

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: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/27/2014 7:45 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: 7:45 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 ADVENTIST HINSDALE HOSPITAL (140122) 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	607,888	58,131	-11,035	0	1.00
2.00 Subprovider - IPF	0	26,026	-164		0	2.00
3.00 Subprovider - IRF	0	59,012	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	1		0	9.00
200.00 Total	0	692,926	57,968	-11,035	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: 140122		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 7:38 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 120 NORTH OAK STREET			PO Box:						1.00	
2.00	City: HINSDALE			State: IL		Zip Code: 60521-		County: DUPAGE		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		ADVENTIST HINSDALE HOSPITAL	140122	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		HINSDALE HOSPITAL PSYCH SUB	14S122	16974	4	01/01/1984	N	P	O	4.00
5.00	Subprovider - IRF		HINSDALE HOSPITAL REHAB SUB II	14T122	16974	5	01/01/1987	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		HEALTH CARE AT HOME	147207	16974		01/01/1994	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		ST THOMAS HOSPICE	141507	16974		01/01/2004				14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2013	12/31/2013			20.00
21.00	Type of Control (see instructions)						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 days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	4,697	1,630	0	6	597	0			24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	109	50	0	0	115				25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 7:38 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)	N	N		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.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140122

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

Worksheet S-2
Part I
Date/Time Prepared:
5/27/2014 7:38 pm

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				Y	63.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		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	
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)	FAMILY PRACTICE	1350	1.33	27.27	0.046503	65.00

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		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)	FAMILY PRACTICE	1350	1.25	25.29	0.047099
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period 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)				N	0
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y	
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)				N	N 0
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.					
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)			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)			107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00		
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N	116.00		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y	117.00		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2	118.00		
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	2,035,374	0	0		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	118.02		
119.00	DO NOT USE THIS LINE	119.00				
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N		
121.00	Did this facility incur and report costs for 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				

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		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	HF8013	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: ADVENTIST HEALTH SYSTEM	Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 09001	
142.00	Street: 111 NORTH ORLANDO AVE	PO Box:		142.00	
143.00	City: WINTER PARK	State: FL		Zip Code: 32789	
				143.00	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y		145.00	
				1.00	
				2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00	
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
				1.00	
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
				CBSA	FTE/Campus
				4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5			0.00	
				1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			Y	
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	
				1.00	
				2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			10/01/2012 09/30/2013	
				170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/27/2014 7:38 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.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	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)	Y	04/02/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

	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.	1.00 N	2.00	3.00 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.	MI KE	THOMPSON		41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVENTIST HEALTH SYSTEM SUNBELT			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	407-357-2338	MI KE. THOMPSON3@AHSS.ORG		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/02/2014	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
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.	REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

VOLUNTARY CONTACT INFORMATION

Provider CCN: 140122

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

Worksheet S-2
Part V
Date/Time Prepared:
5/27/2014 7:38 pm

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name	MI KE	1.00
2.00	Last Name	THOMPSON	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	ADVENTIST HEALTH SYSTEM SUNBELT	4.00
5.00	Phone Number	(407)357-2338	5.00
6.00	E-mail Address	MI KE. THOMPSON3@AHSS.ORG	6.00
7.00	Department	CORPORATE REIMBURSEMENT	7.00
8.00	Mailing Address 1	900 HOPE WAY	8.00
9.00	Mailing Address 2		9.00
10.00	City	ALTAMONTE SPRINGS	10.00
11.00	State	FL	11.00
12.00	Zip	32714	12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name	REBECCA	13.00
14.00	Last Name	MATHIS	14.00
15.00	Title	VP/CFO	15.00
16.00	Employer	ADVENTIST HINSDALE HOSPITAL	16.00
17.00	Phone Number	(630)856-6056	17.00
18.00	E-mail Address	REBECCA.MATHIS@AHSS.ORG	18.00
19.00	Department		19.00
20.00	Mailing Address 1	120 NORTH OAK STREET	20.00
21.00	Mailing Address 2		21.00
22.00	City	HINSDALE	22.00
23.00	State	IL	23.00
24.00	Zip	60521	24.00

HFS Supplemental Information		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part IX Date/Time Prepared: 5/27/2014 7:38 pm
		Title V	Title XIX	
		1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140122

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2014 7:38 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	186	67,890	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)		186	67,890	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	58	21,170	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		244	89,060	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	17	6,205		0	16.00
17.00 SUBPROVIDER - IRF	41.00	15	5,475		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		276				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)		10	3,650			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: 140122

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2014 7:38 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)	15,798	1,533	33,555			1.00
2.00 HMO and other (see instructions)	1,219	2,016				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	77	165				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)	15,798	1,533	33,555			7.00
8.00 INTENSIVE CARE UNIT	2,414	2,472	10,341			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		692	4,720			13.00
14.00 Total (see instructions)	18,212	4,697	48,616	26.54	1,624.78	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,477	518	4,915	0.00	26.27	16.00
17.00 SUBPROVIDER - IRF	2,870	109	4,159	0.00	20.85	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	37,178	0	49,141	0.00	91.68	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	43.57	24.00
24.10 HOSPICE (non-distinct part)	0	0	271			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				26.54	1,807.15	27.00
28.00 Observation Bed Days		260	2,647			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	217	1,457			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			696			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140122

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2014 7:38 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	3,961	1,091	11,115	1.00
2.00 HMO and other (see instructions)			255			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	3,961	1,091	11,115	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	143	89	758	16.00
17.00 SUBPROVIDER - IRF	0.00	0	265	12	392	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140122		Period: From 01/01/2013 To 12/31/2013		Worksheet S-3 Part II Date/Time Prepared: 5/27/2014 7:38 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	106,290,362	804,333	107,094,695	3,273,242.00	32.72	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		609,593	0	609,593	7,686.00	79.31	4.01
5.00	Physician-Part B		867,936	0	867,936	3,372.00	257.40	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	1,411,429	0	1,411,429	55,400.00	25.48	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		1,375,573	0	1,375,573	17,734.00	77.57	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		15,716,860	458,249	16,175,109	454,175.00	35.61	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		429,787	0	429,787	5,859.00	73.36	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		554,051	0	554,051	5,025.00	110.26	13.00
14.00	Home office salaries & wage-related costs		892,740	0	892,740	11,509.00	77.57	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		173,991	0	173,991	2,247.00	77.43	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		18,590,307	0	18,590,307			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,188,564	0	3,188,564			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		77,944	0	77,944			22.01
23.00	Physician Part B		76,947	0	76,947			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		140,016	0	140,016			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	859,831	188,397	1,048,228	33,830.00	30.99	26.00
27.00	Administrative & General	5.00	12,195,736	-1,230,285	10,965,451	345,356.00	31.75	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,095,160	219,573	2,314,733	110,946.00	20.86	30.00
31.00	Laundry & Linen Service	8.00	130,152	0	130,152	7,581.00	17.17	31.00
32.00	Housekeeping	9.00	1,580,155	0	1,580,155	129,006.00	12.25	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,566,918	-1,091,733	475,185	37,778.00	12.58	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	269,632	1,091,733	1,361,365	72,575.00	18.76	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,108,981	604,533	3,713,514	77,984.00	47.62	38.00
39.00	Central Services and Supply	14.00	1,115,086	206,353	1,321,439	68,627.00	19.26	39.00
40.00	Pharmacy	15.00	3,615,976	-420,376	3,195,600	72,086.00	44.33	40.00
41.00	Medical Records & Medical Records Library	16.00	1,758,396	517,701	2,276,097	96,567.00	23.57	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140122

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

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2014 7:38 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	1,472,899	0	1,472,899	42,198.00	34.90	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140122

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

Worksheet S-3
Part III
Date/Time Prepared:
5/27/2014 7:38 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	102,025,831	804,333	102,830,164	3,189,050.00	32.24	1.00
2.00	Excluded area salaries (see instructions)	15,716,860	458,249	16,175,109	454,175.00	35.61	2.00
3.00	Subtotal salaries (line 1 minus line 2)	86,308,971	346,084	86,655,055	2,734,875.00	31.69	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,876,578	0	1,876,578	22,393.00	83.80	4.00
5.00	Subtotal wage-related costs (see inst.)	18,590,307	0	18,590,307	0.00	21.45	5.00
6.00	Total (sum of lines 3 thru 5)	106,775,856	346,084	107,121,940	2,757,268.00	38.85	6.00
7.00	Total overhead cost (see instructions)	29,768,922	85,896	29,854,818	1,094,534.00	27.28	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2014 7:38 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	3,263,802	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
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)	9,813,870	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	86,448	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	908,235	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	7,400,648	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	228,319	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))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	372,456	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	22,073,778	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: 140122

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

Worksheet S-3
Part V
Date/Time Prepared:
5/27/2014 7:38 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	429,787	22,073,778	1.00
2.00	Hospital	429,787	18,885,214	2.00
3.00	Subprovider - IPF	0	359,103	3.00
4.00	Subprovider - IRF	0	264,532	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	1,329,245	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	550,306	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	685,378	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140122 Component CCN: 147207		Period: From 01/01/2013 To 12/31/2013		Worksheet S-4 Date/Time Prepared: 5/27/2014 7:38 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	
2.00	Unduplicated Census Count (see instructions)	0.00	2,254.00	0.00	1,329.00	0.00	
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	
5.00	Other Administrative Personnel			38.06	0.00	38.06	
6.00	Direct Nursing Service			28.19	0.00	28.19	
7.00	Nursing Supervisor			0.00	0.00	0.00	
8.00	Physical Therapy Service			20.11	0.00	20.11	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	
10.00	Occupational Therapy Service			2.16	0.00	2.16	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	
12.00	Speech Pathology Service			0.39	0.00	0.39	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	
14.00	Medical Social Service			1.31	0.00	1.31	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	
16.00	Home Health Aide			1.45	0.00	1.45	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	
18.00	Other (specify)			0.00	0.00	0.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16974			
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	17,263	786	1,150	794	19,993	
22.00	Skilled Nursing Visit Charges	3,589,089	171,380	210,542	163,240	4,134,251	
23.00	Physical Therapy Visits	12,233	90	345	557	13,225	
24.00	Physical Therapy Visit Charges	2,661,782	19,580	67,980	120,780	2,870,122	
25.00	Occupational Therapy Visits	1,745	40	21	91	1,897	
26.00	Occupational Therapy Visit Charges	383,680	8,800	2,200	20,020	414,700	
27.00	Speech Pathology Visits	272	35	4	14	325	
28.00	Speech Pathology Visit Charges	59,840	7,700	660	3,080	71,280	
29.00	Medical Social Service Visits	417	1	20	27	465	
30.00	Medical Social Service Visit Charges	91,520	220	4,400	5,940	102,080	
31.00	Home Health Aide Visits	1,226	0	1	46	1,273	
32.00	Home Health Aide Visit Charges	145,320	0	120	5,400	150,840	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	33,156	952	1,541	1,529	37,178	
34.00	Other Charges	0	0	0	0	0	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	6,931,231	207,680	285,902	318,460	7,743,273	
36.00	Total Number of Episodes (standard/non outlier)	2,389		457	121	2,967	
37.00	Total Number of Outlier Episodes		21		3	24	
38.00	Total Non-Routine Medical Supply Charges	514,162	43,726	11,637	10,893	580,418	

HOSPITAL IDENTIFICATION DATA

Provider CCN: 140122
Component CCN: 141507

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/27/2014 7:38 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of col.s. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	38,508	403	0	0	1,148	40,059	2.00
3.00	Inpatient Respite Care	10	0	0	0	0	10	3.00
4.00	General Inpatient Care	648	32	0	0	27	707	4.00
5.00	Total Hospice Days	39,166	435	0	0	1,175	40,776	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	790	16	0	0	69	875	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	49.58	27.19	0.00	0.00	17.03	46.60	8.00
9.00	Unduplicated Census Count	790	0	0	0	0	790	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/27/2014 7:38 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)		0.250203	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		2,951,234	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		5,977,516	5.00	
6.00	Medicaid charges		62,847,554	6.00	
7.00	Medicaid cost (line 1 times line 6)		15,724,647	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)		6,795,897	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)		3,250,390	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		813,257	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)		813,257	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)		7,609,154	19.00	
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	10,000,625	66,687	10,067,312	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,502,186	16,685	2,518,871	21.00
22.00	Partial payment by patients approved for charity care	4,354	0	4,354	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,497,832	16,685	2,514,517	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?		Y	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		11,336	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		5,260,683	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		404,218	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		4,856,465	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,215,102	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,729,619	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		11,338,773	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140122		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	CAP REL COSTS-BLDG & FIXT		0	0	18,459,681	18,459,681	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	8,573,184	8,573,184	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				969,212	16,388,131	4.00
5.01	00510	SHARED SERVICES	7,067,866	7,748,788	14,816,654	-14,297,524	519,130	5.01
5.02	00511	OTHER A&G	493,558	151,817	645,375	-1,062	644,313	5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	4,634,312	36,635,546	41,269,858	9,077,531	50,347,389	5.03
7.00	00700	OPERATION OF PLANT	2,095,160	6,550,536	8,645,696	819,374	9,465,070	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	130,152	562,120	692,272	-204	692,068	8.00
9.00	00900	HOUSEKEEPING	1,580,155	372,441	1,952,596	-3,432	1,949,164	9.00
10.00	01000	DIETARY	1,566,918	866,621	2,433,539	-1,673,949	759,590	10.00
11.00	01100	CAFETERIA	269,632	105,930	375,562	1,668,756	2,044,318	11.00
13.00	01300	NURSING ADMINISTRATION	3,108,981	935,755	4,044,736	754,515	4,799,251	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,115,086	776,144	1,891,230	265,858	2,157,088	14.00
15.00	01500	PHARMACY	3,615,976	9,970,627	13,586,603	-10,380,075	3,206,528	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,758,396	510,359	2,268,755	837,899	3,106,654	16.00
17.00	01700	SOCIAL SERVICE	1,472,899	619,308	2,092,207	-1,068	2,091,139	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,411,429	403,703	1,815,132	0	1,815,132	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,628,762	615,633	2,244,395	-5,300	2,239,095	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,785,459	4,285,316	22,070,775	-5,238,827	16,831,948	30.00
31.00	03100	INTENSIVE CARE UNIT	6,361,288	1,855,831	8,217,119	20,272	8,237,391	31.00
40.00	04000	SUBPROVIDER - I PF	1,821,676	331,160	2,152,836	-409	2,152,427	40.00
41.00	04100	SUBPROVIDER - I RF	1,341,933	443,978	1,785,911	-761	1,785,150	41.00
43.00	04300	NURSERY	0	0	0	1,451,151	1,451,151	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,162,905	1,918,373	8,081,278	-49,278	8,032,000	50.00
51.00	05100	RECOVERY ROOM	826,926	87,719	914,645	-288	914,357	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,758,502	3,758,502	52.00
53.00	05300	ANESTHESIOLOGY	208,710	833,717	1,042,427	-4,125	1,038,302	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,248,968	2,421,700	6,670,668	-344,994	6,325,674	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	931,981	369,095	1,301,076	-332	1,300,744	55.00
56.00	05600	RADIOISOTOPE	249,631	30,389	280,020	-372	279,648	56.00
57.00	05700	CT SCAN	468,908	63,070	531,978	-840	531,138	57.00
58.00	05800	MRI	803,489	164,029	967,518	-526	966,992	58.00
59.00	05900	CARDIAC CATHETERIZATION	581,390	83,218	664,608	-2,058	662,550	59.00
60.00	06000	LABORATORY	7,232,449	6,384,590	13,617,039	-133,032	13,484,007	60.00
65.00	06500	RESPIRATORY THERAPY	1,870,110	529,043	2,399,153	-117,574	2,281,579	65.00
66.00	06600	PHYSICAL THERAPY	1,960,127	402,138	2,362,265	-228,941	2,133,324	66.00
67.00	06700	OCCUPATIONAL THERAPY	573,166	41,604	614,770	-120	614,650	67.00
68.00	06800	SPEECH PATHOLOGY	128,366	10,648	139,014	-372	138,642	68.00
69.00	06900	ELECTROCARDIOLOGY	665,736	361,709	1,027,445	-622	1,026,823	69.00
69.01	06901	CARDIAC REHAB	481,196	261,316	742,512	-192,480	550,032	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	165,240	565,081	730,321	-454	729,867	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,360,350	8,360,350	351,770	8,712,120	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,157,086	17,157,086	0	17,157,086	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	187,438	187,438	9,936,905	10,124,343	73.00
74.00	07400	RENAL DIALYSIS	0	200,793	200,793	0	200,793	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03021	HRT & VASC CTR	737,729	3,774,464	4,512,193	-333,890	4,178,303	76.01
76.02	03022	OP DIABETES EDUC	51,884	6,493	58,377	0	58,377	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,163,133	492,776	1,655,909	-778	1,655,131	90.00
91.00	09100	EMERGENCY	2,823,054	1,687,491	4,510,545	-720	4,509,825	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	259,384	48,250	307,634	0	307,634	92.01
93.00	04040	PARTIAL HOSP	1,023,160	392,967	1,416,127	-225,125	1,191,002	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	6,742,523	1,914,130	8,656,653	-595,924	8,060,729	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		28,504,518	28,504,518	-22,659,034	5,845,484	113.00
116.00	11600	HOSPICE	2,791,621	3,130,230	5,921,851	-646,657	5,275,194	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	103,271,255	168,685,126	271,956,381	-196,537	271,759,844	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	221,189	265,082	486,271	0	486,271	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,189,942	6,709,442	8,899,384	0	8,899,384	192.00
194.00	07950	FOUNDATION	476,604	224,214	700,818	0	700,818	194.00
194.01	07951	MARKETING	95,446	1,091,736	1,187,182	0	1,187,182	194.01
194.02	07952	OP PHARMACY	35,926	4,365	40,291	196,537	236,828	194.02
200.00		TOTAL (SUM OF LINES 118-199)	106,290,362	176,979,965	283,270,327	0	283,270,327	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140122

