60.01
65.00	06500	117,492	0	117,492	65.00
66.00	06600	175,754	0	175,754	66.00
67.00	06700	4,997	0	4,997	67.00
68.00	06800	2,265	0	2,265	68.00
69.00	06900	140,996	0	140,996	69.00
70.00	07000	5,505	0	5,505	70.00
71.00	07100	76,497	0	76,497	71.00
72.00	07200	33,158	0	33,158	72.00
73.00	07300	216,343	0	216,343	73.00
74.00	07400	38,776	0	38,776	74.00
76.00	03020	0	0	0	76.00
76.97	07697	47,527	0	47,527	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	95,491	0	95,491	90.00
91.00	09100	653,664	0	653,664	91.00
92.00	09200	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	0	0	0	109.00
110.00	11000	0	0	0	110.00
111.00	11100	0	0	0	111.00
118.00		7,445,631	0	7,445,631	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	0	0	0	190.00
192.00	19200	0	0	0	192.00
192.01	19201	0	0	0	192.01
194.00	07950	101,261	0	101,261	194.00
200.00		0	0	0	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140048

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2014 12:59 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		24.00	25.00	26.00		
201.00	Negative Cost Centers	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	7,546,892	0	7,546,892		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140048

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

Worksheet B-1
Date/Time Prepared:
5/27/2014 12:59 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQ. FEET OLD)	NEW MVBLE EQUIP (SQ. FEET OLD)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	298,005				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		298,005			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,258	3,258	56,045,886		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	45,065	45,065	7,324,442	-29,636,512	109,528,717
7.00 00700	OPERATION OF PLANT	51,690	51,690	2,102,983	0	7,737,890
8.00 00800	LAUNDRY & LINEN SERVICE	2,795	2,795	0	0	70,782
9.00 00900	HOUSEKEEPING	2,524	2,524	1,365,485	0	2,501,912
10.00 01000	DIETARY	8,528	8,528	748,270	0	2,557,394
11.00 01100	CAFETERIA	5,008	5,008	439,460	0	853,653
13.00 01300	NURSING ADMINISTRATION	2,883	2,883	1,655,405	0	2,472,209
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00 01500	PHARMACY	4,066	4,066	2,084,494	0	3,127,654
16.00 01600	MEDICAL RECORDS & LIBRARY	2,138	2,138	1,019,613	0	1,903,328
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01 02301	PARAMEDICAL ED. PROGRAM(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	68,052	68,052	17,162,956	0	25,794,454
31.00 03100	INTENSIVE CARE UNIT	14,554	14,554	4,074,401	0	6,674,802
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	2,021	2,021	899,976	0	1,283,747
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	27,196	27,196	3,561,585	0	7,029,452
51.00 05100	RECOVERY ROOM	0	0	610,641	0	852,525
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	0	0	38,842	0	1,164,485
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,705	14,705	3,228,767	0	6,148,535
56.00 05600	RADIOISOTOPE	1,191	1,191	244,589	0	414,457
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	871	871	522,558	0	1,118,449
60.00 06000	LABORATORY	8,839	8,839	0	0	7,205,391
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	2,611	2,611	1,224,678	0	1,872,224
66.00 06600	PHYSICAL THERAPY	4,652	4,652	865,544	0	1,339,474
67.00 06700	OCCUPATIONAL THERAPY	0	0	211,130	0	281,525
68.00 06800	SPEECH PATHOLOGY	0	0	94,401	0	128,868
69.00 06900	ELECTROCARDIOLOGY	3,606	3,606	700,747	0	1,211,024
70.00 07000	ELECTROENCEPHALOGRAPHY	126	126	31,326	0	81,077
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	7,272,919
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	3,152,474
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,328,465
74.00 07400	RENAL DIALYSIS	734	734	487,103	0	766,963
76.00 03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	1,254	1,254	235,208	0	367,848
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	2,168	2,168	646,200	0	1,617,152
91.00 09100	EMERGENCY	14,552	14,552	4,407,440	0	6,873,404
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00 11100	ISLET ACQUISITION	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	295,087	295,087	55,988,244	-29,636,512	109,204,536
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01 19201	NONREIM PARAMED RT	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140048

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 12:59 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQ. FEET OLD)	NEW MVBLE EQUIP (SQ. FEET OLD)					
	1.00	2.00	4.00				
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	2,918	2,918	57,642	0	324,181	194.00	
200.00 Cross Foot Adjustments						200.00	
201.00 Negative Cost Centers						201.00	
202.00 Cost to be allocated (per Wkst. B, Part I)	3,155,986	4,390,906	14,449,080		29,636,512	202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	10.590379	14.734337	0.257808		0.270582	203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)			82,507		1,152,040	204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001472		0.010518	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140048