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

Worksheet A
Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,988,670	16,471,011	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	190,159	8,763,343	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,052,175	18,440,306	4.00
5.01	00510	SHARED SERVICES	-180,710	338,420	5.01
5.02	00511	OTHER A&G	0	644,313	5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	-13,980,101	36,367,288	5.03
7.00	00700	OPERATION OF PLANT	221,807	9,686,877	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	692,068	8.00
9.00	00900	HOUSEKEEPING	0	1,949,164	9.00
10.00	01000	DIETARY	-734	758,856	10.00
11.00	01100	CAFETERIA	-757,502	1,286,816	11.00
13.00	01300	NURSING ADMINISTRATION	183,987	4,983,238	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	253,517	2,410,605	14.00
15.00	01500	PHARMACY	41,525	3,248,053	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	821,567	3,928,221	16.00
17.00	01700	SOCIAL SERVICE	-37,783	2,053,356	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-243,562	1,571,570	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-473,448	1,765,647	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,645,348	15,186,600	30.00
31.00	03100	INTENSIVE CARE UNIT	-330,448	7,906,943	31.00
40.00	04000	SUBPROVIDER - I PF	-9,486	2,142,941	40.00
41.00	04100	SUBPROVIDER - I RF	-718	1,784,432	41.00
43.00	04300	NURSERY	-105	1,451,046	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-28,388	8,003,612	50.00
51.00	05100	RECOVERY ROOM	0	914,357	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,758,502	52.00
53.00	05300	ANESTHESIOLOGY	-455,837	582,465	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-844,683	5,480,991	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-12,117	1,288,627	55.00
56.00	05600	RADIOISOTOPE	0	279,648	56.00
57.00	05700	CT SCAN	0	531,138	57.00
58.00	05800	MRI	0	966,992	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	662,550	59.00
60.00	06000	LABORATORY	243,073	13,727,080	60.00
65.00	06500	RESPIRATORY THERAPY	-5,098	2,276,481	65.00
66.00	06600	PHYSICAL THERAPY	0	2,133,324	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	614,650	67.00
68.00	06800	SPEECH PATHOLOGY	-15	138,627	68.00
69.00	06900	ELECTROCARDIOLOGY	-198,970	827,853	69.00
69.01	06901	CARDIAC REHAB	-98,685	451,347	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-2,484	727,383	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-1,159,201	7,552,919	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,157,086	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-3,672	10,120,671	73.00
74.00	07400	RENAL DIALYSIS	0	200,793	74.00
76.00	03020	OTHER ANCILLARY	0	0	76.00
76.01	03021	HRT & VASC CTR	-3,198,940	979,363	76.01
76.02	03022	OP DIABETES EDUC	0	58,377	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-975,861	679,270	90.00
91.00	09100	EMERGENCY	-852,167	3,657,658	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	307,634	92.01
93.00	04040	PARTIAL HOSP	-3,885	1,187,117	93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-222,700	7,838,029	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-5,845,484	0	113.00
116.00	11600	HOSPICE	-699,984	4,575,210	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-30,248,976	241,510,868	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	486,271	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-42,822	8,856,562	192.00
194.00	07950	FOUNDATION	0	700,818	194.00
194.01	07951	MARKETING	0	1,187,182	194.01
194.02	07952	OP PHARMACY	0	236,828	194.02
200.00		TOTAL (SUM OF LINES 118-199)	-30,291,798	252,978,529	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140122

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

Worksheet Non-CMS W
Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01 SHARED SERVICES	00510		5.01
5.02 OTHER A&G	00511		5.02
5.03 OTHER ADMINISTRATIVE AND GENERAL	00560		5.03
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRV	02100		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRV	02200		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
40.00 SUBPROVIDER - IPF	04000		40.00
41.00 SUBPROVIDER - IRF	04100		41.00
43.00 NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	05000		50.00
51.00 RECOVERY ROOM	05100		51.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00 RADIOLOGY-THERAPEUTIC	05500		55.00
56.00 RADIOISOTOPE	05600		56.00
57.00 CT SCAN	05700		57.00
58.00 MRI	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
69.00 ELECTROCARDIOLOGY	06900		69.00
69.01 CARDIAC REHAB	06901		69.01
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00
76.00 OTHER ANCILLARY	03020		76.00
76.01 HRT & VASC CTR	03021		76.01
76.02 OP DIABETES EDUC	03022		76.02
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	09000		90.00
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	09201		92.01
93.00 PARTIAL HOSP	04040		93.00
OTHER REIMBURSABLE COST CENTERS			
101.00 HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS			
113.00 INTEREST EXPENSE	11300		113.00
116.00 HOSPICE	11600		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00 PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00 FOUNDATION	07950		194.00
194.01 MARKETING	07951		194.01
194.02 OP PHARMACY	07952		194.02
200.00 TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140122

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

Worksheet A-6

Date/Time Prepared:
5/27/2014 7:38 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - NURSERY					
1.00	NURSERY	43.00	1,209,793	241,358	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	3,013,304	745,198	2.00
	TOTALS		4,223,097	986,556	
B - RECRUITMENT BONUS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	12,570	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	7,000	0	2.00
3.00	NURSING ADMINISTRATION	13.00	3,000	0	3.00
4.00	LABORATORY	60.00	500	0	4.00
5.00	PHYSICAL THERAPY	66.00	1,261	0	5.00
6.00	HOME HEALTH AGENCY	101.00	537	0	6.00
	TOTALS		24,868	0	
C - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,936,905	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	9,936,905	
D - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	351,770	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	351,770	
E - CAFETERIA					
1.00	CAFETERIA	11.00	1,091,733	578,131	1.00
	TOTALS		1,091,733	578,131	
F - PROPERTY TAX					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	178,123	1.00
	TOTALS		0	178,123	
G - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	13,531,072	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,369,303	2.00
	TOTALS		0	19,900,375	
H - OP PHARMACY					
1.00	OP PHARMACY	194.02	457,712	1,512,317	1.00
	TOTALS		457,712	1,512,317	
I - CHIEF NURSING OFFICER					
1.00	NURSING ADMINISTRATION	13.00	368,709	157,807	1.00
	TOTALS		368,709	157,807	
J - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,845,292	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	637,187	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	175,702	3.00
	TOTALS		0	2,658,181	
K - INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	442,229	1.00
	TOTALS		0	442,229	
L - RENT AND LEASES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,462,965	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,566,694	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	2,138	3.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
TOTALS			0	4,031,797	
N - SHARED SERVICES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	175,827	793,504	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	5,517,827	5,069,877	2.00
3.00	OPERATION OF PLANT	7.00	219,573	602,885	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	206,353	177,051	4.00
5.00	NURSING ADMINISTRATION	13.00	232,824	20,694	5.00
6.00	PHARMACY	15.00	37,336	4,189	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	517,701	320,518	7.00
8.00	LABORATORY	60.00	233,331	168,034	8.00
9.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	706,559	0	9.00
10.00	SHARED SERVICES	5.01	72,906	0	10.00
TOTALS			7,920,237	7,156,752	
O - NICU REHAB					
1.00	INTENSIVE CARE UNIT	31.00	25,096	4,393	1.00
TOTALS			25,096	4,393	
500.00	Grand Total: Increases		14,111,452	47,895,336	500.00

RECLASSIFICATIONS

Provider CCN: 140122

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

Worksheet A-6
Date/Time Prepared:
5/27/2014 7:38 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	4,223,097	986,556	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		4,223,097	986,556			
B - RECRUITMENT BONUS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,570	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	7,000	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	3,000	0		3.00
4.00	LABORATORY	60.00	0	500	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	1,261	0		5.00
6.00	HOME HEALTH AGENCY	101.00	0	537	0		6.00
	TOTALS		0	24,868			
C - BILLABLE DRUGS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,909	0		1.00
2.00	PHARMACY	15.00	0	8,153,908	0		2.00
3.00	LABORATORY	60.00	0	7,596	0		3.00
4.00	OP PHARMACY	194.02	0	1,773,492	0		4.00
	TOTALS		0	9,936,905			
D - BILLABLE SUPPLIES							
1.00	PHARMACY	15.00	0	732	0		1.00
2.00	LABORATORY	60.00	0	46,875	0		2.00
3.00	HOME HEALTH AGENCY	101.00	0	301,879	0		3.00
4.00	HOSPICE	116.00	0	2,284	0		4.00
	TOTALS		0	351,770			
E - CAFETERIA							
1.00	DIETARY	10.00	1,091,733	578,131	0		1.00
	TOTALS		1,091,733	578,131			
F - PROPERTY TAX							
1.00	INTEREST EXPENSE	113.00	0	178,123	13		1.00
	TOTALS		0	178,123			
G - DEPRECIATION							
1.00	INTEREST EXPENSE	113.00	0	19,822,730	9		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	77,645	9		2.00
	TOTALS		0	19,900,375			
H - OP PHARMACY							
1.00	PHARMACY	15.00	457,712	1,512,317	0		1.00
	TOTALS		457,712	1,512,317			
I - CHIEF NURSING OFFICER							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	368,709	157,807	0		1.00
	TOTALS		368,709	157,807			
J - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	2,658,181	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	2,658,181			
K - INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	442,229	12		1.00
	TOTALS		0	442,229			
L - RENT AND LEASES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	119	10		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	612,134	10		2.00
3.00	OTHER A&G	5.02	0	1,062	0		3.00
5.00	OPERATION OF PLANT	7.00	0	3,084	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	204	0		6.00
7.00	HOUSEKEEPING	9.00	0	3,432	0		7.00
8.00	DIETARY	10.00	0	4,085	0		8.00
9.00	CAFETERIA	11.00	0	1,108	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	25,519	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	115,637	0		11.00
12.00	PHARMACY	15.00	0	296,931	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	320	0		13.00
14.00	SOCIAL SERVICE	17.00	0	1,068	0		14.00
15.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	5,300	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	29,174	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	9,217	0		17.00
18.00	SUBPROVIDER - IPF	40.00	0	409	0		18.00
19.00	SUBPROVIDER - IRF	41.00	0	761	0		19.00
20.00	OPERATING ROOM	50.00	0	49,278	0		20.00

RECLASSIFICATIONS

Provider CCN: 140122

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

Worksheet A-6

Date/Time Prepared:
5/27/2014 7:38 pm

Decreases								
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.			
6.00	7.00	8.00	9.00	10.00				
21.00	RECOVERY ROOM	51.00	0	288	0		21.00	
22.00	ANESTHESIOLOGY	53.00	0	4,125	0		22.00	
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	344,994	0		23.00	
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	332	0		24.00	
25.00	RADIOISOTOPE	56.00	0	372	0		25.00	
26.00	CT SCAN	57.00	0	840	0		26.00	
27.00	MRI	58.00	0	526	0		27.00	
28.00	CARDIAC CATHETERIZATION	59.00	0	2,058	0		28.00	
29.00	LABORATORY	60.00	0	479,926	0		29.00	
30.00	RESPIRATORY THERAPY	65.00	0	117,574	0		30.00	
31.00	PHYSICAL THERAPY	66.00	0	228,941	0		31.00	
32.00	OCCUPATIONAL THERAPY	67.00	0	120	0		32.00	
33.00	SPEECH PATHOLOGY	68.00	0	372	0		33.00	
34.00	ELECTROCARDIOLOGY	69.00	0	622	0		34.00	
35.00	CARDIAC REHAB	69.01	0	192,480	0		35.00	
36.00	ELECTROENCEPHALOGRAPHY	70.00	0	454	0		36.00	
37.00	HRT & VASC CTR	76.01	0	333,890	0		37.00	
38.00	CLINIC	90.00	0	778	0		38.00	
39.00	EMERGENCY	91.00	0	720	0		39.00	
40.00	PARTIAL HOSP	93.00	0	225,125	0		40.00	
41.00	HOME HEALTH AGENCY	101.00	0	294,045	0		41.00	
42.00	HOSPICE	116.00	0	644,373	0		42.00	
TOTALS			0	4,031,797				
N - SHARED SERVICES								
1.00	SHARED SERVICES	5.01	7,140,772	7,156,752	0		1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	706,559	0		2.00	
3.00	SHARED SERVICES	5.01	0	72,906	0		3.00	
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
TOTALS			7,140,772	7,936,217				
O - NICU REHAB								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	25,096	4,393	0		1.00	
TOTALS			25,096	4,393				
500.00	Grand Total: Decreases		13,307,119	48,699,669			500.00	

Increases			Decreases				
Cost Center	Line #	Salary	Cost Center	Line #	Salary		
2.00	3.00	4.00	6.00	7.00	8.00		
A - NURSERY							
1.00	NURSERY	43.00	1,209,793	ADULTS & PEDIATRICS	30.00	4,223,097	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	3,013,304		0.00	0	2.00
	TOTALS		4,223,097	TOTALS		4,223,097	
B - RECRUITMENT BONUS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	12,570	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	7,000	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	2.00
3.00	NURSING ADMINISTRATION	13.00	3,000	NURSING ADMINISTRATION	13.00	0	3.00
4.00	LABORATORY	60.00	500	LABORATORY	60.00	0	4.00
5.00	PHYSICAL THERAPY	66.00	1,261	PHYSICAL THERAPY	66.00	0	5.00
6.00	HOME HEALTH AGENCY	101.00	537	HOME HEALTH AGENCY	101.00	0	6.00
	TOTALS		24,868	TOTALS		0	
C - BILLABLE DRUGS							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	1.00
2.00		0.00	0	PHARMACY	15.00	0	2.00
3.00		0.00	0	LABORATORY	60.00	0	3.00
4.00		0.00	0	OP PHARMACY	194.02	0	4.00
	TOTALS		0	TOTALS		0	
D - BILLABLE SUPPLIES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	PHARMACY	15.00	0	1.00
2.00		0.00	0	LABORATORY	60.00	0	2.00
3.00		0.00	0	HOME HEALTH AGENCY	101.00	0	3.00
4.00		0.00	0	HOSPICE	116.00	0	4.00
	TOTALS		0	TOTALS		0	
E - CAFETERIA							
1.00	CAFETERIA	11.00	1,091,733	DIETARY	10.00	1,091,733	1.00
	TOTALS		1,091,733	TOTALS		1,091,733	
F - PROPERTY TAX							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	INTEREST EXPENSE	113.00	0	1.00
	TOTALS		0	TOTALS		0	
G - DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	INTEREST EXPENSE	113.00	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	2.00
	TOTALS		0	TOTALS		0	
H - OP PHARMACY							
1.00	OP PHARMACY	194.02	457,712	PHARMACY	15.00	457,712	1.00
	TOTALS		457,712	TOTALS		457,712	
I - CHIEF NURSING OFFICER							
1.00	NURSING ADMINISTRATION	13.00	368,709	OTHER ADMINISTRATIVE AND GENERAL	5.03	368,709	1.00
	TOTALS		368,709	TOTALS		368,709	
J - INTEREST							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	INTEREST EXPENSE	113.00	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0		0.00	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0		0.00	0	3.00
	TOTALS		0	TOTALS		0	
K - INSURANCE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	1.00
	TOTALS		0	TOTALS		0	
L - RENT AND LEASES							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	OTHER A&G	5.02	0	3.00
5.00		0.00	0	OPERATION OF PLANT	7.00	0	5.00
6.00		0.00	0	LAUNDRY & LINEN SERVICE	8.00	0	6.00
7.00		0.00	0	HOUSEKEEPING	9.00	0	7.00
8.00		0.00	0	DIETARY	10.00	0	8.00
9.00		0.00	0	CAFETERIA	11.00	0	9.00
10.00		0.00	0	NURSING ADMINISTRATION	13.00	0	10.00
11.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	11.00
12.00		0.00	0	PHARMACY	15.00	0	12.00
13.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.00	0	13.00
14.00		0.00	0	SOCIAL SERVICE	17.00	0	14.00
15.00		0.00	0	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	15.00
16.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	16.00
17.00		0.00	0	INTENSIVE CARE UNIT	31.00	0	17.00