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

Worksheet B-1
Date/Time Prepared:
5/27/2014 12:59 pm

Cost Center Description		OPERATION OF PLANT (SQ. FEET OLD)	LAUNDRY & LINEN SERVICE (LAUNDRY LBS)	HOUSEKEEPING (SQ. FEET OLD)	DIETARY (MEALS SERVED)	CAFETERIA (GROSS SALARIES)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	197,992				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	2,795	1,005,650			8.00	
9.00	00900	HOUSEKEEPING	2,524	0	192,673		9.00	
10.00	01000	DIETARY	8,528	811	8,528	352,371	10.00	
11.00	01100	CAFETERIA	5,008	0	5,008	211,548	44,065,246	11.00
13.00	01300	NURSING ADMINISTRATION	2,883	0	2,883	0	1,655,405	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	4,066	0	4,066	0	2,084,494	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,138	0	2,138	0	1,019,613	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL ED. PROGRAM(SPECIFY)	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	68,052	609,626	68,052	115,620	17,162,956	30.00
31.00	03100	INTENSIVE CARE UNIT	14,554	107,235	14,554	25,203	4,074,401	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,021	71,355	2,021	0	899,976	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,196	64,635	27,196	0	3,561,585	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	610,641	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	38,842	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,705	0	14,705	0	3,228,767	54.00
56.00	05600	RADIOISOTOPE	1,191	0	1,191	0	244,589	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	871	0	871	0	522,558	59.00
60.00	06000	LABORATORY	8,839	0	8,839	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	2,611	0	2,611	0	1,224,678	65.00
66.00	06600	PHYSICAL THERAPY	4,652	0	4,652	0	865,544	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	211,130	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	94,401	68.00
69.00	06900	ELECTROCARDIOLOGY	3,606	0	3,606	0	700,747	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	126	0	126	0	31,326	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	734	0	734	0	487,103	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,254	0	1,254	0	235,208	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,168	0	2,168	0	646,200	90.00
91.00	09100	EMERGENCY	14,552	151,988	14,552	0	4,407,440	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	195,074	1,005,650	189,755	352,371	44,007,604	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NONREIM PARAME RT	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	2,918	0	2,918	0	57,642	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140048

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 12:59 pm

Cost Center Description		OPERATION OF PLANT (SQ. FEET OLD)	LAUNDRY & LINEN SERVICE (LAUNDRY LBS)	HOUSEKEEPING (SQ. FEET OLD)	DIETARY (MEALS SERVED)	CAFETERIA (GROSS SALARIES)	
		7.00	8.00	9.00	10.00	11.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	9,831,624	228,724	3,304,217	3,819,285	3,712,131	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	49.656673	0.227439	17.149351	10.838818	0.084242	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,393,518	91,198	110,009	308,934	360,031	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	7.038254	0.090686	0.570962	0.876729	0.008170	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140048

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 12:59 pm

Cost Center Description		NURSING ADMINISTRATION (NSG FTE)	CENTRAL SERVICES & SUPPLY (MED SUPPL COSTS)	PHARMACY (PHARM COSTS)	MEDICAL RECORDS & LIBRARY (MED REC TIME)	SOCIAL SERVICE (SOC SERV TIME)	
		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
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	1,851,064					13.00
14.00	01400	0	0				14.00
15.00	01500	0	0	5,287,693			15.00
16.00	01600	0	0	0	9,123		16.00
17.00	01700	0	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,020,830	0	192,143	3,913	0	30.00
31.00	03100	232,602	0	75,253	18	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	43,969	0	1,642	346	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	173,933	0	137,497	1,589	0	50.00
51.00	05100	27,974	0	4,347	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	2,134	0	49,726	0	0	53.00
54.00	05400	16,418	0	41,414	1,069	0	54.00
56.00	05600	0	0	1,173	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	27,766	0	7,174	0	0	59.00
60.00	06000	0	0	0	213	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	14	0	0	0	0	65.00
66.00	06600	0	0	51	10	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	22,559	0	3,301	87	0	69.00
70.00	07000	1,307	0	734	7	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	4,535,007	0	0	73.00
74.00	07400	21,972	0	6,042	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	1,236	0	0	0	0	76.97
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	8,075	0	2,527	15	0	90.00
91.00	09100	249,074	0	229,522	1,756	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		1,849,863	0	5,287,553	9,023	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	1,201	0	140	100	0	194.00
200.00							200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140048

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 12:59 pm

Cost Center Description		NURSING ADMINISTRATION (NSG FTE)	CENTRAL SERVICES & SUPPLY (MED SUPPL COSTS)	PHARMACY (PHARM COSTS)	MEDICAL RECORDS & LIBRARY (MED REC TIME)	SOCIAL SERVICE (SOC SERV TIME)	
		13.00	14.00	15.00	16.00	17.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,473,201	0	4,421,176	2,647,059	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.876327	0.000000	0.836126	290.152253	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	136,913	0	186,905	100,263	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.073964	0.000000	0.035347	10.990135	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140048