RECLASSIFICATIONS

Provider CCN: 140122

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/27/2014 7:38 pm

Increases				Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary		
2.00	3.00	4.00	6.00	7.00	8.00		
18.00	0.00		0	SUBPROVIDER - IPF	40.00	0	18.00
19.00	0.00		0	SUBPROVIDER - IRF	41.00	0	19.00
20.00	0.00		0	OPERATING ROOM	50.00	0	20.00
21.00	0.00		0	RECOVERY ROOM	51.00	0	21.00
22.00	0.00		0	ANESTHESIOLOGY	53.00	0	22.00
23.00	0.00		0	RADIOLOGY-DIAGNOSTIC	54.00	0	23.00
24.00	0.00		0	RADIOLOGY-THERAPEUTIC	55.00	0	24.00
25.00	0.00		0	RADIOISOTOPE	56.00	0	25.00
26.00	0.00		0	CT SCAN	57.00	0	26.00
27.00	0.00		0	MRI	58.00	0	27.00
28.00	0.00		0	CARDIAC CATHETERIZATION	59.00	0	28.00
29.00	0.00		0	LABORATORY	60.00	0	29.00
30.00	0.00		0	RESPIRATORY THERAPY	65.00	0	30.00
31.00	0.00		0	PHYSICAL THERAPY	66.00	0	31.00
32.00	0.00		0	OCCUPATIONAL THERAPY	67.00	0	32.00
33.00	0.00		0	SPEECH PATHOLOGY	68.00	0	33.00
34.00	0.00		0	ELECTROCARDIOLOGY	69.00	0	34.00
35.00	0.00		0	CARDIAC REHAB	69.01	0	35.00
36.00	0.00		0	ELECTROENCEPHALOGRAPHY	70.00	0	36.00
37.00	0.00		0	HRT & VASC CTR	76.01	0	37.00
38.00	0.00		0	CLINIC	90.00	0	38.00
39.00	0.00		0	EMERGENCY	91.00	0	39.00
40.00	0.00		0	PARTIAL HOSP	93.00	0	40.00
41.00	0.00		0	HOME HEALTH AGENCY	101.00	0	41.00
42.00	0.00		0	HOSPICE	116.00	0	42.00
TOTALS			0	TOTALS		0	
N - SHARED SERVICES							
1.00	4.00	175,827	5.01	SHARED SERVICES	7,140,772	1.00	
2.00	5.03	5,517,827	5.03	OTHER ADMINISTRATIVE AND GENERAL		2.00	
3.00	7.00	219,573	5.01	SHARED SERVICES		3.00	
4.00	14.00	206,353	0.00			4.00	
5.00	13.00	232,824	0.00			5.00	
6.00	15.00	37,336	0.00			6.00	
7.00	16.00	517,701	0.00			7.00	
8.00	60.00	233,331	0.00			8.00	
9.00	5.03	706,559	0.00			9.00	
10.00	5.01	72,906	0.00			10.00	
TOTALS			7,920,237	TOTALS	7,140,772		
O - NICU REHAB							
1.00	31.00	25,096	5.03	OTHER ADMINISTRATIVE AND GENERAL	25,096	1.00	
TOTALS			25,096	TOTALS	25,096		
500.00	Grand Total: Increases		14,111,452	Grand Total: Decreases		13,307,119	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140122

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

Worksheet A-7
Part I
Date/Time Prepared:
5/27/2014 7:38 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	13,051,326	0	0	0	0	1.00
2.00	Land Improvements	576,699	0	0	0	0	2.00
3.00	Buildings and Fixtures	278,088,971	3,233,668	0	3,233,668	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	45,858,367	780,297	0	780,297	0	5.00
6.00	Movable Equipment	91,347,703	5,444,790	0	5,444,790	3,491	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	428,923,066	9,458,755	0	9,458,755	3,491	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	428,923,066	9,458,755	0	9,458,755	3,491	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	13,051,326	0				1.00
2.00	Land Improvements	576,699	0				2.00
3.00	Buildings and Fixtures	281,322,639	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	46,638,664	0				5.00
6.00	Movable Equipment	96,789,002	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	438,378,330	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	438,378,330	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140122

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

Worksheet A-7
Part II
Date/Time Prepared:
5/27/2014 7:38 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140122

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

Worksheet A-7
Part III
Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	341,589,328	0	341,589,328	0.779211	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	96,789,002	0	96,789,002	0.220789	0	2.00
3.00	Total (sum of lines 1-2)	438,378,330	0	438,378,330	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	13,387,694	2,462,965	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,196,649	1,566,694	2.00
3.00	Total (sum of lines 1-2)	0	0	0	20,584,343	4,029,659	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	442,229	178,123	0	16,471,011	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	8,763,343	2.00
3.00	Total (sum of lines 1-2)	0	442,229	178,123	0	25,234,354	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140122

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

Worksheet A-8

Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,845,292	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-637,187	CAP REL COSTS-MVBLE EQUIP		2.00	11	2.00
3.00 Investment income - other (chapter 2)	B	-175,702	OTHER ADMINISTRATIVE AND GENERAL		5.03	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	-138,515	OTHER ADMINISTRATIVE AND GENERAL		5.03	0	7.00
8.00 Television and radio service (chapter 21)	A	-15,481	OTHER ADMINISTRATIVE AND GENERAL		5.03	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,172,444				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	-8,444,913				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests		0			0.00	0	14.00
15.00 Rental of quarters to employee and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts		0			0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00 Vending machines		0			0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant		0			0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 OTHER OPERATING REVENUE	B	-4,311	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01 OTHER OPERATING REVENUE	B	-126,090	OTHER ADMIN STRATIVE AND GENERAL		5.03	0 33.01
33.02 OTHER OPERATING REVENUE	B	689	OTHER ADMIN STRATIVE AND GENERAL		5.03	0 33.02
33.03 OTHER OPERATING REVENUE	B	-600,651	OPERATION OF PLANT		7.00	0 33.03
33.04 OTHER OPERATING REVENUE	B	-734	DIETARY		10.00	0 33.04
33.05 OTHER OPERATING REVENUE	B	-757,502	CAFETERIA		11.00	0 33.05
33.06 OTHER OPERATING REVENUE	B	-190,929	NURSING ADMIN STRATION		13.00	0 33.06
33.07 OTHER OPERATING REVENUE	B	-42,865	MEDICAL RECORDS & LIBRARY		16.00	0 33.07
33.08 OTHER OPERATING REVENUE	B	-196,479	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00	0 33.08
33.09 OTHER OPERATING REVENUE	B	-5,555	ADULTS & PEDIATRICS		30.00	0 33.09
33.10 OTHER OPERATING REVENUE	B	-9,558	INTENSIVE CARE UNIT		31.00	0 33.10
33.11 OTHER OPERATING REVENUE	B	-6,686	SUBPROVIDER - IPF		40.00	0 33.11
33.12 OTHER OPERATING REVENUE	B	-718	SUBPROVIDER - IRF		41.00	0 33.12
33.13 OTHER OPERATING REVENUE	B	-105	NURSERY		43.00	0 33.13
33.14 OTHER OPERATING REVENUE	B	-53,462	RADIOLOGY-DIAGNOSTIC		54.00	0 33.14
33.15 OTHER OPERATING REVENUE	B	-12,117	RADIOLOGY-THERAPEUTIC		55.00	0 33.15
33.16 OTHER OPERATING REVENUE	B	-50,881	LABORATORY		60.00	0 33.16
33.17 OTHER OPERATING REVENUE	B	-15	SPEECH PATHOLOGY		68.00	0 33.17
33.18 OTHER OPERATING REVENUE	B	-2,112	ELECTROCARDIOLOGY		69.00	0 33.18
33.19 OTHER OPERATING REVENUE	B	-98,033	CARDIAC REHAB		69.01	0 33.19
33.20 OTHER OPERATING REVENUE	B	-3,672	DRUGS CHARGED TO PATIENTS		73.00	0 33.20
33.21 OTHER OPERATING REVENUE	B	-45,854	CLINIC		90.00	0 33.21
33.22 OTHER OPERATING REVENUE	B	-6,850	EMERGENCY		91.00	0 33.22
33.23 OTHER OPERATING REVENUE	B	-3,885	PARTIAL HOSP		93.00	0 33.23
33.24 OTHER OPERATING REVENUE	B	-309,684	CAP REL COSTS-BLDG & FIXT		1.00	9 33.24
33.25 OTHER OPERATING REVENUE	B	-502,437	HOSPICE		116.00	0 33.25
33.26 BAD DEBT	A	-5,260,681	OTHER ADMIN STRATIVE AND GENERAL		5.03	0 33.26
33.27 OTHER FEES	A	-24,932	OTHER ADMIN STRATIVE AND GENERAL		5.03	0 33.27
33.28 OTHER FEES	A	20,906	HOME HEALTH AGENCY		101.00	0 33.28
33.29 OTHER FEES	A	-50,077	INTEREST EXPENSE		113.00	0 33.29
33.30 SUBSIDY	A	-455,837	ANESTHESIOLOGY		53.00	0 33.30
33.31 SUBSIDY	A	-761,619	RADIOLOGY-DIAGNOSTIC		54.00	0 33.31
33.32 SUBSIDY	A	-3,171,266	HRT & VASC CTR		76.01	0 33.32
33.33 PHYSICIAN TRAVEL	A	-11,303	OTHER ADMIN STRATIVE AND GENERAL		5.03	0 33.33
33.34 ADVERTISING	A	-1,101	OTHER ADMIN STRATIVE AND GENERAL		5.03	0 33.34
33.35 ADVERTISING	A	1,645	OTHER ADMIN STRATIVE AND GENERAL		5.03	0 33.35
33.36 ADVERTISING	A	-2,142	RADIOLOGY-DIAGNOSTIC		54.00	0 33.36
33.37 ADVERTISING	A	-16,057	LABORATORY		60.00	0 33.37
33.38 ADVERTISING	A	-16,258	HOME HEALTH AGENCY		101.00	0 33.38
33.39 ADVERTISING	A	-1,455	HOSPICE		116.00	0 33.39
33.40 RESALE ITEMS	A	-8,488	NURSING ADMIN STRATION		13.00	0 33.40
33.41 RESALE ITEMS	A	-80	OTHER ADMIN STRATIVE AND GENERAL		5.03	0 33.41
33.42 RECRUITMENT	A	-102,798	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.42
33.43 INCOME TAX	A	-24,001	INTEREST EXPENSE		113.00	0 33.43
33.44 PHYS COLLECTION FEES	A	-21,006	ADULTS & PEDIATRICS		30.00	0 33.44
33.45 PHYS COLLECTION FEES	A	-77,070	ELECTROCARDIOLOGY		69.00	0 33.45
33.46 PHYS COLLECTION FEES	A	-27,460	RADIOLOGY-DIAGNOSTIC		54.00	0 33.46
33.47 PHYS COLLECTION FEES	A	-4,918	HOSPICE		116.00	0 33.47
33.48 PHYS ENGAGEMENT	A	-56,106	OTHER ADMIN STRATIVE AND GENERAL		5.03	0 33.48
33.49 PHYS QUALITY INCENTIVE	A	-121,078	OTHER ADMIN STRATIVE AND GENERAL		5.03	0 33.49
33.50 PHYS MALPRAC	A	21,223	OTHER ADMIN STRATIVE AND GENERAL		5.03	0 33.50
33.51 PHYS MALPRAC	A	-191,111	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00	0 33.51
33.52 PHYS MALPRAC	A	-243,562	I&R SERVICES-SALARY & FRINGES APPRV		21.00	0 33.52
33.53 PHYS QUALITY INCENTIVE	A	-90,079	OTHER ADMIN STRATIVE AND GENERAL		5.03	0 33.53
33.54 LEGAL	A	-459,220	OTHER ADMIN STRATIVE AND GENERAL		5.03	0 33.54

Provider CCN: 140122

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

Worksheet A-8

Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
33.55 LOBBYING	A	-31,959	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.55
33.56 TELEPHONE DEPRECIATION	A	-5,346	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.56
33.57 TELEVISION DEPRECIATION	A	-20,172	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.57
33.58 NON ALLOW PHYS PAYMENTS	A	236,158	SHARED SERVICES	5.01	0	33.58
33.59 NON ALLOW PHYS PAYMENTS	A	43,456	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.59
33.60 NON ALLOW PHYS PAYMENTS	A	51,564	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.60
33.61 NON ALLOW PHYS PAYMENTS	A	4,000	EMERGENCY	91.00	0	33.61
33.68 NON ALLOWABLE INTEREST	A	-953,538	INTEREST EXPENSE	113.00	0	33.68
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-30,291,798				50.00

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

Provider CCN: 140122

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

Worksheet A-8-1

Date/Time Prepared: 5/27/2014 7:38 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	969,331	0	1.00
2.00	5.01	SHARED SERVICES	10,587,704	15,028,919	2.00
3.00	7.00	OPERATION OF PLANT	822,458	0	3.00
3.01	14.00	CENTRAL SERVICES & SUPPLY	253,517	0	3.01
3.02	13.00	NURSING ADMINISTRATION	383,404	0	3.02
4.00	15.00	PHARMACY	41,525	0	4.00
4.04	16.00	MEDICAL RECORDS & LIBRARY	838,220	0	4.04
4.05	60.00	LABORATORY	401,365	0	4.05
4.06	5.01	SHARED SERVICES	8,082,340	4,057,993	4.06
4.08	71.00	MEDICAL SUPPLIES CHARGED TO	-1,159,201	0	4.08
4.09	1.00	CAP REL COSTS-BLDG & FIXT	166,306	0	4.09
4.10	2.00	CAP REL COSTS-MVBLE EQUIP	827,346	0	4.10
4.11	4.00	EMPLOYEE BENEFITS DEPARTMENT	1,263,447	73,494	4.11
4.12	5.03	OTHER ADMINISTRATIVE AND GEN	8,825,422	16,334,691	4.12
4.13	16.00	MEDICAL RECORDS & LIBRARY	28,799	2,587	4.13
4.14	101.00	HOME HEALTH AGENCY	175,409	402,757	4.14
4.15	113.00	INTEREST EXPENSE	3,435,496	8,253,364	4.15
4.16	116.00	HOSPICE	0	191,174	4.16
4.17	192.00	PHYSICIANS' PRIVATE OFFICES	0	42,822	4.17
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		35,942,888	44,387,801	5.00

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

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

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

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

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

Provider CCN: 140122

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

Worksheet A-8-1

Date/Time Prepared:
5/27/2014 7:38 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	969,331	0		1.00
2.00	-4,441,215	0		2.00
3.00	822,458	0		3.00
3.01	253,517	0		3.01
3.02	383,404	0		3.02
4.00	41,525	0		4.00
4.04	838,220	0		4.04
4.05	401,365	0		4.05
4.06	4,024,347	0		4.06
4.08	-1,159,201	0		4.08
4.09	166,306	9		4.09
4.10	827,346	9		4.10
4.11	1,189,953	0		4.11
4.12	-7,509,269	0		4.12
4.13	26,212	0		4.13
4.14	-227,348	0		4.14
4.15	-4,817,868	0		4.15
4.16	-191,174	0		4.16
4.17	-42,822	0		4.17
5.00	-8,444,913			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	HOME OFFICE		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: 140122

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

Worksheet A-8-2

Date/Time Prepared:
5/27/2014 7:38 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	17.00	SOCIAL SERVICE	74,525	0	74,525	138,700	551	1.00
2.00	30.00	ADULTS & PEDIATRICS	23,267	23,267	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	1,595,520	1,595,520	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	220,890	220,890	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	100,000	100,000	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	2,800	2,800	0	0	0	6.00
7.00	50.00	OPERATING ROOM	28,388	28,388	0	0	0	7.00
8.00	60.00	LABORATORY	91,354	91,354	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	5,098	5,098	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	119,788	119,788	0	0	0	10.00
11.00	69.01	CARDIAC REHAB	652	652	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	2,484	2,484	0	0	0	12.00
13.00	76.01	HRT & VASC CTR	27,674	27,674	0	0	0	13.00
14.00	91.00	EMERGENCY	5,000	5,000	0	0	0	14.00
15.00	91.00	EMERGENCY	844,317	844,317	0	0	0	15.00
16.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	173,991	0	173,991	138,700	2,247	16.00
17.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	625,790	0	625,790	138,700	7,686	17.00
18.00	90.00	CLINIC	930,007	930,007	0	0	0	18.00
200.00			4,871,545	3,997,239	874,306		10,484	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	17.00	SOCIAL SERVICE	36,742	1,837	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	10.00
11.00	69.01	CARDIAC REHAB	0	0	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	12.00
13.00	76.01	HRT & VASC CTR	0	0	0	0	0	13.00
14.00	91.00	EMERGENCY	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	0	0	0	0	0	15.00
16.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	149,836	7,492	0	0	0	16.00
17.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	512,523	25,626	0	0	0	17.00
18.00	90.00	CLINIC	0	0	0	0	0	18.00
200.00			699,101	34,955	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	17.00	SOCIAL SERVICE	0	36,742	37,783	37,783		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	23,267		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,595,520		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	220,890		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	100,000		5.00
6.00	40.00	SUBPROVIDER - IPF	0	0	0	2,800		6.00
7.00	50.00	OPERATING ROOM	0	0	0	28,388		7.00
8.00	60.00	LABORATORY	0	0	0	91,354		8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	5,098		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	119,788		10.00
11.00	69.01	CARDIAC REHAB	0	0	0	652		11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	2,484		12.00
13.00	76.01	HRT & VASC CTR	0	0	0	27,674		13.00
14.00	91.00	EMERGENCY	0	0	0	5,000		14.00
15.00	91.00	EMERGENCY	0	0	0	844,317		15.00
16.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	149,836	24,155	24,155		16.00
17.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	512,523	113,267	113,267		17.00
18.00	90.00	CLINIC	0	0	0	930,007		18.00
200.00			0	699,101	175,205	4,172,444		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140122

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

Worksheet B Part I Date/Time Prepared: 5/27/2014 7:38 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	16,471,011	16,471,011			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	8,763,343		8,763,343		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	18,440,306	105,574	56,170	18,602,050	4.00
5.01 00510	SHARED SERVICES	338,420	0	0	338,420	5.01
5.02 00511	OTHER A&G	644,313	19,176	10,203	86,577	760,269 5.02
5.03 00560	OTHER ADMINISTRATIVE AND GENERAL	36,367,288	491,081	261,278	1,836,917	38,956,564 5.03
7.00 00700	OPERATION OF PLANT	9,686,877	729,534	388,146	406,037	11,210,594 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	692,068	63,087	33,565	22,830	811,550 8.00
9.00 00900	HOUSEKEEPING	1,949,164	85,286	45,376	277,181	2,357,007 9.00
10.00 01000	DIETARY	758,856	467,423	248,691	83,354	1,558,324 10.00
11.00 01100	CAFETERIA	1,286,816	143,857	76,539	238,802	1,746,014 11.00
13.00 01300	NURSING ADMINISTRATION	4,983,238	132,428	70,458	651,402	5,837,526 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,410,605	499,766	265,899	231,799	3,408,069 14.00
15.00 01500	PHARMACY	3,248,053	131,142	69,774	560,553	4,009,522 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,928,221	222,265	118,255	399,259	4,668,000 16.00
17.00 01700	SOCIAL SERVICE	2,053,356	59,127	31,458	258,367	2,402,308 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	1,571,570	0	0	247,584	1,819,154 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,765,647	23,554	12,532	285,708	2,087,441 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	15,186,600	3,473,835	1,848,242	2,379,045	22,887,722 30.00
31.00 03100	INTENSIVE CARE UNIT	7,906,943	554,794	295,176	1,120,261	9,877,174 31.00
40.00 04000	SUBPROVIDER - IPF	2,142,941	288,131	153,299	319,547	2,903,918 40.00
41.00 04100	SUBPROVIDER - IRF	1,784,432	273,714	145,629	235,394	2,439,169 41.00
43.00 04300	NURSERY	1,451,046	159,421	84,819	212,215	1,907,501 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	8,003,612	1,426,344	758,881	1,081,060	11,269,897 50.00
51.00 05100	RECOVERY ROOM	914,357	91,748	48,814	145,054	1,199,973 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,758,502	837,054	445,352	528,576	5,569,484 52.00
53.00 05300	ANESTHESIOLOGY	582,465	16,571	8,816	36,611	644,463 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,480,991	979,105	520,929	745,328	7,726,353 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,288,627	231,714	123,283	163,483	1,807,107 55.00
56.00 05600	RADIOISOTOPE	279,648	99,842	53,121	43,789	476,400 56.00
57.00 05700	CT SCAN	531,138	19,003	10,110	82,253	642,504 57.00
58.00 05800	MRI	966,992	208,612	110,991	140,943	1,427,538 58.00
59.00 05900	CARDIAC CATHETERIZATION	662,550	183,877	97,831	101,984	1,046,242 59.00
60.00 06000	LABORATORY	13,727,080	575,811	306,358	1,309,690	15,918,939 60.00
65.00 06500	RESPIRATORY THERAPY	2,276,481	2,605	1,386	328,043	2,608,515 65.00
66.00 06600	PHYSICAL THERAPY	2,133,324	444,773	236,640	344,055	3,158,792 66.00
67.00 06700	OCCUPATIONAL THERAPY	614,650	50,789	27,022	100,541	793,002 67.00
68.00 06800	SPEECH PATHOLOGY	138,627	34,010	18,095	22,517	213,249 68.00
69.00 06900	ELECTROCARDIOLOGY	827,853	167,515	89,126	116,779	1,201,273 69.00
69.01 06901	CARDIAC REHAB	451,347	321,655	171,136	84,409	1,028,547 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	727,383	161,470	85,910	28,985	1,003,748 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,552,919	0	0	0	7,552,919 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	17,157,086	0	0	0	17,157,086 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	10,120,671	0	0	0	10,120,671 73.00
74.00 07400	RENAL DIALYSIS	200,793	0	0	0	200,793 74.00
76.00 03020	OTHER ANCILLARY	0	0	0	0	0 76.00
76.01 03021	HRT & VASC CTR	979,363	287,437	152,930	129,408	1,549,138 76.01
76.02 03022	OP DIABETES EDUC	58,377	0	0	9,101	67,478 76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	679,270	317,695	169,028	204,030	1,370,023 90.00
91.00 09100	EMERGENCY	3,657,658	603,255	320,960	495,203	5,077,076 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	307,634	229,734	122,229	45,500	705,097 92.01
93.00 04040	PARTIAL HOSP	1,187,117	392,420	208,786	179,477	1,967,800 93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	7,838,029	0	0	1,182,827	9,020,856 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	4,575,210	234,354	124,687	489,689	5,423,940 116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	241,510,868	15,840,588	8,427,930	17,992,167	239,935,149 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	486,271	107,728	57,316	38,800	690,115 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	8,856,562	422,922	225,014	384,146	9,888,644 192.00
194.00 07950	FOUNDATION	700,818	40,715	21,662	83,603	846,798 194.00
194.01 07951	MARKETING	1,187,182	39,291	20,904	16,743	1,264,120 194.01
194.02 07952	OP PHARMACY	236,828	19,767	10,517	86,591	353,703 194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140122

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
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)	252,978,529	16,471,011	8,763,343	18,602,050	252,978,529	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140122

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		SHARED SERVICES	Subtotal	OTHER A&G	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.01	5A.01	5.02	5A.02	5.03	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510	338,420					5.01
5.02	00511	1,019	761,288	761,288			5.02
5.03	00560	52,084	39,008,648	117,826	39,126,474	39,126,474	5.03
7.00	00700	15,022	11,225,616	33,879	11,259,495	2,060,037	7.00
8.00	00800	1,087	812,637	2,453	815,090	149,129	8.00
9.00	00900	3,158	2,360,165	7,123	2,367,288	433,119	9.00
10.00	01000	2,088	1,560,412	4,709	1,565,121	286,355	10.00
11.00	01100	2,340	1,748,354	5,277	1,753,631	320,844	11.00
13.00	01300	7,822	5,845,348	17,641	5,862,989	1,072,692	13.00
14.00	01400	4,567	3,412,636	10,299	3,422,935	626,260	14.00
15.00	01500	5,373	4,014,895	12,117	4,027,012	736,782	15.00
16.00	01600	6,255	4,674,255	14,107	4,688,362	857,783	16.00
17.00	01700	3,219	2,405,527	7,260	2,412,787	441,444	17.00
21.00	02100	2,438	1,821,592	5,498	1,827,090	334,284	21.00
22.00	02200	2,797	2,090,238	6,308	2,096,546	383,584	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	30,670	22,918,392	69,168	22,987,560	4,205,904	30.00
31.00	03100	13,235	9,890,409	29,849	9,920,258	1,815,010	31.00
40.00	04000	3,891	2,907,809	8,776	2,916,585	533,618	40.00
41.00	04100	3,268	2,442,437	7,371	2,449,808	448,217	41.00
43.00	04300	2,556	1,910,057	5,765	1,915,822	350,519	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	15,102	11,284,999	34,058	11,319,057	2,070,935	50.00
51.00	05100	1,608	1,201,581	3,626	1,205,207	220,505	51.00
52.00	05200	7,463	5,576,947	16,831	5,593,778	1,023,438	52.00
53.00	05300	864	645,327	1,948	647,275	118,425	53.00
54.00	05400	10,353	7,736,706	23,349	7,760,055	1,419,780	54.00
55.00	05500	2,422	1,809,529	5,461	1,814,990	332,071	55.00
56.00	05600	638	477,038	1,440	478,478	87,542	56.00
57.00	05700	861	643,365	1,942	645,307	118,065	57.00
58.00	05800	1,913	1,429,451	4,314	1,433,765	262,322	58.00
59.00	05900	1,402	1,047,644	3,162	1,050,806	192,255	59.00
60.00	06000	21,331	15,940,270	48,108	15,988,378	2,925,234	60.00
65.00	06500	3,495	2,612,010	7,883	2,619,893	479,336	65.00
66.00	06600	4,233	3,163,025	9,546	3,172,571	580,454	66.00
67.00	06700	1,063	794,065	2,396	796,461	145,721	67.00
68.00	06800	286	213,535	644	214,179	39,186	68.00
69.00	06900	1,610	1,202,883	3,630	1,206,513	220,744	69.00
69.01	06901	1,378	1,029,925	3,108	1,033,033	189,004	69.01
70.00	07000	1,345	1,005,093	3,033	1,008,126	184,447	70.00
71.00	07100	10,121	7,563,040	22,825	7,585,865	1,387,910	71.00
72.00	07200	22,990	17,180,076	51,849	17,231,925	3,152,753	72.00
73.00	07300	13,562	10,134,233	30,585	10,164,818	1,859,755	73.00
74.00	07400	269	201,062	607	201,669	36,897	74.00
76.00	03020	0	0	0	0	0	76.00
76.01	03021	2,076	1,551,214	4,682	1,555,896	284,667	76.01
76.02	03022	90	67,568	204	67,772	12,400	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	1,836	1,371,859	4,140	1,375,999	251,753	90.00
91.00	09100	6,803	5,083,879	15,343	5,099,222	932,954	91.00
92.00	09200		0		0		92.00
92.01	09201	945	706,042	2,131	708,173	129,567	92.01
93.00	04040	2,637	1,970,437	5,947	1,976,384	361,599	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	12,088	9,032,944	27,261	9,060,205	1,657,655	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	7,268	5,431,208	16,391	5,447,599	996,693	116.00
118.00		320,941	239,917,670	721,870	239,878,252	36,729,648	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	925	691,040	2,086	693,126	126,814	190.00
192.00	19200	13,251	9,901,895	29,884	9,931,779	1,817,118	192.00
194.00	07950	1,135	847,933	2,559	850,492	155,606	194.00
194.01	07951	1,694	1,265,814	3,820	1,269,634	232,292	194.01
194.02	07952	474	354,177	1,069	355,246	64,996	194.02
200.00			0		0		200.00
201.00		0	0	0	0	0	201.00
202.00		338,420	252,978,529	761,288	252,978,529	39,126,474	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140122

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00510	SHARED SERVICES					5.01	
5.02	00511	OTHER A&G					5.02	
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL					5.03	
7.00	00700	OPERATION OF PLANT	13,319,532				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	55,554	1,019,773			8.00	
9.00	00900	HOUSEKEEPING	75,102	0	2,875,509		9.00	
10.00	01000	DIETARY	411,609	0	89,741	2,352,826	10.00	
11.00	01100	CAFETERIA	126,680	0	27,619	0	2,228,774	11.00
13.00	01300	NURSING ADMINISTRATION	116,615	0	25,425	0	68,678	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	440,090	0	95,951	0	57,007	14.00
15.00	01500	PHARMACY	115,483	0	25,178	0	68,133	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	195,725	0	42,673	0	74,612	16.00
17.00	01700	SOCIAL SERVICE	52,067	0	11,352	0	40,688	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	58,097	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	20,741	0	4,522	0	24,413	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,059,034	593,480	666,948	1,369,281	418,351	30.00
31.00	03100	INTENSIVE CARE UNIT	488,547	182,460	106,516	420,972	158,082	31.00
40.00	04000	SUBPROVIDER - I PF	253,726	86,881	55,319	200,453	52,185	40.00
41.00	04100	SUBPROVIDER - I RF	241,031	73,518	52,551	169,620	40,448	41.00
43.00	04300	NURSERY	140,385	83,434	30,607	192,500	32,245	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,256,028	0	273,846	0	175,296	50.00
51.00	05100	RECOVERY ROOM	80,792	0	17,615	0	21,620	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	737,103	0	160,707	0	80,307	52.00
53.00	05300	ANESTHESIOLOGY	14,592	0	3,181	0	9,490	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	862,192	0	187,980	0	126,972	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	204,046	0	44,487	0	21,315	55.00
56.00	05600	RADIOISOTOPE	87,920	0	19,169	0	5,563	56.00
57.00	05700	CT SCAN	16,734	0	3,648	0	11,715	57.00
58.00	05800	MRI	183,702	0	40,052	0	20,224	58.00
59.00	05900	CARDIAC CATHETERIZATION	161,921	0	35,303	0	13,243	59.00
60.00	06000	LABORATORY	507,055	0	110,551	0	304,362	60.00
65.00	06500	RESPIRATORY THERAPY	2,294	0	500	0	55,567	65.00
66.00	06600	PHYSICAL THERAPY	391,664	0	85,393	0	51,291	66.00
67.00	06700	OCCUPATIONAL THERAPY	44,725	0	9,751	0	15,119	67.00
68.00	06800	SPEECH PATHOLOGY	29,949	0	6,530	0	2,793	68.00
69.00	06900	ELECTROCARDIOLOGY	147,512	0	32,161	0	17,606	69.00
69.01	06901	CARDIAC REHAB	283,247	0	61,755	0	12,065	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	142,190	0	31,001	0	5,301	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03021	HRT & VASC CTR	253,115	0	55,185	0	16,559	76.01
76.02	03022	OP DIABETES EDUC	0	0	0	0	938	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	279,760	0	60,995	0	30,718	90.00
91.00	09100	EMERGENCY	531,222	0	115,820	0	80,154	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	202,302	0	44,107	0	8,879	92.01
93.00	04040	PARTIAL HOSP	345,562	0	75,341	0	36,215	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	206,371	0	44,994	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,764,387	1,019,773	2,754,474	2,352,826	2,216,251	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	94,864	0	20,683	0	12,523	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	372,422	0	81,197	0	0	192.00
194.00	07950	FOUNDATION	35,853	0	7,817	0	0	194.00
194.01	07951	MARKETING	34,599	0	7,543	0	0	194.01
194.02	07952	OP PHARMACY	17,407	0	3,795	0	0	194.02
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)	13,319,532	1,019,773	2,875,509	2,352,826	2,228,774	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140122

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00560						5.03
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	7,146,399					13.00
14.00	01400	0	4,642,243				14.00
15.00	01500	0	6,860	4,979,448			15.00
16.00	01600	0	0	0	5,859,155		16.00
17.00	01700	0	0	0	0	2,958,338	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	1,033	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,613,361	122,037	615	303,654	1,721,672	30.00
31.00	03100	987,525	74,329	1,256	184,864	529,311	31.00
40.00	04000	326,048	1,316	14	48,187	252,041	40.00
41.00	04100	252,711	9,126	4	36,577	213,273	41.00
43.00	04300	201,382	8,812	258	28,541	242,041	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,095,089	76,402	6,075	490,415	0	50.00
51.00	05100	135,115	3,831	0	85,425	0	51.00
52.00	05200	501,595	21,949	641	67,774	0	52.00
53.00	05300	59,348	26,513	75,411	160,546	0	53.00
54.00	05400	0	13,867	689	387,300	0	54.00
55.00	05500	0	3,176	19	107,266	0	55.00
56.00	05600	0	373	3,832	42,171	0	56.00
57.00	05700	0	2,556	530	336,323	0	57.00
58.00	05800	0	1,627	306	188,637	0	58.00
59.00	05900	0	4,874	0	122,089	0	59.00
60.00	06000	0	59,851	187	1,003,313	0	60.00
65.00	06500	0	12,546	49	155,829	0	65.00
66.00	06600	0	360	0	70,589	0	66.00
67.00	06700	0	95	0	23,880	0	67.00
68.00	06800	0	120	0	8,768	0	68.00
69.00	06900	0	1,744	123	121,899	0	69.00
69.01	06901	0	344	24	6,603	0	69.01
70.00	07000	0	2,909	0	46,808	0	70.00
71.00	07100	0	1,303,933	629	289,850	0	71.00
72.00	07200	0	2,812,649	0	479,965	0	72.00
73.00	07300	0	39	4,687,395	430,131	0	73.00
74.00	07400	0	0	0	5,344	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.01	03021	0	2,105	3	148,162	0	76.01
76.02	03022	0	0	0	466	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	191,889	7,020	76	68,949	0	90.00
91.00	09100	500,665	43,201	964	323,964	0	91.00
92.00	09200						92.00
92.01	09201	55,502	4,514	0	12,729	0	92.01
93.00	04040	226,169	408	62	72,137	0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	6,388	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	5,336	200,286	0	0	116.00
118.00		7,146,399	4,642,243	4,979,448	5,859,155	2,958,338	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
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		7,146,399	4,642,243	4,979,448	5,859,155	2,958,338	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140122