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

Worksheet B-1
Date/Time Prepared:
5/27/2014 12:59 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM (PARAMED HRS XRAY)	PARAMEDICAL ED. PROGRAM(SPECIFY) (PARAMED HRS RT)			
	SERVICES-SALARY & FRINGES (HRS)	SERVICES-OTHER PRGM COSTS (HRS)					
	21.00	22.00					
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.00 00500 ADMINISTRATIVE & GENERAL						5.00	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00	
15.00 01500 PHARMACY						15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00	
17.00 01700 SOCIAL SERVICE						17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00	
23.00 02300 PARAMED PRGM-(SPECIFY)			0			23.00	
23.01 02301 PARAMEDICAL ED. PROGRAM(SPECIFY)				0		23.01	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0		30.00	
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0		31.00	
32.00 03200 CORONARY CARE UNIT	0	0	0	0		32.00	
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0		33.00	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00	
41.00 04100 SUBPROVIDER - IRF	0	0	0	0		41.00	
42.00 04200 SUBPROVIDER	0	0	0	0		42.00	
43.00 04300 NURSERY	0	0	0	0		43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0		50.00	
51.00 05100 RECOVERY ROOM	0	0	0	0		51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0		53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00	
56.00 05600 RADIO SOTOPE	0	0	0	0		56.00	
57.00 05700 CT SCAN	0	0	0	0		57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0		59.00	
60.00 06000 LABORATORY	0	0	0	0		60.00	
60.01 06001 BLOOD LABORATORY	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 PATIENTS	0	0	0	0		71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0		72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0		74.00	
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0		76.00	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0		76.97	
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	
91.00 09100 EMERGENCY	0	0	0	0		91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00	
OTHER REIMBURSABLE COST CENTERS							
99.10 09910 CORF	0	0	0	0		99.10	
SPECIAL PURPOSE COST CENTERS							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0		109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0		110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0		111.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)					0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140048

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 12:59 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM (PARAMED HRS XRAY)	PARAMEDICAL ED. PROGRAM(SPECIFY) (PARAMED HRS RT)		
			SERVICES-SALARY & FRINGES (HRS)	SERVICES-OTHER PRGM COSTS (HRS)				
			21.00	22.00				
192.01	19201	NONREIM PARAMED RT	0	0	0	0		192.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140048

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2014 12:59 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	43,369,364		43,369,364	0	43,369,364	30.00
31.00	03100 INTENSIVE CARE UNIT	10,598,555		10,598,555	0	10,598,555	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	2,042,432		2,042,432	0	2,042,432	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	11,965,460		11,965,460	0	11,965,460	50.00
51.00	05100 RECOVERY ROOM	1,190,768		1,190,768	0	1,190,768	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	1,528,427		1,528,427	0	1,528,427	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,442,204		9,442,204	0	9,442,204	54.00
56.00	05600 RADIOISOTOPE	627,754		627,754	0	627,754	56.00
57.00	05700 CT SCAN	0		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,581,386		1,581,386	0	1,581,386	59.00
60.00	06000 LABORATORY	9,807,340		9,807,340	0	9,807,340	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	2,656,440	0	2,656,440	0	2,656,440	65.00
66.00	06600 PHYSICAL THERAPY	2,088,554	0	2,088,554	0	2,088,554	66.00
67.00	06700 OCCUPATIONAL THERAPY	375,487	0	375,487	0	375,487	67.00
68.00	06800 SPEECH PATHOLOGY	171,690	0	171,690	0	171,690	68.00
69.00	06900 ELECTROCARDIOLOGY	1,908,971		1,908,971	0	1,908,971	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	119,169		119,169	0	119,169	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,240,840		9,240,840	0	9,240,840	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	4,005,477		4,005,477	0	4,005,477	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	10,562,087		10,562,087	0	10,562,087	73.00
74.00	07400 RENAL DIALYSIS	1,110,839		1,110,839	0	1,110,839	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	573,288		573,288	0	573,288	76.97
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	2,275,613		2,275,613	0	2,275,613	90.00
91.00	09100 EMERGENCY	11,280,004		11,280,004	0	11,280,004	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,014,446		4,014,446	0	4,014,446	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0		0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100 ISLET ACQUISITION	0		0		0	111.00
200.00	Subtotal (see instructions)	142,536,595	0	142,536,595	0	142,536,595	200.00
201.00	Less Observation Beds	4,014,446		4,014,446		4,014,446	201.00
202.00	Total (see instructions)	138,522,149	0	138,522,149	0	138,522,149	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140048		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/27/2014 12:59 pm	
		Title XVII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	70,904,418		70,904,418		30.00
31.00	03100	INTENSIVE CARE UNIT	21,067,604		21,067,604		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,723,261		2,723,261		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,124,892	24,630,733	42,755,625	0.279857	50.00
51.00	05100	RECOVERY ROOM	4,319,868	5,236,010	9,555,878	0.124611	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,231,802	3,657,742	7,889,544	0.193728	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,336,801	51,032,837	82,369,638	0.114632	54.00
56.00	05600	RADIOISOTOPE	5,354,014	3,604,745	8,958,759	0.070072	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,936,608	674,724	7,611,332	0.207767	59.00
60.00	06000	LABORATORY	41,239,741	17,902,246	59,141,987	0.165827	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	16,722,260	2,539,481	19,261,741	0.137913	65.00
66.00	06600	PHYSICAL THERAPY	2,339,593	2,301,382	4,640,975	0.450025	66.00
67.00	06700	OCCUPATIONAL THERAPY	891,202	443,994	1,335,196	0.281222	67.00
68.00	06800	SPEECH PATHOLOGY	746,123	127,242	873,365	0.196584	68.00
69.00	06900	ELECTROCARDIOLOGY	10,311,594	5,759,872	16,071,466	0.118780	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	506,867	87,735	594,602	0.200418	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,378,319	1,758,388	8,136,707	1.135698	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,270,492	2,173,684	8,444,176	0.474348	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,575,418	10,729,478	57,304,896	0.184314	73.00
74.00	07400	RENAL DIALYSIS	4,884,302	0	4,884,302	0.227430	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	31,950	1,004,819	1,036,769	0.552956	76.97
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	4,740,072	4,740,072	0.480080	90.00
91.00	09100	EMERGENCY	21,004,421	52,873,997	73,878,418	0.152683	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,070,445	6,070,445	0.661310	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	322,901,550	197,349,626	520,251,176		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	322,901,550	197,349,626	520,251,176		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 12:59 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.279857		50.00
51.00	05100 RECOVERY ROOM	0.124611		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.193728		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.114632		54.00
56.00	05600 RADIOISOTOPE	0.070072		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.207767		59.00
60.00	06000 LABORATORY	0.165827		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.137913		65.00
66.00	06600 PHYSICAL THERAPY	0.450025		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.281222		67.00
68.00	06800 SPEECH PATHOLOGY	0.196584		68.00
69.00	06900 ELECTROCARDIOLOGY	0.118780		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.200418		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.135698		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.474348		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.184314		73.00
74.00	07400 RENAL DIALYSIS	0.227430		74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.552956		76.97
	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	0.480080		90.00
91.00	09100 EMERGENCY	0.152683		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.661310		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 140048

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2014 12:59 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		43,369,364	0	43,369,364	30.00
31.00	03100 INTENSIVE CARE UNIT		10,598,555	0	10,598,555	31.00
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		2,042,432	0	2,042,432	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		11,965,460	0	11,965,460	50.00
51.00	05100 RECOVERY ROOM		1,190,768	0	1,190,768	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY		1,528,427	0	1,528,427	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,442,204	0	9,442,204	54.00
56.00	05600 RADIOISOTOPE		627,754	0	627,754	56.00
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		1,581,386	0	1,581,386	59.00
60.00	06000 LABORATORY		9,807,340	0	9,807,340	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	2,656,440	0	2,656,440	65.00
66.00	06600 PHYSICAL THERAPY	0	2,088,554	0	2,088,554	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	375,487	0	375,487	67.00
68.00	06800 SPEECH PATHOLOGY	0	171,690	0	171,690	68.00
69.00	06900 ELECTROCARDIOLOGY		1,908,971	0	1,908,971	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		119,169	0	119,169	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		9,240,840	0	9,240,840	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		4,005,477	0	4,005,477	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		10,562,087	0	10,562,087	73.00
74.00	07400 RENAL DIALYSIS		1,110,839	0	1,110,839	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		573,288	0	573,288	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		2,275,613	0	2,275,613	90.00
91.00	09100 EMERGENCY		11,280,004	0	11,280,004	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		4,014,446	0	4,014,446	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
200.00	Subtotal (see instructions)		142,536,595	0	142,536,595	200.00
201.00	Less Observation Beds		4,014,446	0	4,014,446	201.00
202.00	Total (see instructions)		138,522,149	0	138,522,149	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140048		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/27/2014 12:59 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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	70,904,418		70,904,418		30.00
31.00	03100	INTENSIVE CARE UNIT	21,067,604		21,067,604		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,723,261		2,723,261		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	18,124,892	24,630,733	42,755,625	0.279857	50.00
51.00	05100	RECOVERY ROOM	4,319,868	5,236,010	9,555,878	0.124611	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,231,802	3,657,742	7,889,544	0.193728	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,336,801	51,032,837	82,369,638	0.114632	54.00
56.00	05600	RADIOISOTOPE	5,354,014	3,604,745	8,958,759	0.070072	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,936,608	674,724	7,611,332	0.207767	59.00
60.00	06000	LABORATORY	41,239,741	17,902,246	59,141,987	0.165827	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	16,722,260	2,539,481	19,261,741	0.137913	65.00
66.00	06600	PHYSICAL THERAPY	2,339,593	2,301,382	4,640,975	0.450025	66.00
67.00	06700	OCCUPATIONAL THERAPY	891,202	443,994	1,335,196	0.281222	67.00
68.00	06800	SPEECH PATHOLOGY	746,123	127,242	873,365	0.196584	68.00
69.00	06900	ELECTROCARDIOLOGY	10,311,594	5,759,872	16,071,466	0.118780	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	506,867	87,735	594,602	0.200418	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,378,319	1,758,388	8,136,707	1.135698	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,270,492	2,173,684	8,444,176	0.474348	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,575,418	10,729,478	57,304,896	0.184314	73.00
74.00	07400	RENAL DIALYSIS	4,884,302	0	4,884,302	0.227430	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	31,950	1,004,819	1,036,769	0.552956	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	4,740,072	4,740,072	0.480080	90.00
91.00	09100	EMERGENCY	21,004,421	52,873,997	73,878,418	0.152683	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,070,445	6,070,445	0.661310	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	322,901,550	197,349,626	520,251,176		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	322,901,550	197,349,626	520,251,176		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 12:59 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	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 PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
	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
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/27/2014 12:59 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	2,960,004	0	2,960,004	36,688	80.68	30.00
31.00	INTENSIVE CARE UNIT	640,696		640,696	7,257	88.29	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	102,323		102,323	3,117	32.83	43.00
200.00	Total (Lines 30-199)	3,703,023		3,703,023	47,062		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	13,113	1,057,957				30.00
31.00	INTENSIVE CARE UNIT	2,975	262,663				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (Lines 30-199)	16,088	1,320,620				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/27/2014 12:59 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)	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	1,044,997	42,755,625	0.024441	6,292,301	153,790	50.00
51.00	05100	RECOVERY ROOM	17,078	9,555,878	0.001787	1,230,393	2,199	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	14,538	7,889,544	0.001843	1,045,884	1,928	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	594,522	82,369,638	0.007218	12,921,501	93,267	54.00
56.00	05600	RADIOISOTOPE	45,983	8,958,759	0.005133	2,360,695	12,117	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	47,795	7,611,332	0.006279	2,457,296	15,429	59.00
60.00	06000	LABORATORY	369,230	59,141,987	0.006243	16,556,129	103,360	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	117,492	19,261,741	0.006100	7,040,609	42,948	65.00
66.00	06600	PHYSICAL THERAPY	175,754	4,640,975	0.037870	1,164,655	44,105	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,997	1,335,196	0.003743	478,870	1,792	67.00
68.00	06800	SPEECH PATHOLOGY	2,265	873,365	0.002593	358,627	930	68.00
69.00	06900	ELECTROCARDIOLOGY	140,996	16,071,466	0.008773	4,396,517	38,571	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,505	594,602	0.009258	282,279	2,613	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	76,497	8,136,707	0.009401	2,615,448	24,588	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	33,158	8,444,176	0.003927	1,900,283	7,462	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	216,343	57,304,896	0.003775	18,393,049	69,434	73.00
74.00	07400	RENAL DIALYSIS	38,776	4,884,302	0.007939	2,659,717	21,115	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	47,527	1,036,769	0.045841	10,744	493	76.97
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	95,491	4,740,072	0.020145	0	0	90.00