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00510	SHARED SERVICES					5.01
5.02 00511	OTHER A&G					5.02
5.03 00560	OTHER ADMINISTRATIVE AND GENERAL					5.03
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 APPRV	2,219,471				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,530,839			22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,594,485	1,818,174	41,474,556	-3,412,659	38,061,897 30.00
31.00 03100	INTENSIVE CARE UNIT	250,887	286,084	15,406,101	-536,971	14,869,130 31.00
40.00 04000	SUBPROVIDER - IPF	0	0	4,726,373	0	4,726,373 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	3,986,884	0	3,986,884 41.00
43.00 04300	NURSERY	0	0	3,226,546	0	3,226,546 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	99,655	113,636	16,976,434	-213,291	16,763,143 50.00
51.00 05100	RECOVERY ROOM	0	0	1,770,110	0	1,770,110 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	8,187,292	0	8,187,292 52.00
53.00 05300	ANESTHESIOLOGY	0	0	1,114,781	0	1,114,781 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	45,828	52,257	10,856,920	-98,085	10,758,835 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	2,527,370	0	2,527,370 55.00
56.00 05600	RADIOISOTOPE	0	0	725,048	0	725,048 56.00
57.00 05700	CT SCAN	0	0	1,134,878	0	1,134,878 57.00
58.00 05800	MRI	0	0	2,130,635	0	2,130,635 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	1,580,491	0	1,580,491 59.00
60.00 06000	LABORATORY	6,432	7,334	20,912,697	-13,766	20,898,931 60.00
65.00 06500	RESPIRATORY THERAPY	0	0	3,326,014	0	3,326,014 65.00
66.00 06600	PHYSICAL THERAPY	0	0	4,352,322	0	4,352,322 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	1,035,752	0	1,035,752 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	301,525	0	301,525 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	1,748,302	0	1,748,302 69.00
69.01 06901	CARDIAC REHAB	0	0	1,586,075	0	1,586,075 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	1,420,782	0	1,420,782 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	10,568,187	0	10,568,187 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	23,677,292	0	23,677,292 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	17,142,138	0	17,142,138 73.00
74.00 07400	RENAL DIALYSIS	0	0	243,910	0	243,910 74.00
76.00 03020	OTHER ANCILLARY	0	0	0	0	0 76.00
76.01 03021	HRT & VASC CTR	0	0	2,315,692	0	2,315,692 76.01
76.02 03022	OP DIABETES EDUC	0	0	81,576	0	81,576 76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	90,007	102,634	2,459,800	-192,641	2,267,159 90.00
91.00 09100	EMERGENCY	132,177	150,720	7,911,063	-282,897	7,628,166 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	1,165,773	0	1,165,773 92.01
93.00 04040	PARTIAL HOSP	0	0	3,093,877	0	3,093,877 93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	10,724,248	0	10,724,248 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
116.00 11600	HOSPICE	0	0	6,901,279	0	6,901,279 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,219,471	2,530,839	236,792,723	-4,750,310	232,042,413 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	948,010	0	948,010 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	12,202,516	0	12,202,516 192.00
194.00 07950	FOUNDATION	0	0	1,049,768	0	1,049,768 194.00
194.01 07951	MARKETING	0	0	1,544,068	0	1,544,068 194.01
194.02 07952	OP PHARMACY	0	0	441,444	0	441,444 194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140122

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		21.00	22.00			
200.00	Cross Foot Adjustments	0	0	0	0	0
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118-201)	2,219,471	2,530,839	252,978,529	-4,750,310	248,228,219

COST ALLOCATION STATISTICS

Provider CCN: 140122

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

Worksheet Non-CMS W
Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.01	SHARED SERVICES	-1	ACCUM. COST	5.01
5.02	OTHER A&G	-2	ACCUM. COST	5.02
5.03	OTHER ADMINISTRATIVE AND GENERAL	-3	ACCUM. COST	5.03
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	2	TOTAL PATIENT DAYS	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	2	TOTAL PATIENT DAYS	10.00
11.00	CAFETERIA	3	FTES	11.00
13.00	NURSING ADMINISTRATION	4	DIRECT NRSING	13.00
14.00	CENTRAL SERVICES & SUPPLY	5	COSTED REQUIS.	14.00
15.00	PHARMACY	6	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	7	GROSS CHARGES	16.00
17.00	SOCIAL SERVICE	2	TOTAL PATIENT DAYS	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	8	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	8	ASSIGNED TIME	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	105,574	56,170	161,744	161,744 4.00
5.01 00510	SHARED SERVICES	0	0	0	0	0 5.01
5.02 00511	OTHER A&G	0	19,176	10,203	29,379	753 5.02
5.03 00560	OTHER ADMINISTRATIVE AND GENERAL	0	491,081	261,278	752,359	15,970 5.03
7.00 00700	OPERATION OF PLANT	0	729,534	388,146	1,117,680	3,530 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	63,087	33,565	96,652	198 8.00
9.00 00900	HOUSEKEEPING	0	85,286	45,376	130,662	2,410 9.00
10.00 01000	DIETARY	0	467,423	248,691	716,114	725 10.00
11.00 01100	CAFETERIA	0	143,857	76,539	220,396	2,076 11.00
13.00 01300	NURSING ADMINISTRATION	0	132,428	70,458	202,886	5,663 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	499,766	265,899	765,665	2,015 14.00
15.00 01500	PHARMACY	0	131,142	69,774	200,916	4,873 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	222,265	118,255	340,520	3,471 16.00
17.00 01700	SOCIAL SERVICE	0	59,127	31,458	90,585	2,246 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	2,152 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	23,554	12,532	36,086	2,484 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	3,473,835	1,848,242	5,322,077	20,707 30.00
31.00 03100	INTENSIVE CARE UNIT	0	554,794	295,176	849,970	9,739 31.00
40.00 04000	SUBPROVIDER - I PF	0	288,131	153,299	441,430	2,778 40.00
41.00 04100	SUBPROVIDER - I RF	0	273,714	145,629	419,343	2,046 41.00
43.00 04300	NURSERY	0	159,421	84,819	244,240	1,845 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,426,344	758,881	2,185,225	9,398 50.00
51.00 05100	RECOVERY ROOM	0	91,748	48,814	140,562	1,261 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	837,054	445,352	1,282,406	4,595 52.00
53.00 05300	ANESTHESIOLOGY	0	16,571	8,816	25,387	318 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	979,105	520,929	1,500,034	6,480 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	231,714	123,283	354,997	1,421 55.00
56.00 05600	RADIOISOTOPE	0	99,842	53,121	152,963	381 56.00
57.00 05700	CT SCAN	0	19,003	10,110	29,113	715 57.00
58.00 05800	MRI	0	208,612	110,991	319,603	1,225 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	183,877	97,831	281,708	887 59.00
60.00 06000	LABORATORY	0	575,811	306,358	882,169	11,386 60.00
65.00 06500	RESPIRATORY THERAPY	0	2,605	1,386	3,991	2,852 65.00
66.00 06600	PHYSICAL THERAPY	0	444,773	236,640	681,413	2,991 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	50,789	27,022	77,811	874 67.00
68.00 06800	SPEECH PATHOLOGY	0	34,010	18,095	52,105	196 68.00
69.00 06900	ELECTROCARDIOLOGY	0	167,515	89,126	256,641	1,015 69.00
69.01 06901	CARDIAC REHAB	0	321,655	171,136	492,791	734 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	161,470	85,910	247,380	252 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00 03020	OTHER ANCILLARY	0	0	0	0	0 76.00
76.01 03021	HRT & VASC CTR	0	287,437	152,930	440,367	1,125 76.01
76.02 03022	OP DIABETES EDUC	0	0	0	0	79 76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	317,695	169,028	486,723	1,774 90.00
91.00 09100	EMERGENCY	0	603,255	320,960	924,215	4,305 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	229,734	122,229	351,963	396 92.01
93.00 04040	PARTIAL HOSP	0	392,420	208,786	601,206	1,560 93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	10,283 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	234,354	124,687	359,041	4,257 116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	0	15,840,588	8,427,930	24,268,518	156,441 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	107,728	57,316	165,044	337 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	422,922	225,014	647,936	3,340 192.00
194.00 07950	FOUNDATION	0	40,715	21,662	62,377	727 194.00
194.01 07951	MARKETING	0	39,291	20,904	60,195	146 194.01
194.02 07952	OP PHARMACY	0	19,767	10,517	30,284	753 194.02
200.00	Cross Foot Adjustments				0	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	16,471,011	8,763,343	25,234,354	161,744

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			SHARED SERVICES	OTHER A&G	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5.02	5.03	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	SHARED SERVICES	0					5.01
5.02	00511	OTHER A&G	0	30,132				5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	0	4,759	773,088			5.03
7.00	00700	OPERATION OF PLANT	0	1,336	40,703	1,163,249		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	97	2,947	4,852	104,746	8.00
9.00	00900	HOUSEKEEPING	0	281	8,558	6,559	0	9.00
10.00	01000	DIETARY	0	186	5,658	35,948	0	10.00
11.00	01100	CAFETERIA	0	208	6,339	11,063	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	696	21,195	10,184	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	406	12,374	38,435	0	14.00
15.00	01500	PHARMACY	0	478	14,558	10,086	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	556	16,948	17,093	0	16.00
17.00	01700	SOCIAL SERVICE	0	286	8,722	4,547	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	217	6,605	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	249	7,579	1,811	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	2,727	83,110	267,160	60,960	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,177	35,862	42,667	18,741	31.00
40.00	04000	SUBPROVIDER - IPF	0	346	10,543	22,159	8,924	40.00
41.00	04100	SUBPROVIDER - IRF	0	291	8,856	21,050	7,551	41.00
43.00	04300	NURSERY	0	227	6,926	12,260	8,570	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,343	40,918	109,694	0	50.00
51.00	05100	RECOVERY ROOM	0	143	4,357	7,056	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	664	20,222	64,374	0	52.00
53.00	05300	ANESTHESIOLOGY	0	77	2,340	1,274	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	921	28,053	75,299	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	215	6,561	17,820	0	55.00
56.00	05600	RADIOISOTOPE	0	57	1,730	7,678	0	56.00
57.00	05700	CT SCAN	0	77	2,333	1,461	0	57.00
58.00	05800	MRI	0	170	5,183	16,043	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	125	3,799	14,141	0	59.00
60.00	06000	LABORATORY	0	1,897	57,798	44,283	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	311	9,471	200	0	65.00
66.00	06600	PHYSICAL THERAPY	0	376	11,469	34,206	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	94	2,879	3,906	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	25	774	2,616	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	143	4,362	12,883	0	69.00
69.01	06901	CARDIAC REHAB	0	123	3,734	24,737	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	120	3,644	12,418	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	900	27,423	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,044	62,293	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,206	36,746	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	24	729	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03021	HRT & VASC CTR	0	185	5,625	22,106	0	76.01
76.02	03022	OP DIABETES EDUC	0	8	245	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	163	4,974	24,433	0	90.00
91.00	09100	EMERGENCY	0	605	18,434	46,394	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	84	2,560	17,668	0	92.01
93.00	04040	PARTIAL HOSP	0	234	7,145	30,179	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	1,075	32,753	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	646	19,693	18,023	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	28,578	725,730	1,114,766	104,746	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	82	2,506	8,285	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,178	35,903	32,525	0	192.00
194.00	07950	FOUNDATION	0	101	3,075	3,131	0	194.00
194.01	07951	MARKETING	0	151	4,590	3,022	0	194.01
194.02	07952	OP PHARMACY	0	42	1,284	1,520	0	194.02
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)	0	30,132	773,088	1,163,249	104,746	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140122		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/27/2014 7:38 pm	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	SHARED SERVICES					5.01
5.02	00511	OTHER A&G					5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL					5.03
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	148,470				9.00
10.00	01000	DIETARY	4,634	763,265			10.00
11.00	01100	CAFETERIA	1,426	0	241,508		11.00
13.00	01300	NURSING ADMINISTRATION	1,313	0	7,442	249,379	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,954	0	6,177	0	14.00
15.00	01500	PHARMACY	1,300	0	7,383	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,203	0	8,085	0	16.00
17.00	01700	SOCIAL SERVICE	586	0	4,409	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	6,295	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	233	0	2,645	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	34,439	444,199	45,333	91,195	21,820
31.00	03100	INTENSIVE CARE UNIT	5,500	136,565	17,130	34,460	13,290
40.00	04000	SUBPROVIDER - I PF	2,856	65,028	5,655	11,378	235
41.00	04100	SUBPROVIDER - IRF	2,713	55,025	4,383	8,819	1,632
43.00	04300	NURSERY	1,580	62,448	3,494	7,027	1,576
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,139	0	18,995	38,214	13,660
51.00	05100	RECOVERY ROOM	909	0	2,343	4,715	685
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,298	0	8,702	17,504	3,924
53.00	05300	ANESTHESIOLOGY	164	0	1,028	2,071	4,740
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,706	0	13,759	0	2,479
55.00	05500	RADIOLOGY-THERAPEUTIC	2,297	0	2,310	0	568
56.00	05600	RADIOISOTOPE	990	0	603	0	67
57.00	05700	CT SCAN	188	0	1,269	0	457
58.00	05800	MRI	2,068	0	2,191	0	291
59.00	05900	CARDIAC CATHETERIZATION	1,823	0	1,435	0	871
60.00	06000	LABORATORY	5,708	0	32,980	0	10,701
65.00	06500	RESPIRATORY THERAPY	26	0	6,021	0	2,243
66.00	06600	PHYSICAL THERAPY	4,409	0	5,558	0	64
67.00	06700	OCCUPATIONAL THERAPY	503	0	1,638	0	17
68.00	06800	SPEECH PATHOLOGY	337	0	303	0	21
69.00	06900	ELECTROCARDIOLOGY	1,661	0	1,908	0	312
69.01	06901	CARDIAC REHAB	3,189	0	1,307	0	62
70.00	07000	ELECTROENCEPHALOGRAPHY	1,601	0	574	0	520
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	233,139
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	502,902
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	7
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03020	OTHER ANCILLARY	0	0	0	0	0
76.01	03021	HRT & VASC CTR	2,849	0	1,794	0	376
76.02	03022	OP DIABETES EDUC	0	0	102	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,149	0	3,329	6,696	1,255
91.00	09100	EMERGENCY	5,980	0	8,685	17,471	7,724
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,277	0	962	1,937	807
93.00	04040	PARTIAL HOSP	3,890	0	3,924	7,892	73
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	1,142
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	2,323	0	0	0	954
118.00		SUBTOTALS (SUM OF LINES 1-117)	142,221	763,265	240,151	249,379	830,026
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,068	0	1,357	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,192	0	0	0	0
194.00	07950	FOUNDATION	404	0	0	0	0
194.01	07951	MARKETING	389	0	0	0	0
194.02	07952	OP PHARMACY	196	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	148,470	763,265	241,508	249,379	830,026

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

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

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
				15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00510 SHARED SERVICES						5.01
5.02 00511 OTHER A&G						5.02
5.03 00560 OTHER ADMINISTRATIVE AND GENERAL						5.03
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	240,821					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	388,876				16.00
17.00 01700 SOCIAL SERVICE	0	0	111,381			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	15,269		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	51,272	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	30	20,149	64,821			30.00
31.00 03100 INTENSIVE CARE UNIT	61	12,267	19,928			31.00
40.00 04000 SUBPROVIDER - IPF	1	3,198	9,489			40.00
41.00 04100 SUBPROVIDER - IRF	0	2,427	8,030			41.00
43.00 04300 NURSERY	12	1,894	9,113			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	294	32,542	0			50.00
51.00 05100 RECOVERY ROOM	0	5,668	0			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	31	4,497	0			52.00
53.00 05300 ANESTHESIOLOGY	3,647	10,653	0			53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	33	25,700	0			54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1	7,118	0			55.00
56.00 05600 RADIOISOTOPE	185	2,798	0			56.00
57.00 05700 CT SCAN	26	22,317	0			57.00
58.00 05800 MRI	15	12,517	0			58.00
59.00 05900 CARDIAC CATHETERIZATION	0	8,101	0			59.00
60.00 06000 LABORATORY	9	66,660	0			60.00
65.00 06500 RESPIRATORY THERAPY	2	10,340	0			65.00
66.00 06600 PHYSICAL THERAPY	0	4,684	0			66.00
67.00 06700 OCCUPATIONAL THERAPY	0	1,585	0			67.00
68.00 06800 SPEECH PATHOLOGY	0	582	0			68.00
69.00 06900 ELECTROCARDIOLOGY	6	8,089	0			69.00
69.01 06901 CARDIAC REHAB	1	438	0			69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	3,106	0			70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	30	19,233	0			71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	31,849	0			72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	226,696	28,542	0			73.00
74.00 07400 RENAL DIALYSIS	0	355	0			74.00
76.00 03020 OTHER ANCILLARY	0	0	0			76.00
76.01 03021 HRT & VASC CTR	0	9,832	0			76.01
76.02 03022 OP DIABETES EDUC	0	31	0			76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	4	4,575	0			90.00
91.00 09100 EMERGENCY	47	21,497	0			91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	845	0			92.01
93.00 04040 PARTIAL HOSP	3	4,787	0			93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	9,687	0	0			116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	240,821	388,876	111,381	0	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
194.00 07950 FOUNDATION	0	0	0			194.00
194.01 07951 MARKETING	0	0	0			194.01
194.02 07952 OP PHARMACY	0	0	0			194.02
200.00	Cross Foot Adjustments			15,269	51,272	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140122			Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/27/2014 7:38 pm	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS			
					SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
202.00	TOTAL (sum lines 118-201)	240,821	388,876	111,381	15,269	51,272	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