91.00	09100	EMERGENCY	653,664	73,878,418	0.008848	8,089,687	71,578	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	273,990	6,070,445	0.045135	0	0	92.00
200.00		Total (lines 50-199)	4,016,598	425,555,893		90,254,684	707,719	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/27/2014 12:59 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	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0		32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0		41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0		42.00	
43.00	04300	NURSERY	0	0	0	0	0		43.00	
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	36,688	0.00	13,113	0			30.00	
31.00	03100	INTENSIVE CARE UNIT	7,257	0.00	2,975	0			31.00	
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0			32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0			33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0			34.00	
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0			41.00	
42.00	04200	SUBPROVIDER	0	0.00	0	0			42.00	
43.00	04300	NURSERY	3,117	0.00	0	0			43.00	
200.00		Total (lines 30-199)	47,062		16,088	0			200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 12:59 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
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	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 PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
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
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: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 12:59 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	42,755,625	0.000000	0.000000	6,292,301	50.00	
51.00	05100	RECOVERY ROOM	0	9,555,878	0.000000	0.000000	1,230,393	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	7,889,544	0.000000	0.000000	1,045,884	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	82,369,638	0.000000	0.000000	12,921,501	54.00	
56.00	05600	RADIOISOTOPE	0	8,958,759	0.000000	0.000000	2,360,695	56.00	
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	7,611,332	0.000000	0.000000	2,457,296	59.00	
60.00	06000	LABORATORY	0	59,141,987	0.000000	0.000000	16,556,129	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01	
65.00	06500	RESPIRATORY THERAPY	0	19,261,741	0.000000	0.000000	7,040,609	65.00	
66.00	06600	PHYSICAL THERAPY	0	4,640,975	0.000000	0.000000	1,164,655	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	1,335,196	0.000000	0.000000	478,870	67.00	
68.00	06800	SPEECH PATHOLOGY	0	873,365	0.000000	0.000000	358,627	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	16,071,466	0.000000	0.000000	4,396,517	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	594,602	0.000000	0.000000	282,279	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,136,707	0.000000	0.000000	2,615,448	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,444,176	0.000000	0.000000	1,900,283	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	57,304,896	0.000000	0.000000	18,393,049	73.00	
74.00	07400	RENAL DIALYSIS	0	4,884,302	0.000000	0.000000	2,659,717	74.00	
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	1,036,769	0.000000	0.000000	10,744	76.97	
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	4,740,072	0.000000	0.000000	0	90.00	
91.00	09100	EMERGENCY	0	73,878,418	0.000000	0.000000	8,089,687	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,070,445	0.000000	0.000000	0	92.00	
200.00		Total (lines 50-199)	0	425,555,893			90,254,684	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 12:59 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	4,836,881	0		50.00
51.00	05100 RECOVERY ROOM	0	1,031,725	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	780,599	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	9,947,876	0		54.00
56.00	05600 RADIOISOTOPE	0	1,213,085	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	257,288	0		59.00
60.00	06000 LABORATORY	0	645,003	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
65.00	06500 RESPIRATORY THERAPY	0	446,499	0		65.00
66.00	06600 PHYSICAL THERAPY	0	111,305	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	113,248	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	11,500	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,535,394	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	23,597	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	625,724	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	560,087	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,527,316	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	348,447	0		76.97
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	2,016,744	0		90.00
91.00	09100 EMERGENCY	0	6,379,282	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,374,548	0		92.00
200.00	Total (lines 50-199)	0	34,786,148	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 12:59 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	0.279857	4,836,881	0	0	1,353,635	50.00
51.00	05100	RECOVERY ROOM	0.124611	1,031,725	0	0	128,564	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.193728	780,599	0	0	151,224	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.114632	9,947,876	0	0	1,140,345	54.00
56.00	05600	RADIOISOTOPE	0.070072	1,213,085	0	0	85,003	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.207767	257,288	0	0	53,456	59.00
60.00	06000	LABORATORY	0.165827	645,003	0	0	106,959	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.137913	446,499	0	0	61,578	65.00
66.00	06600	PHYSICAL THERAPY	0.450025	111,305	0	0	50,090	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.281222	113,248	0	0	31,848	67.00
68.00	06800	SPEECH PATHOLOGY	0.196584	11,500	0	0	2,261	68.00
69.00	06900	ELECTROCARDIOLOGY	0.118780	1,535,394	0	0	182,374	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.200418	23,597	0	0	4,729	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.135698	625,724	0	0	710,633	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.474348	560,087	0	0	265,676	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.184314	2,527,316	0	14,203	465,820	73.00
74.00	07400	RENAL DIALYSIS	0.227430	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.552956	348,447	0	0	192,676	76.97
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	0.480080	2,016,744	0	0	968,198	90.00
91.00	09100	EMERGENCY	0.152683	6,379,282	0	0	974,008	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.661310	1,374,548	0	0	909,002	92.00
200.00		Subtotal (see instructions)		34,786,148	0	14,203	7,838,079	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		34,786,148	0	14,203	7,838,079	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 12:59 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	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 PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,618	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
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
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	2,618	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	2,618	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 12:59 pm
		Title XIX	Hospital	Cost

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	0.279857	0	0	2,506,019	0	50.00
51.00	05100 RECOVERY ROOM	0.124611	0	0	781,282	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.193728	0	0	524,534	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.114632	0	0	11,556,629	0	54.00
56.00	05600 RADIOISOTOPE	0.070072	0	0	672,391	0	56.00
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.207767	0	0	53,556	0	59.00
60.00	06000 LABORATORY	0.165827	0	0	4,243,294	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.137913	0	0	667,656	0	65.00
66.00	06600 PHYSICAL THERAPY	0.450025	0	0	535,958	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.281222	0	0	202,701	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.196584	0	0	10,032	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.118780	0	0	1,224,362	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.200418	0	0	14,117	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.135698	0	0	297,152	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.474348	0	0	225,378	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.184314	0	0	2,376,574	0	73.00
74.00	07400 RENAL DIALYSIS	0.227430	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.552956	0	0	16,556	0	76.97
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	0.480080	0	0	763,618	0	90.00
91.00	09100 EMERGENCY	0.152683	0	0	15,762,546	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.661310	0	0	1,907,378	0	92.00
200.00	Subtotal (see instructions)		0	0	44,341,733	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	44,341,733	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 12:59 pm
		Title XIX	Hospital	Cost

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	701,327	50.00
51.00	05100	RECOVERY ROOM	0	97,356	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	101,617	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,324,759	54.00
56.00	05600	RADIOISOTOPE	0	47,116	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,127	59.00
60.00	06000	LABORATORY	0	703,653	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	92,078	65.00
66.00	06600	PHYSICAL THERAPY	0	241,194	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	57,004	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,972	68.00
69.00	06900	ELECTROCARDIOLOGY	0	145,430	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,829	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	337,475	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	106,908	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	438,036	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	9,155	76.97
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	366,598	90.00
91.00	09100	EMERGENCY	0	2,406,673	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,261,368	92.00
200.00		Subtotal (see instructions)	0	8,453,675	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	8,453,675	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2014 12:59 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		36,688	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		36,688	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)		33,292	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)		13,113	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)		43,369,364	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)		43,369,364	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)		43,369,364	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,182.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,501,008	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)		15,501,008	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140048		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 12:59 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	10,598,555	7,257	1,460.46	2,975	4,344,869	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					18,406,442	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					38,252,319	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,320,620	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					707,719	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,028,339	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					36,223,980	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)					3,396	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,182.11	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,014,446	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140048		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 12:59 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,960,004	43,369,364	0.068251	4,014,446	273,990	90.00
91.00	Nursing School cost	0	43,369,364	0.000000	4,014,446	0	91.00
92.00	Allied health cost	0	43,369,364	0.000000	4,014,446	0	92.00
93.00	All other Medical Education	0	43,369,364	0.000000	4,014,446	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/27/2014 12:59 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		36,688	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		36,688	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)		33,292	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)		10,284	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)		3,117	15.00
16.00	Nursery days (title V or XIX only)		921	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)		43,369,364	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)		43,369,364	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)		43,369,364	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,182.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,156,819	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)		12,156,819	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/27/2014 12:59 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)			
NURSERY (title V & XIX only)			1.00	2.00	3.00	4.00	5.00			
42.00	Intensive Care Type Inpatient Hospital Units			2,042,432	3,117	655.26	921	603,494	42.00	
43.00	INTENSIVE CARE UNIT			10,598,555	7,257	1,460.46	2,242	3,274,351	43.00	
44.00	CORONARY CARE UNIT			0	0	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT			0	0	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT			0	0	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)								47.00	
Cost Center Description								1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							8,257,290	48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)							24,291,954	49.00	
PASS THROUGH COST ADJUSTMENTS										
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)								0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)								0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)								0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)								0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION										
54.00	Program discharges								0	54.00
55.00	Target amount per discharge							0.00	55.00	
56.00	Target amount (line 54 x line 55)								0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)								0	57.00
58.00	Bonus payment (see instructions)								0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket							0.00	59.00	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket							0.00	60.00	
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)								0	61.00
62.00	Relief payment (see instructions)								0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)								0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST										
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)								0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)								0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)								0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)								0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)								0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)								0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY										
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)									70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)									71.00
72.00	Program routine service cost (line 9 x line 71)									72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)									73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)									74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)									75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)									76.00
77.00	Program capital-related costs (line 9 x line 76)									77.00