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

Worksheet B
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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
5.01	00510				5.01
5.02	00511				5.02
5.03	00560				5.03
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
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	6,478,727	0	6,478,727	30.00
31.00	03100	1,197,357	0	1,197,357	31.00
40.00	04000	584,020	0	584,020	40.00
41.00	04100	542,166	0	542,166	41.00
43.00	04300	361,212	0	361,212	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	2,464,422	0	2,464,422	50.00
51.00	05100	167,699	0	167,699	51.00
52.00	05200	1,415,217	0	1,415,217	52.00
53.00	05300	51,699	0	51,699	53.00
54.00	05400	1,662,464	0	1,662,464	54.00
55.00	05500	393,308	0	393,308	55.00
56.00	05600	167,452	0	167,452	56.00
57.00	05700	57,956	0	57,956	57.00
58.00	05800	359,306	0	359,306	58.00
59.00	05900	312,890	0	312,890	59.00
60.00	06000	1,113,591	0	1,113,591	60.00
65.00	06500	35,457	0	35,457	65.00
66.00	06600	745,170	0	745,170	66.00
67.00	06700	89,307	0	89,307	67.00
68.00	06800	56,959	0	56,959	68.00
69.00	06900	287,020	0	287,020	69.00
69.01	06901	527,116	0	527,116	69.01
70.00	07000	269,615	0	269,615	70.00
71.00	07100	280,725	0	280,725	71.00
72.00	07200	599,088	0	599,088	72.00
73.00	07300	293,197	0	293,197	73.00
74.00	07400	1,108	0	1,108	74.00
76.00	03020	0	0	0	76.00
76.01	03021	484,259	0	484,259	76.01
76.02	03022	465	0	465	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	537,075	0	537,075	90.00
91.00	09100	1,055,357	0	1,055,357	91.00
92.00	09200		0		92.00
92.01	09201	379,499	0	379,499	92.01
93.00	04040	660,893	0	660,893	93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	45,253	0	45,253	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
116.00	11600	414,624	0	414,624	116.00
118.00		24,091,673	0	24,091,673	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	178,679	0	178,679	190.00
192.00	19200	725,074	0	725,074	192.00
194.00	07950	69,815	0	69,815	194.00
194.01	07951	68,493	0	68,493	194.01
194.02	07952	34,079	0	34,079	194.02
200.00		66,541	0	66,541	200.00
201.00		0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

Period:
From 01/01/2013
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Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
202.00 TOTAL (sum lines 118-201)	25,234,354	25.00 0	26.00 25,234,354		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	474,126				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		474,126			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,039	3,039	106,046,467		4.00
5.01 00510	SHARED SERVICES	0	0	0	-338,420	5.01
5.02 00511	OTHER A&G	552	552	493,558	0	5.02
5.03 00560	OTHER ADMINISTRATIVE AND GENERAL	14,136	14,136	10,471,893	0	5.03
7.00 00700	OPERATION OF PLANT	21,000	21,000	2,314,733	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,816	1,816	130,152	0	8.00
9.00 00900	HOUSEKEEPING	2,455	2,455	1,580,155	0	9.00
10.00 01000	DIETARY	13,455	13,455	475,185	0	10.00
11.00 01100	CAFETERIA	4,141	4,141	1,361,365	0	11.00
13.00 01300	NURSING ADMINISTRATION	3,812	3,812	3,713,514	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	14,386	14,386	1,321,439	0	14.00
15.00 01500	PHARMACY	3,775	3,775	3,195,600	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,398	6,398	2,276,097	0	16.00
17.00 01700	SOCIAL SERVICE	1,702	1,702	1,472,899	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	1,411,429	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	678	678	1,628,762	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	99,996	99,996	13,562,362	0	30.00
31.00 03100	INTENSIVE CARE UNIT	15,970	15,970	6,386,384	0	31.00
40.00 04000	SUBPROVIDER - IPF	8,294	8,294	1,821,676	0	40.00
41.00 04100	SUBPROVIDER - IRF	7,879	7,879	1,341,933	0	41.00
43.00 04300	NURSERY	4,589	4,589	1,209,793	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	41,058	41,058	6,162,905	0	50.00
51.00 05100	RECOVERY ROOM	2,641	2,641	826,926	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	24,095	24,095	3,013,304	0	52.00
53.00 05300	ANESTHESIOLOGY	477	477	208,710	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	28,184	28,184	4,248,968	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	6,670	6,670	931,981	0	55.00
56.00 05600	RADIOISOTOPE	2,874	2,874	249,631	0	56.00
57.00 05700	CT SCAN	547	547	468,908	0	57.00
58.00 05800	MRI	6,005	6,005	803,489	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	5,293	5,293	581,390	0	59.00
60.00 06000	LABORATORY	16,575	16,575	7,466,280	0	60.00
65.00 06500	RESPIRATORY THERAPY	75	75	1,870,110	0	65.00
66.00 06600	PHYSICAL THERAPY	12,803	12,803	1,961,388	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,462	1,462	573,166	0	67.00
68.00 06800	SPEECH PATHOLOGY	979	979	128,366	0	68.00
69.00 06900	ELECTROCARDIOLOGY	4,822	4,822	665,736	0	69.00
69.01 06901	CARDIAC REHAB	9,259	9,259	481,196	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	4,648	4,648	165,240	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00 03020	OTHER ANCILLARY	0	0	0	0	76.00
76.01 03021	HRT & VASC CTR	8,274	8,274	737,729	0	76.01
76.02 03022	OP DIABETES EDUC	0	0	51,884	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	9,145	9,145	1,163,133	0	90.00
91.00 09100	EMERGENCY	17,365	17,365	2,823,054	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	6,613	6,613	259,384	0	92.01
93.00 04040	PARTIAL HOSP	11,296	11,296	1,023,160	0	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	6,743,060	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	6,746	6,746	2,791,621	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	455,979	455,979	102,569,648	-338,420	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,101	3,101	221,189	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	12,174	12,174	2,189,942	0	192.00
194.00 07950	FOUNDATION	1,172	1,172	476,604	0	194.00
194.01 07951	MARKETING	1,131	1,131	95,446	0	194.01
194.02 07952	OP PHARMACY	569	569	493,638	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
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)	16,471,011	8,763,343	18,602,050		338,420	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	34.739734	18.483152	0.175414		0.001340	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			161,744		0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001525		0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description		Reconciliation	OTHER A&G (ACCUM. COST)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5A.02	5.02	5A.03	5.03	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	SHARED SERVICES					5.01
5.02	00511	OTHER A&G	-761,288	252,217,241			5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	0	39,008,648	-39,126,474	213,852,055	5.03
7.00	00700	OPERATION OF PLANT	0	11,225,616	0	11,259,495	435,399
8.00	00800	LAUNDRY & LINEN SERVICE	0	812,637	0	815,090	1,816
9.00	00900	HOUSEKEEPING	0	2,360,165	0	2,367,288	2,455
10.00	01000	DIETARY	0	1,560,412	0	1,565,121	13,455
11.00	01100	CAFETERIA	0	1,748,354	0	1,753,631	4,141
13.00	01300	NURSING ADMINISTRATION	0	5,845,348	0	5,862,989	3,812
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,412,636	0	3,422,935	14,386
15.00	01500	PHARMACY	0	4,014,895	0	4,027,012	3,775
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,674,255	0	4,688,362	6,398
17.00	01700	SOCIAL SERVICE	0	2,405,527	0	2,412,787	1,702
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,821,592	0	1,827,090	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,090,238	0	2,096,546	678
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	22,918,392	0	22,987,560	99,996
31.00	03100	INTENSIVE CARE UNIT	0	9,890,409	0	9,920,258	15,970
40.00	04000	SUBPROVIDER - I PF	0	2,907,809	0	2,916,585	8,294
41.00	04100	SUBPROVIDER - I RF	0	2,442,437	0	2,449,808	7,879
43.00	04300	NURSERY	0	1,910,057	0	1,915,822	4,589
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	11,284,999	0	11,319,057	41,058
51.00	05100	RECOVERY ROOM	0	1,201,581	0	1,205,207	2,641
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,576,947	0	5,593,778	24,095
53.00	05300	ANESTHESIOLOGY	0	645,327	0	647,275	477
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,736,706	0	7,760,055	28,184
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,809,529	0	1,814,990	6,670
56.00	05600	RADIOISOTOPE	0	477,038	0	478,478	2,874
57.00	05700	CT SCAN	0	643,365	0	645,307	577
58.00	05800	MRI	0	1,429,451	0	1,433,765	6,005
59.00	05900	CARDIAC CATHETERIZATION	0	1,047,644	0	1,050,806	5,293
60.00	06000	LABORATORY	0	15,940,270	0	15,988,378	16,575
65.00	06500	RESPIRATORY THERAPY	0	2,612,010	0	2,619,893	75
66.00	06600	PHYSICAL THERAPY	0	3,163,025	0	3,172,571	12,803
67.00	06700	OCCUPATIONAL THERAPY	0	794,065	0	796,461	1,462
68.00	06800	SPEECH PATHOLOGY	0	213,535	0	214,179	979
69.00	06900	ELECTROCARDIOLOGY	0	1,202,883	0	1,206,513	4,822
69.01	06901	CARDIAC REHAB	0	1,029,925	0	1,033,033	9,259
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,005,093	0	1,008,126	4,648
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,563,040	0	7,585,865	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,180,076	0	17,231,925	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,134,233	0	10,164,818	0
74.00	07400	RENAL DIALYSIS	0	201,062	0	201,669	0
76.00	03020	OTHER ANCILLARY	0	0	0	0	0
76.01	03021	HRT & VASC CTR	0	1,551,214	0	1,555,896	8,274
76.02	03022	OP DIABETES EDUC	0	67,568	0	67,772	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,371,859	0	1,375,999	9,145
91.00	09100	EMERGENCY	0	5,083,879	0	5,099,222	17,365
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	706,042	0	708,173	6,613
93.00	04040	PARTIAL HOSP	0	1,970,437	0	1,976,384	11,296
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	9,032,944	0	9,060,205	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	5,431,208	0	5,447,599	6,746
118.00		SUBTOTALS (SUM OF LINES 1-117)	-761,288	239,156,382	-39,126,474	200,751,778	417,252
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	691,040	0	693,126	3,101
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	9,901,895	0	9,931,779	12,174
194.00	07950	FOUNDATION	0	847,933	0	850,492	1,172
194.01	07951	MARKETING	0	1,265,814	0	1,269,634	1,131
194.02	07952	OP PHARMACY	0	354,177	0	355,246	569
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description		Reconciliation	OTHER A&G (ACCUM. COST)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5A.02	5.02	5A.03	5.03	7.00	
202.00	Cost to be allocated (per Wkst. B, Part I)		761,288		39,126,474	13,319,532	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.003018		0.182960	30.591554	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		30,132		773,088	1,163,249	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.000119		0.003615	2.671685	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	SHARED SERVICES					5.01
5.02	00511	OTHER A&G					5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL					5.03
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	57,690				8.00
9.00	00900	HOUSEKEEPING	0	431,128			9.00
10.00	01000	DIETARY	0	13,455	57,690		10.00
11.00	01100	CAFETERIA	0	4,141	0	102,160	11.00
13.00	01300	NURSING ADMINISTRATION	0	3,812	0	3,148	1,090,719
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,386	0	2,613	0
15.00	01500	PHARMACY	0	3,775	0	3,123	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,398	0	3,420	0
17.00	01700	SOCIAL SERVICE	0	1,702	0	1,865	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	2,663	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	678	0	1,119	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	33,574	99,996	33,574	19,176	398,864
31.00	03100	INTENSIVE CARE UNIT	10,322	15,970	10,322	7,246	150,721
40.00	04000	SUBPROVIDER - I PF	4,915	8,294	4,915	2,392	49,763
41.00	04100	SUBPROVIDER - I RF	4,159	7,879	4,159	1,854	38,570
43.00	04300	NURSERY	4,720	4,589	4,720	1,478	30,736
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	41,058	0	8,035	167,138
51.00	05100	RECOVERY ROOM	0	2,641	0	991	20,622
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	24,095	0	3,681	76,556
53.00	05300	ANESTHESIOLOGY	0	477	0	435	9,058
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	28,184	0	5,820	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,670	0	977	0
56.00	05600	RADIOISOTOPE	0	2,874	0	255	0
57.00	05700	CT SCAN	0	547	0	537	0
58.00	05800	MRI	0	6,005	0	927	0
59.00	05900	CARDIAC CATHETERIZATION	0	5,293	0	607	0
60.00	06000	LABORATORY	0	16,575	0	13,951	0
65.00	06500	RESPIRATORY THERAPY	0	75	0	2,547	0
66.00	06600	PHYSICAL THERAPY	0	12,803	0	2,351	0
67.00	06700	OCCUPATIONAL THERAPY	0	1,462	0	693	0
68.00	06800	SPEECH PATHOLOGY	0	979	0	128	0
69.00	06900	ELECTROCARDIOLOGY	0	4,822	0	807	0
69.01	06901	CARDIAC REHAB	0	9,259	0	553	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,648	0	243	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03020	OTHER ANCILLARY	0	0	0	0	0
76.01	03021	HRT & VASC CTR	0	8,274	0	759	0
76.02	03022	OP DIABETES EDUC	0	0	0	43	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	9,145	0	1,408	29,287
91.00	09100	EMERGENCY	0	17,365	0	3,674	76,414
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	6,613	0	407	8,471
93.00	04040	PARTIAL HOSP	0	11,296	0	1,660	34,519
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
116.00	11600	HOSPICE	0	6,746	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	57,690	412,981	57,690	101,586	1,090,719
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,101	0	574	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	12,174	0	0	0
194.00	07950	FOUNDATION	0	1,172	0	0	0
194.01	07951	MARKETING	0	1,131	0	0	0
194.02	07952	OP PHARMACY	0	569	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING)	
		8.00	9.00	10.00	11.00	13.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,019,773	2,875,509	2,352,826	2,228,774	7,146,399	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	17.676772	6.669734	40.783949	21.816504	6.552007	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	104,746	148,470	763,265	241,508	249,379	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.815670	0.344376	13.230456	2.364017	0.228637	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1
Date/Time Prepared: 5/27/2014 7:38 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00510 SHARED SERVICES						5.01
5.02 00511 OTHER A&G						5.02
5.03 00560 OTHER ADMINISTRATIVE AND GENERAL						5.03
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	28,317,570					14.00
15.00 01500 PHARMACY	41,845	10,556,037				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	908,360,379			16.00
17.00 01700 SOCIAL SERVICE	0	0	0	57,690		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	55,211	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	6,300	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	744,425	1,304	47,078,137	33,574	39,664	30.00
31.00 03100 INTENSIVE CARE UNIT	453,406	2,663	28,661,104	10,322	6,241	31.00
40.00 04000 SUBPROVIDER - IPF	8,025	29	7,470,800	4,915	0	40.00
41.00 04100 SUBPROVIDER - IRF	55,670	9	5,670,797	4,159	0	41.00
43.00 04300 NURSERY	53,755	546	4,424,926	4,720	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	466,049	12,879	76,033,298	0	2,479	50.00
51.00 05100 RECOVERY ROOM	23,371	0	13,244,121	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	133,888	1,359	10,507,581	0	0	52.00
53.00 05300 ANESTHESIOLOGY	161,729	159,866	24,890,879	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	84,587	1,461	60,046,515	0	1,140	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	19,376	41	16,630,318	0	0	55.00
56.00 05600 RADIOISOTOPE	2,274	8,124	6,538,173	0	0	56.00
57.00 05700 CT SCAN	15,590	1,123	52,143,095	0	0	57.00
58.00 05800 MRI	9,925	649	29,246,045	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	29,730	0	18,928,545	0	0	59.00
60.00 06000 LABORATORY	365,092	396	155,516,824	0	160	60.00
65.00 06500 RESPIRATORY THERAPY	76,531	104	24,159,548	0	0	65.00
66.00 06600 PHYSICAL THERAPY	2,194	0	10,943,988	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	581	0	3,702,258	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	729	0	1,359,375	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	10,636	260	18,899,082	0	0	69.00
69.01 06901 CARDIAC REHAB	2,100	50	1,023,764	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	17,744	0	7,257,092	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	7,953,961	1,334	44,938,029	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	17,157,086	0	74,413,200	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	235	9,936,905	66,687,051	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	828,490	0	0	74.00
76.00 03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01 03021 HRT & VASC CTR	12,843	7	22,970,810	0	0	76.01
76.02 03022 OP DIABETES EDUC	0	0	72,296	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	42,823	162	10,689,825	0	2,239	90.00
91.00 09100 EMERGENCY	263,526	2,044	50,226,985	0	3,288	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	27,534	0	1,973,445	0	0	92.01
93.00 04040 PARTIAL HOSP	2,490	132	11,183,983	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	38,968	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	32,552	424,590	0	0	0	116.00
118.00	28,317,570	10,556,037	908,360,379	57,690	55,211	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
194.00 07950 FOUNDATION	0	0	0	0	0	194.00
194.01 07951 MARKETING	0	0	0	0	0	194.01
194.02 07952 OP PHARMACY	0	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	21.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,642,243	4,979,448	5,859,155	2,958,338	2,219,471	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.163935	0.471716	0.006450	51.279910	40.199797	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	830,026	240,821	388,876	111,381	15,269	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.029311	0.022814	0.000428	1.930681	0.276557	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1
Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description		INTERNS & RESIDENTS		
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
		22.00		
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,530,839		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	45.839398		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	51,272		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.928656		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140122

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2014 7:38 pm

		Title XVII		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		38,061,897	0	38,061,897	30.00	
31.00	03100 INTENSIVE CARE UNIT		14,869,130	0	14,869,130	31.00	
40.00	04000 SUBPROVIDER - I/PF		4,726,373	0	4,726,373	40.00	
41.00	04100 SUBPROVIDER - I/RF		3,986,884	0	3,986,884	41.00	
43.00	04300 NURSERY		3,226,546	0	3,226,546	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		16,763,143	0	16,763,143	50.00	
51.00	05100 RECOVERY ROOM		1,770,110	0	1,770,110	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		8,187,292	0	8,187,292	52.00	
53.00	05300 ANESTHESIOLOGY		1,114,781	0	1,114,781	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		10,758,835	0	10,758,835	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		2,527,370	0	2,527,370	55.00	
56.00	05600 RADIOISOTOPE		725,048	0	725,048	56.00	
57.00	05700 CT SCAN		1,134,878	0	1,134,878	57.00	
58.00	05800 MRI		2,130,635	0	2,130,635	58.00	
59.00	05900 CARDIAC CATHETERIZATION		1,580,491	0	1,580,491	59.00	
60.00	06000 LABORATORY		20,898,931	0	20,898,931	60.00	
65.00	06500 RESPIRATORY THERAPY	0	3,326,014	0	3,326,014	65.00	
66.00	06600 PHYSICAL THERAPY	0	4,352,322	0	4,352,322	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,035,752	0	1,035,752	67.00	
68.00	06800 SPEECH PATHOLOGY	0	301,525	0	301,525	68.00	
69.00	06900 ELECTROCARDIOLOGY		1,748,302	0	1,748,302	69.00	
69.01	06901 CARDIAC REHAB		1,586,075	0	1,586,075	69.01	
70.00	07000 ELECTROENCEPHALOGRAPHY		1,420,782	0	1,420,782	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		10,568,187	0	10,568,187	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		23,677,292	0	23,677,292	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		17,142,138	0	17,142,138	73.00	
74.00	07400 RENAL DIALYSIS		243,910	0	243,910	74.00	
76.00	03020 OTHER ANCILLARY		0	0	0	76.00	
76.01	03021 HRT & VASC CTR		2,315,692	0	2,315,692	76.01	
76.02	03022 OP DIABETES EDUC		81,576	0	81,576	76.02	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		2,267,159	0	2,267,159	90.00	
91.00	09100 EMERGENCY		7,628,166	0	7,628,166	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,783,003	0	2,783,003	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		1,165,773	0	1,165,773	92.01	
93.00	04040 PARTIAL HOSP		3,093,877	0	3,093,877	93.00	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY		10,724,248		10,724,248	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
116.00	11600 HOSPICE		6,901,279		6,901,279	116.00	
200.00	Subtotal (see instructions)	0	234,825,416	0	234,825,416	200.00	
201.00	Less Observation Beds		2,783,003		2,783,003	201.00	
202.00	Total (see instructions)	0	232,042,413	0	232,042,413	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140122		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/27/2014 7:38 pm	
			Title XVIIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	42,263,062		42,263,062			30.00
31.00	03100	INTENSIVE CARE UNIT	28,661,104		28,661,104			31.00
40.00	04000	SUBPROVIDER - I PF	7,470,800		7,470,800			40.00
41.00	04100	SUBPROVIDER - I RF	5,670,797		5,670,797			41.00
43.00	04300	NURSERY	4,424,926		4,424,926			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,300,992	41,732,306	76,033,298	0.220471	0.000000	50.00
51.00	05100	RECOVERY ROOM	6,091,379	7,152,742	13,244,121	0.133653	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,507,581	0	10,507,581	0.779180	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	13,078,147	11,812,732	24,890,879	0.044787	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,930,427	42,116,088	60,046,515	0.179175	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	863,163	15,767,155	16,630,318	0.151974	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,240,974	4,297,199	6,538,173	0.110895	0.000000	56.00
57.00	05700	CT SCAN	17,020,147	35,122,948	52,143,095	0.021765	0.000000	57.00
58.00	05800	MRI	5,004,791	24,241,254	29,246,045	0.072852	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,889,770	12,038,775	18,928,545	0.083498	0.000000	59.00
60.00	06000	LABORATORY	51,764,894	103,751,930	155,516,824	0.134384	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	22,989,658	1,169,890	24,159,548	0.137669	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,520,197	4,423,791	10,943,988	0.397691	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,562,477	139,781	3,702,258	0.279762	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,305,402	53,973	1,359,375	0.221811	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	8,312,206	10,586,876	18,899,082	0.092507	0.000000	69.00
69.01	06901	CARDIAC REHAB	113,328	910,436	1,023,764	1.549258	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,671,436	5,585,656	7,257,092	0.195778	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,117,441	21,820,588	44,938,029	0.235172	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,327,678	30,085,522	74,413,200	0.318187	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,670,358	20,016,693	66,687,051	0.257053	0.000000	73.00
74.00	07400	RENAL DIALYSIS	828,490	0	828,490	0.294403	0.000000	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0.000000	0.000000	76.00
76.01	03021	HRT & VASC CTR	25,169	22,945,641	22,970,810	0.100810	0.000000	76.01
76.02	03022	OP DIABETES EDUC	1,004	71,292	72,296	1.128361	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	269,928	10,419,897	10,689,825	0.212086	0.000000	90.00
91.00	09100	EMERGENCY	17,893,260	32,333,725	50,226,985	0.151874	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	703,660	4,111,415	4,815,075	0.577977	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	190,840	1,782,605	1,973,445	0.590730	0.000000	92.01
93.00	04040	PARTIAL HOSP	35,955	11,148,028	11,183,983	0.276635	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	10,904,424	10,904,424			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	8,152,065	8,152,065			116.00
200.00		Subtotal (see instructions)	432,721,441	494,695,427	927,416,868			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	432,721,441	494,695,427	927,416,868			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 7:38 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
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.220471		50.00
51.00	05100 RECOVERY ROOM	0.133653		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.779180		52.00
53.00	05300 ANESTHESIOLOGY	0.044787		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.179175		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.151974		55.00
56.00	05600 RADIOISOTOPE	0.110895		56.00
57.00	05700 CT SCAN	0.021765		57.00
58.00	05800 MRI	0.072852		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.083498		59.00
60.00	06000 LABORATORY	0.134384		60.00
65.00	06500 RESPIRATORY THERAPY	0.137669		65.00
66.00	06600 PHYSICAL THERAPY	0.397691		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.279762		67.00
68.00	06800 SPEECH PATHOLOGY	0.221811		68.00
69.00	06900 ELECTROCARDIOLOGY	0.092507		69.00
69.01	06901 CARDIAC REHAB	1.549258		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.195778		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.235172		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.318187		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.257053		73.00
74.00	07400 RENAL DIALYSIS	0.294403		74.00
76.00	03020 OTHER ANCILLARY	0.000000		76.00
76.01	03021 HRT & VASC CTR	0.100810		76.01
76.02	03022 OP DIABETES EDUC	1.128361		76.02
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.212086		90.00
91.00	09100 EMERGENCY	0.151874		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.577977		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.590730		92.01
93.00	04040 PARTIAL HOSP	0.276635		93.00
	OTHER REIMBURSABLE COST CENTERS			
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140122

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2014 7:38 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		38,061,897	0	38,061,897	30.00	
31.00	03100 INTENSIVE CARE UNIT		14,869,130	0	14,869,130	31.00	
40.00	04000 SUBPROVIDER - I/PF		4,726,373	0	4,726,373	40.00	
41.00	04100 SUBPROVIDER - I/RF		3,986,884	0	3,986,884	41.00	
43.00	04300 NURSERY		3,226,546	0	3,226,546	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		16,763,143	0	16,763,143	50.00	
51.00	05100 RECOVERY ROOM		1,770,110	0	1,770,110	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		8,187,292	0	8,187,292	52.00	
53.00	05300 ANESTHESIOLOGY		1,114,781	0	1,114,781	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		10,758,835	0	10,758,835	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		2,527,370	0	2,527,370	55.00	
56.00	05600 RADIOISOTOPE		725,048	0	725,048	56.00	
57.00	05700 CT SCAN		1,134,878	0	1,134,878	57.00	
58.00	05800 MRI		2,130,635	0	2,130,635	58.00	
59.00	05900 CARDIAC CATHETERIZATION		1,580,491	0	1,580,491	59.00	
60.00	06000 LABORATORY		20,898,931	0	20,898,931	60.00	
65.00	06500 RESPIRATORY THERAPY	0	3,326,014	0	3,326,014	65.00	
66.00	06600 PHYSICAL THERAPY	0	4,352,322	0	4,352,322	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,035,752	0	1,035,752	67.00	
68.00	06800 SPEECH PATHOLOGY	0	301,525	0	301,525	68.00	
69.00	06900 ELECTROCARDIOLOGY		1,748,302	0	1,748,302	69.00	
69.01	06901 CARDIAC REHAB		1,586,075	0	1,586,075	69.01	
70.00	07000 ELECTROENCEPHALOGRAPHY		1,420,782	0	1,420,782	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		10,568,187	0	10,568,187	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		23,677,292	0	23,677,292	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		17,142,138	0	17,142,138	73.00	
74.00	07400 RENAL DIALYSIS		243,910	0	243,910	74.00	
76.00	03020 OTHER ANCILLARY		0	0	0	76.00	
76.01	03021 HRT & VASC CTR		2,315,692	0	2,315,692	76.01	
76.02	03022 OP DIABETES EDUC		81,576	0	81,576	76.02	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		2,267,159	0	2,267,159	90.00	
91.00	09100 EMERGENCY		7,628,166	0	7,628,166	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,783,003	0	2,783,003	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		1,165,773	0	1,165,773	92.01	
93.00	04040 PARTIAL HOSP		3,093,877	0	3,093,877	93.00	
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY		10,724,248		10,724,248	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
116.00	11600 HOSPICE		6,901,279		6,901,279	116.00	
200.00	Subtotal (see instructions)	0	234,825,416	0	234,825,416	200.00	
201.00	Less Observation Beds		2,783,003		2,783,003	201.00	
202.00	Total (see instructions)	0	232,042,413	0	232,042,413	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140122		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/27/2014 7:38 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	42,263,062		42,263,062			30.00
31.00	03100	INTENSIVE CARE UNIT	28,661,104		28,661,104			31.00
40.00	04000	SUBPROVIDER - I/PF	7,470,800		7,470,800			40.00
41.00	04100	SUBPROVIDER - I/RF	5,670,797		5,670,797			41.00
43.00	04300	NURSERY	4,424,926		4,424,926			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,300,992	41,732,306	76,033,298	0.220471	0.000000	50.00
51.00	05100	RECOVERY ROOM	6,091,379	7,152,742	13,244,121	0.133653	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,507,581	0	10,507,581	0.779180	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	13,078,147	11,812,732	24,890,879	0.044787	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,930,427	42,116,088	60,046,515	0.179175	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	863,163	15,767,155	16,630,318	0.151974	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,240,974	4,297,199	6,538,173	0.110895	0.000000	56.00
57.00	05700	CT SCAN	17,020,147	35,122,948	52,143,095	0.021765	0.000000	57.00
58.00	05800	MRI	5,004,791	24,241,254	29,246,045	0.072852	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,889,770	12,038,775	18,928,545	0.083498	0.000000	59.00
60.00	06000	LABORATORY	51,764,894	103,751,930	155,516,824	0.134384	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	22,989,658	1,169,890	24,159,548	0.137669	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,520,197	4,423,791	10,943,988	0.397691	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,562,477	139,781	3,702,258	0.279762	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,305,402	53,973	1,359,375	0.221811	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	8,312,206	10,586,876	18,899,082	0.092507	0.000000	69.00
69.01	06901	CARDIAC REHAB	113,328	910,436	1,023,764	1.549258	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,671,436	5,585,656	7,257,092	0.195778	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,117,441	21,820,588	44,938,029	0.235172	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,327,678	30,085,522	74,413,200	0.318187	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,670,358	20,016,693	66,687,051	0.257053	0.000000	73.00
74.00	07400	RENAL DIALYSIS	828,490	0	828,490	0.294403	0.000000	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0.000000	0.000000	76.00
76.01	03021	HRT & VASC CTR	25,169	22,945,641	22,970,810	0.100810	0.000000	76.01
76.02	03022	OP DIABETES EDUC	1,004	71,292	72,296	1.128361	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	269,928	10,419,897	10,689,825	0.212086	0.000000	90.00
91.00	09100	EMERGENCY	17,893,260	32,333,725	50,226,985	0.151874	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	703,660	4,111,415	4,815,075	0.577977	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	190,840	1,782,605	1,973,445	0.590730	0.000000	92.01
93.00	04040	PARTIAL HOSP	35,955	11,148,028	11,183,983	0.276635	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	10,904,424	10,904,424			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	8,152,065	8,152,065			116.00
200.00		Subtotal (see instructions)	432,721,441	494,695,427	927,416,868			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	432,721,441	494,695,427	927,416,868			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 7:38 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
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
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
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
69.01	06901 CARDIAC REHAB	0.000000		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03020 OTHER ANCILLARY	0.000000		76.00
76.01	03021 HRT & VASC CTR	0.000000		76.01
76.02	03022 OP DIABETES EDUC	0.000000		76.02
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04040 PARTIAL HOSP	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/27/2014 7:38 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	6,478,727	0	6,478,727	36,202	178.96	30.00
31.00	INTENSIVE CARE UNIT	1,197,357		1,197,357	10,341	115.79	31.00
40.00	SUBPROVIDER - IPF	584,020	0	584,020	4,915	118.82	40.00
41.00	SUBPROVIDER - IRF	542,166	0	542,166	4,159	130.36	41.00
43.00	NURSERY	361,212		361,212	4,720	76.53	43.00
200.00	Total (lines 30-199)	9,163,482		9,163,482	60,337		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	15,798	2,827,210	30.00
31.00	INTENSIVE CARE UNIT	2,414	279,517	31.00
40.00	SUBPROVIDER - IPF	1,477	175,497	40.00
41.00	SUBPROVIDER - IRF	2,870	374,133	41.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	22,559	3,656,357	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/27/2014 7:38 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	2,464,422	76,033,298	0.032412	17,385,930	563,513	50.00
51.00	05100 RECOVERY ROOM	167,699	13,244,121	0.012662	2,154,025	27,274	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,415,217	10,507,581	0.134685	0	0	52.00
53.00	05300 ANESTHESIOLOGY	51,699	24,890,879	0.002077	4,299,196	8,929	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,662,464	60,046,515	0.027686	6,696,658	185,404	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	393,308	16,630,318	0.023650	422,362	9,989	55.00
56.00	05600 RADIOISOTOPE	167,452	6,538,173	0.025611	1,445,376	37,018	56.00
57.00	05700 CT SCAN	57,956	52,143,095	0.001111	9,098,228	10,108	57.00
58.00	05800 MRI	359,306	29,246,045	0.012286	2,486,065	30,544	58.00
59.00	05900 CARDIAC CATHETERIZATION	312,890	18,928,545	0.016530	2,612,045	43,177	59.00
60.00	06000 LABORATORY	1,113,591	155,516,824	0.007161	24,860,054	178,023	60.00
65.00	06500 RESPIRATORY THERAPY	35,457	24,159,548	0.001468	10,708,390	15,720	65.00
66.00	06600 PHYSICAL THERAPY	745,170	10,943,988	0.068089	2,403,436	163,648	66.00
67.00	06700 OCCUPATIONAL THERAPY	89,307	3,702,258	0.024122	1,102,655	26,598	67.00
68.00	06800 SPEECH PATHOLOGY	56,959	1,359,375	0.041901	472,568	19,801	68.00
69.00	06900 ELECTROCARDIOLOGY	287,020	18,899,082	0.015187	4,583,055	69,603	69.00
69.01	06901 CARDIAC REHAB	527,116	1,023,764	0.514880	63,320	32,602	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	269,615	7,257,092	0.037152	338,007	12,558	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	280,725	44,938,029	0.006247	9,866,610	61,637	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	599,088	74,413,200	0.008051	18,045,070	145,281	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	293,197	66,687,051	0.004397	22,145,896	97,376	73.00
74.00	07400 RENAL DIALYSIS	1,108	828,490	0.001337	484,326	648	74.00
76.00	03020 OTHER ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03021 HRT & VASC CTR	484,259	22,970,810	0.021081	0	0	76.01
76.02	03022 OP DIABETES EDUC	465	72,296	0.006432	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	537,075	10,689,825	0.050242	242	12	90.00
91.00	09100 EMERGENCY	1,055,357	50,226,985	0.021012	7,276,308	152,890	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	473,712	4,815,075	0.098381	469,060	46,147	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	379,499	1,973,445	0.192303	110,732	21,294	92.01
93.00	04040 PARTIAL HOSP	660,893	11,183,983	0.059093	1,390	82	93.00
200.00	Total (lines 50-199)	14,942,026	819,869,690		149,531,004	1,959,876	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/27/2014 7:38 pm
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Cost Center Description	Title XVIII			Hospital		PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School
	6.00	7.00	8.00	9.00	11.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	36,202	0.00	15,798	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,341	0.00	2,414	0	31.00
40.00	04000	SUBPROVIDER - IPF	4,915	0.00	1,477	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,159	0.00	2,870	0	41.00
43.00	04300	NURSERY	4,720	0.00	0	0	43.00
200.00		Total (lines 30-199)	60,337		22,559	0	200.00

Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost
	12.00	13.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0			31.00
40.00	04000	SUBPROVIDER - IPF	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
43.00	04300	NURSERY	0	0			43.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 7:38 pm
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	0	76.00
76.01	03021	HRT & VASC CTR	0	0	0	0	0	0	76.01
76.02	03022	OP DIABETES EDUC	0	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	0	0	0	0	0	93.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140122