78.00	Inpatient routine service cost (line 74 minus line 77)									78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)									79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)									80.00
81.00	Inpatient routine service cost per diem limitation									81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)									82.00
83.00	Reasonable inpatient routine service costs (see instructions)									83.00
84.00	Program inpatient ancillary services (see instructions)									84.00
85.00	Utilization review - physician compensation (see instructions)									85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)									86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST										
87.00	Total observation bed days (see instructions)								3,396	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)								1,182.11	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)								4,014,446	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140048		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 12:59 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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/27/2014 12:59 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		22,634,941	30.00
31.00	03100	INTENSIVE CARE UNIT		8,441,917	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.279857	6,292,301	50.00
51.00	05100	RECOVERY ROOM	0.124611	1,230,393	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.193728	1,045,884	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.114632	12,921,501	54.00
56.00	05600	RADIOISOTOPE	0.070072	2,360,695	56.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.207767	2,457,296	59.00
60.00	06000	LABORATORY	0.165827	16,556,129	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.137913	7,040,609	65.00
66.00	06600	PHYSICAL THERAPY	0.450025	1,164,655	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.281222	478,870	67.00
68.00	06800	SPEECH PATHOLOGY	0.196584	358,627	68.00
69.00	06900	ELECTROCARDIOLOGY	0.118780	4,396,517	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.200418	282,279	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.135698	2,615,448	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.474348	1,900,283	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.184314	18,393,049	73.00
74.00	07400	RENAL DIALYSIS	0.227430	2,659,717	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.552956	10,744	76.97
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	0.480080	0	90.00
91.00	09100	EMERGENCY	0.152683	8,089,687	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.661310	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		90,254,684	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)		90,254,684	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/27/2014 12:59 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		19,975,696	30.00
31.00	03100	INTENSIVE CARE UNIT		3,274,261	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		2,025,281	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.279857	2,378,614	50.00
51.00	05100	RECOVERY ROOM	0.124611	517,977	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.193728	1,165,463	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.114632	5,255,716	54.00
56.00	05600	RADIOISOTOPE	0.070072	730,195	56.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.207767	937,201	59.00
60.00	06000	LABORATORY	0.165827	8,427,812	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.137913	3,326,995	65.00
66.00	06600	PHYSICAL THERAPY	0.450025	281,238	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.281222	99,497	67.00
68.00	06800	SPEECH PATHOLOGY	0.196584	76,366	68.00
69.00	06900	ELECTROCARDIOLOGY	0.118780	1,597,814	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.200418	74,265	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.135698	1,094,219	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.474348	789,392	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.184314	9,793,900	73.00
74.00	07400	RENAL DIALYSIS	0.227430	916,654	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.552956	4,725	76.97
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	0.480080	0	90.00
91.00	09100	EMERGENCY	0.152683	3,857,119	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.661310	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		41,325,162	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)		41,325,162	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 12:59 pm
		Title XVII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		19,746,597	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		6,431,745	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)		551,152	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		177.70	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		10.11	30.00
31.00	Percentage of Medicaid patient days (see instructions)		30.89	31.00
32.00	Sum of lines 30 and 31		41.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)		23.04	33.00
34.00	Disproportionate share adjustment (see instructions)		4,920,085	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 12:59 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			9,046,380,143	35.00
35.01	Factor 3 (see instructions)			0.000486827	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			4,404,026	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			1,110,057	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,110,057		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)		32,759,636		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)		32,759,636		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,289,261		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)			0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)			0	56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		35,048,897		59.00
60.00	Primary payer payments		12,638		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		35,036,259		61.00
62.00	Deductibles billed to program beneficiaries		2,792,020		62.00
63.00	Coinurance billed to program beneficiaries		251,593		63.00
64.00	Allowable bad debts (see instructions)		1,674,883		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,088,674		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,026,888		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		33,081,320		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)			57,171	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-191,870	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: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 12:59 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		32,946,621		71.00
71.01	Sequestration adjustment (see instructions)		497,494		71.01
72.00	Interim payments		32,497,229		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		-48,102		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		4,070,643		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/27/2014 12:59 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,618	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		7,838,079	2.00
3.00	PPS payments		6,651,831	3.00
4.00	Outlier payment (see instructions)		15,675	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.820	5.00
6.00	Line 2 times line 5		6,427,225	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		2,618	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		14,203	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)		14,203	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)		14,203	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		11,585	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		2,618	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)		6,667,506	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		1,522,831	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	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)		5,147,293	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)		5,147,293	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		5,147,293	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)		653,462	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		424,750	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		472,719	36.00
37.00	Subtotal (see instructions)		5,572,043	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)		5,572,043	40.00
40.01	Sequestration adjustment (see instructions)		84,138	40.01
41.00	Interim payments		5,017,534	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		470,371	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: 140048

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2014 12:59 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		33,270,905		5,067,101	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	07/01/2013	534,149	07/01/2013	35,467	3.50
3.51		07/10/2013	239,527	07/10/2013	14,100	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)		-773,676		-49,567	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		32,497,229		5,017,534	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		470,371	6.01
6.02	SETTLEMENT TO PROGRAM		48,102		0	6.02
7.00	Total Medicare program liability (see instructions)		32,449,127		5,487,905	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140048

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

Worksheet E-1
Part II
Date/Time Prepared:
5/27/2014 12:59 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			11,102 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			16,088 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			3,038 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			40,549 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			520,251,176 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			24,403,338 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			987,474 8.00
9.00	Sequestration adjustment amount (see instructions)			19,749 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			967,725 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,085,916 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			-118,191 32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/27/2014 12:59 pm	
		Title XVII I	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	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)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.00	0.00		17.00
18.00	Per resident amount	0.00	0.00		18.00
19.00	Approved amount for resident costs	0	0	0	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			0	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	16,088	3,038		26.00
27.00	Total Inpatient Days (see instructions)	40,549	40,549		27.00
28.00	Ratio of inpatient days to total inpatient days	0.396755	0.074922		28.00
29.00	Program direct GME amount	0	0		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		0		30.00
31.00	Net Program direct GME amount			0	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/27/2014 12:59 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)		4,884,302	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)		38,252,319	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)		12,638	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		38,239,681	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		7,840,697	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		7,840,697	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		46,080,378	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.829847	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.170153	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		0	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		0	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		0	50.00

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

Provider CCN: 140048

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

Worksheet G

Date/Time Prepared:
5/27/2014 12:59 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	384,503,000	0	0	0	1.00
2.00	Temporary investments	76,933,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	498,600,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	131,025,000	0	0	0	9.00
10.00	Due from other funds	19,165,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	1,110,226,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	107,227,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	2,091,880,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,135,113,000	0	0	0	23.00
24.00	Accumulated depreciation	-1,865,835,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,468,385,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	3,885,355,000	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	243,183,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,128,538,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	6,707,149,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	231,202,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	350,553,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	55,420,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	480,510,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,117,685,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	1,238,432,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	788,973,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,027,405,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,145,090,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	3,562,059,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	3,562,059,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	6,707,149,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140048

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

Worksheet G-1

Date/Time Prepared:
5/27/2014 12:59 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		3,568,432,892		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-6,373,892			2.00
3.00	Total (sum of line 1 and line 2)		3,562,059,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		3,562,059,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		3,562,059,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140048

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/27/2014 12:59 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	70,904,418		70,904,418	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	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				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	70,904,418		70,904,418	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	21,067,604		21,067,604	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	21,067,604		21,067,604	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	91,972,022		91,972,022	17.00
18.00	Ancillary services	207,086,744	133,779,214	340,865,958	18.00
19.00	Outpatient services	21,447,709	65,319,529	86,767,238	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY	2,723,261	0	2,723,261	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	323,229,736	199,098,743	522,328,479	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		155,998,389		29.00
30.00		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)		155,998,389		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140048

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

Worksheet G-3

Date/Time Prepared:
5/27/2014 12:59 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	522,328,479	1.00
2.00	Less contractual allowances and discounts on patients' accounts	375,965,208	2.00
3.00	Net patient revenues (line 1 minus line 2)	146,363,271	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	155,998,389	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-9,635,118	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	INTERCOMPANY/ MISC INCOME	3,269,228	24.00
25.00	Total other income (sum of lines 6-24)	3,269,228	25.00
26.00	Total (line 5 plus line 25)	-6,365,890	26.00
27.00	NET NON OPERATING INCOME	8,002	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	8,002	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-6,373,892	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet I-5 Date/Time Prepared: 5/27/2014 12:59 pm
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)	0	0	2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014			5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140048	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/27/2014 12:59 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,084,310	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		24,658	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)		111.09	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		10.11	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		30.89	8.00
9.00	Sum of lines 7 and 8		41.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.65	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		180,293	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		2,289,261	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