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

Worksheet D
Part IV
Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	76,033,298	0.000000	0.000000	17,385,930	50.00
51.00	05100	RECOVERY ROOM	0	13,244,121	0.000000	0.000000	2,154,025	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,507,581	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	24,890,879	0.000000	0.000000	4,299,196	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	60,046,515	0.000000	0.000000	6,696,658	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	16,630,318	0.000000	0.000000	422,362	55.00
56.00	05600	RADIOISOTOPE	0	6,538,173	0.000000	0.000000	1,445,376	56.00
57.00	05700	CT SCAN	0	52,143,095	0.000000	0.000000	9,098,228	57.00
58.00	05800	MRI	0	29,246,045	0.000000	0.000000	2,486,065	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	18,928,545	0.000000	0.000000	2,612,045	59.00
60.00	06000	LABORATORY	0	155,516,824	0.000000	0.000000	24,860,054	60.00
65.00	06500	RESPIRATORY THERAPY	0	24,159,548	0.000000	0.000000	10,708,390	65.00
66.00	06600	PHYSICAL THERAPY	0	10,943,988	0.000000	0.000000	2,403,436	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,702,258	0.000000	0.000000	1,102,655	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,359,375	0.000000	0.000000	472,568	68.00
69.00	06900	ELECTROCARDIOLOGY	0	18,899,082	0.000000	0.000000	4,583,055	69.00
69.01	06901	CARDIAC REHAB	0	1,023,764	0.000000	0.000000	63,320	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,257,092	0.000000	0.000000	338,007	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	44,938,029	0.000000	0.000000	9,866,610	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	74,413,200	0.000000	0.000000	18,045,070	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	66,687,051	0.000000	0.000000	22,145,896	73.00
74.00	07400	RENAL DIALYSIS	0	828,490	0.000000	0.000000	484,326	74.00
76.00	03020	OTHER ANCILLARY	0	0	0.000000	0.000000	0	76.00
76.01	03021	HRT & VASC CTR	0	22,970,810	0.000000	0.000000	0	76.01
76.02	03022	OP DIABETES EDUC	0	72,296	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	10,689,825	0.000000	0.000000	242	90.00
91.00	09100	EMERGENCY	0	50,226,985	0.000000	0.000000	7,276,308	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,815,075	0.000000	0.000000	469,060	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,973,445	0.000000	0.000000	110,732	92.01
93.00	04040	PARTIAL HOSP	0	11,183,983	0.000000	0.000000	1,390	93.00
200.00		Total (lines 50-199)	0	819,869,690			149,531,004	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 7:38 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	15,858,595	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	1,179,317	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,794,880	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	11,764,904	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	7,720,580	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	2,154,183	0	0	0	56.00
57.00	05700 CT SCAN	0	12,889,969	0	0	0	57.00
58.00	05800 MRI	0	4,872,416	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	3,171,273	0	0	0	59.00
60.00	06000 LABORATORY	0	2,421,055	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	534,564	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	8,741,160	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	428,560	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,629,181	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,120,591	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	14,333,215	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	11,725,135	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03021 HRT & VASC CTR	0	4,444,897	0	0	0	76.01
76.02	03022 OP DIABETES EDUC	0	16,629	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	170,105	0	0	0	90.00
91.00	09100 EMERGENCY	0	6,312,473	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,500,666	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	713,853	0	0	0	92.01
93.00	04040 PARTIAL HOSP	0	2,162,370	0	0	0	93.00
200.00	Total (lines 50-199)	0	122,660,571	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 7:38 pm
Title XVIII		Hospital	PPS

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
		23.00	24.00	
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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
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
69.01	06901 CARDIAC REHAB	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	76.00
76.01	03021 HRT & VASC CTR	0	0	76.01
76.02	03022 OP DIABETES EDUC	0	0	76.02
OUTPATIENT SERVICE COST CENTERS				
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
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04040 PARTIAL HOSP	0	0	93.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 7:38 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	0.220471	15,858,595	0	0	3,496,360
51.00 05100 RECOVERY ROOM	0.133653	1,179,317	0	0	157,619
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.779180	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.044787	1,794,880	0	0	80,387
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.179175	11,764,904	0	0	2,107,977
55.00 05500 RADIOLOGY-THERAPEUTIC	0.151974	7,720,580	0	0	1,173,327
56.00 05600 RADIOISOTOPE	0.110895	2,154,183	0	0	238,888
57.00 05700 CT SCAN	0.021765	12,889,969	0	0	280,550
58.00 05800 MRI	0.072852	4,872,416	0	0	354,965
59.00 05900 CARDIAC CATHETERIZATION	0.083498	3,171,273	0	0	264,795
60.00 06000 LABORATORY	0.134384	2,421,055	0	0	325,351
65.00 06500 RESPIRATORY THERAPY	0.137669	534,564	0	0	73,593
66.00 06600 PHYSICAL THERAPY	0.397691	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.279762	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.221811	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.092507	8,741,160	0	0	808,618
69.01 06901 CARDIAC REHAB	1.549258	428,560	0	0	663,950
70.00 07000 ELECTROENCEPHALOGRAPHY	0.195778	1,629,181	0	0	318,958
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.235172	6,120,591	0	0	1,439,392
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.318187	14,333,215	0	0	4,560,643
73.00 07300 DRUGS CHARGED TO PATIENTS	0.257053	11,725,135	1,589	84,102	3,013,981
74.00 07400 RENAL DIALYSIS	0.294403	0	0	0	0
76.00 03020 OTHER ANCILLARY	0.000000	0	0	0	0
76.01 03021 HRT & VASC CTR	0.100810	4,444,897	0	0	448,090
76.02 03022 OP DIABETES EDUC	1.128361	16,629	0	0	18,764
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.212086	170,105	0	0	36,077
91.00 09100 EMERGENCY	0.151874	6,312,473	0	0	958,701
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.577977	1,500,666	0	0	867,350
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.590730	713,853	0	0	421,694
93.00 04040 PARTIAL HOSP	0.276635	2,162,370	0	0	598,187
200.00	Subtotal (see instructions)	122,660,571	1,589	84,102	22,708,217
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	
202.00	Net Charges (line 200 +/- line 201)	122,660,571	1,589	84,102	22,708,217

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 7:38 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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
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
69.01 06901 CARDIAC REHAB	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	408	21,619		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 OTHER ANCILLARY	0	0		76.00
76.01 03021 HRT & VASC CTR	0	0		76.01
76.02 03022 OP DIABETES EDUC	0	0		76.02
OUTPATIENT SERVICE COST CENTERS				
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
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04040 PARTIAL HOSP	0	0		93.00
200.00 Subtotal (see instructions)	408	21,619		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	408	21,619		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/27/2014 7:38 pm
		Component CCN: 14S122	Title XVIII	Subprovider - IPF

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,464,422	76,033,298	0.032412	9,170	297	50.00
51.00	05100 RECOVERY ROOM	167,699	13,244,121	0.012662	187,852	2,379	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,415,217	10,507,581	0.134685	0	0	52.00
53.00	05300 ANESTHESIOLOGY	51,699	24,890,879	0.002077	191,655	398	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,662,464	60,046,515	0.027686	38,830	1,075	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	393,308	16,630,318	0.023650	0	0	55.00
56.00	05600 RADIOISOTOPE	167,452	6,538,173	0.025611	0	0	56.00
57.00	05700 CT SCAN	57,956	52,143,095	0.001111	41,346	46	57.00
58.00	05800 MRI	359,306	29,246,045	0.012286	16,965	208	58.00
59.00	05900 CARDIAC CATHETERIZATION	312,890	18,928,545	0.016530	0	0	59.00
60.00	06000 LABORATORY	1,113,591	155,516,824	0.007161	281,857	2,018	60.00
65.00	06500 RESPIRATORY THERAPY	35,457	24,159,548	0.001468	130,046	191	65.00
66.00	06600 PHYSICAL THERAPY	745,170	10,943,988	0.068089	19,296	1,314	66.00
67.00	06700 OCCUPATIONAL THERAPY	89,307	3,702,258	0.024122	688	17	67.00
68.00	06800 SPEECH PATHOLOGY	56,959	1,359,375	0.041901	806	34	68.00
69.00	06900 ELECTROCARDIOLOGY	287,020	18,899,082	0.015187	0	0	69.00
69.01	06901 CARDIAC REHAB	527,116	1,023,764	0.514880	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	269,615	7,257,092	0.037152	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	280,725	44,938,029	0.006247	4,256	27	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	599,088	74,413,200	0.008051	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	293,197	66,687,051	0.004397	464,132	2,041	73.00
74.00	07400 RENAL DIALYSIS	1,108	828,490	0.001337	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03021 HRT & VASC CTR	484,259	22,970,810	0.021081	0	0	76.01
76.02	03022 OP DIABETES EDUC	465	72,296	0.006432	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	537,075	10,689,825	0.050242	0	0	90.00
91.00	09100 EMERGENCY	1,055,357	50,226,985	0.021012	176,341	3,705	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,815,075	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	379,499	1,973,445	0.192303	0	0	92.01
93.00	04040 PARTIAL HOSP	660,893	11,183,983	0.059093	4,930	291	93.00
200.00	Total (lines 50-199)	14,468,314	819,869,690		1,568,170	14,041	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122 Component CCN: 14S122	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 7:38 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03021 HRT & VASC CTR	0	0	0	0	0	76.01
76.02	03022 OP DIABETES EDUC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040 PARTIAL HOSP	0	0	0	0	0	93.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122 Component CCN: 14S122	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 7:38 pm
	Title XVIIII	Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	76,033,298	0.000000	0.000000	9,170	50.00
51.00 05100 RECOVERY ROOM	0	13,244,121	0.000000	0.000000	187,852	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	10,507,581	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	24,890,879	0.000000	0.000000	191,655	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	60,046,515	0.000000	0.000000	38,830	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	16,630,318	0.000000	0.000000	0	55.00
56.00 05600 RADIOISOTOPE	0	6,538,173	0.000000	0.000000	0	56.00
57.00 05700 CT SCAN	0	52,143,095	0.000000	0.000000	41,346	57.00
58.00 05800 MRI	0	29,246,045	0.000000	0.000000	16,965	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	18,928,545	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	155,516,824	0.000000	0.000000	281,857	60.00
65.00 06500 RESPIRATORY THERAPY	0	24,159,548	0.000000	0.000000	130,046	65.00
66.00 06600 PHYSICAL THERAPY	0	10,943,988	0.000000	0.000000	19,296	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	3,702,258	0.000000	0.000000	688	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,359,375	0.000000	0.000000	806	68.00
69.00 06900 ELECTROCARDIOLOGY	0	18,899,082	0.000000	0.000000	0	69.00
69.01 06901 CARDIAC REHAB	0	1,023,764	0.000000	0.000000	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	7,257,092	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	44,938,029	0.000000	0.000000	4,256	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	74,413,200	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	66,687,051	0.000000	0.000000	464,132	73.00
74.00 07400 RENAL DIALYSIS	0	828,490	0.000000	0.000000	0	74.00
76.00 03020 OTHER ANCILLARY	0	0	0.000000	0.000000	0	76.00
76.01 03021 HRT & VASC CTR	0	22,970,810	0.000000	0.000000	0	76.01
76.02 03022 OP DIABETES EDUC	0	72,296	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	10,689,825	0.000000	0.000000	0	90.00
91.00 09100 EMERGENCY	0	50,226,985	0.000000	0.000000	176,341	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,815,075	0.000000	0.000000	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	1,973,445	0.000000	0.000000	0	92.01
93.00 04040 PARTIAL HOSP	0	11,183,983	0.000000	0.000000	4,930	93.00
200.00 Total (lines 50-199)	0	819,869,690			1,568,170	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122 Component CCN: 14S122	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 7:38 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03021	HRT & VASC CTR	0	0	0	0	0	76.01
76.02	03022	OP DIABETES EDUC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	105	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	0	0	0	0	93.00
200.00		Total (lines 50-199)	0	105	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122 Component CCN: 14S122	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 7:38 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
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
69.01	06901 CARDIAC REHAB	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	76.00
76.01	03021 HRT & VASC CTR	0	0	76.01
76.02	03022 OP DIABETES EDUC	0	0	76.02
OUTPATIENT SERVICE COST CENTERS				
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
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04040 PARTIAL HOSP	0	0	93.00
200.00	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140122 Component CCN: 14S122	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 7:38 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.220471	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.133653	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.779180	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.044787	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.179175	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.151974	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.110895	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0.021765	0	0	0	0	0	57.00
58.00 05800 MRI	0.072852	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.083498	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0.134384	0	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0.137669	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.397691	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.279762	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.221811	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.092507	0	0	0	0	0	69.00
69.01 06901 CARDIAC REHAB	1.549258	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0.195778	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.235172	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.318187	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.257053	0	0	0	226	0	73.00
74.00 07400 RENAL DIALYSIS	0.294403	0	0	0	0	0	74.00
76.00 03020 OTHER ANCILLARY	0.000000	0	0	0	0	0	76.00
76.01 03021 HRT & VASC CTR	0.100810	0	0	0	0	0	76.01
76.02 03022 OP DIABETES EDUC	1.128361	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.212086	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.151874	105	0	0	0	16	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.577977	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.590730	0	0	0	0	0	92.01
93.00 04040 PARTIAL HOSP	0.276635	0	0	0	0	0	93.00
200.00	Subtotal (see instructions)	105	0	0	226	16	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (Line 200 +/- Line 201)		105	0	226	16	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140122 Component CCN: 14S122	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 7:38 pm
	Title XVII I	Subprovider - IPF	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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
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
69.01 06901 CARDIAC REHAB	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	58	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03020 OTHER ANCILLARY	0	0	76.00
76.01 03021 HRT & VASC CTR	0	0	76.01
76.02 03022 OP DIABETES EDUC	0	0	76.02
OUTPATIENT SERVICE COST CENTERS			
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
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00 04040 PARTIAL HOSP	0	0	93.00
200.00 Subtotal (see instructions)	0	58	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00 Net Charges (Line 200 +/- Line 201)	0	58	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/27/2014 7:38 pm
		Component CCN: 14T122	Title XVIII	Subprovider - IRF PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,464,422	76,033,298	0.032412	67,623	2,192	50.00
51.00	05100 RECOVERY ROOM	167,699	13,244,121	0.012662	1,232	16	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,415,217	10,507,581	0.134685	0	0	52.00
53.00	05300 ANESTHESIOLOGY	51,699	24,890,879	0.002077	1,681	3	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,662,464	60,046,515	0.027686	136,040	3,766	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	393,308	16,630,318	0.023650	13,711	324	55.00
56.00	05600 RADIOISOTOPE	167,452	6,538,173	0.025611	0	0	56.00
57.00	05700 CT SCAN	57,956	52,143,095	0.001111	100,267	111	57.00
58.00	05800 MRI	359,306	29,246,045	0.012286	48,500	596	58.00
59.00	05900 CARDIAC CATHETERIZATION	312,890	18,928,545	0.016530	0	0	59.00
60.00	06000 LABORATORY	1,113,591	155,516,824	0.007161	933,622	6,686	60.00
65.00	06500 RESPIRATORY THERAPY	35,457	24,159,548	0.001468	435,558	639	65.00
66.00	06600 PHYSICAL THERAPY	745,170	10,943,988	0.068089	1,253,348	85,339	66.00
67.00	06700 OCCUPATIONAL THERAPY	89,307	3,702,258	0.024122	1,230,481	29,682	67.00
68.00	06800 SPEECH PATHOLOGY	56,959	1,359,375	0.041901	488,042	20,449	68.00
69.00	06900 ELECTROCARDIOLOGY	287,020	18,899,082	0.015187	43,846	666	69.00
69.01	06901 CARDIAC REHAB	527,116	1,023,764	0.514880	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	269,615	7,257,092	0.037152	10,120	376	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	280,725	44,938,029	0.006247	116,121	725	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	599,088	74,413,200	0.008051	3,554	29	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	293,197	66,687,051	0.004397	1,163,129	5,114	73.00
74.00	07400 RENAL DIALYSIS	1,108	828,490	0.001337	68,327	91	74.00
76.00	03020 OTHER ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03021 HRT & VASC CTR	484,259	22,970,810	0.021081	0	0	76.01
76.02	03022 OP DIABETES EDUC	465	72,296	0.006432	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	537,075	10,689,825	0.050242	0	0	90.00
91.00	09100 EMERGENCY	1,055,357	50,226,985	0.021012	3,584	75	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,815,075	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	379,499	1,973,445	0.192303	0	0	92.01
93.00	04040 PARTIAL HOSP	660,893	11,183,983	0.059093	0	0	93.00
200.00	Total (lines 50-199)	14,468,314	819,869,690		6,118,786	156,879	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122 Component CCN: 14T122	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 7:38 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03021 HRT & VASC CTR	0	0	0	0	0	76.01
76.02	03022 OP DIABETES EDUC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040 PARTIAL HOSP	0	0	0	0	0	93.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122 Component CCN: 14T122	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 7:38 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	76,033,298	0.000000	0.000000	67,623 50.00
51.00 05100 RECOVERY ROOM	0	13,244,121	0.000000	0.000000	1,232 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	10,507,581	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	24,890,879	0.000000	0.000000	1,681 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	60,046,515	0.000000	0.000000	136,040 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	16,630,318	0.000000	0.000000	13,711 55.00
56.00 05600 RADIOISOTOPE	0	6,538,173	0.000000	0.000000	0 56.00
57.00 05700 CT SCAN	0	52,143,095	0.000000	0.000000	100,267 57.00
58.00 05800 MRI	0	29,246,045	0.000000	0.000000	48,500 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	18,928,545	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	155,516,824	0.000000	0.000000	933,622 60.00
65.00 06500 RESPIRATORY THERAPY	0	24,159,548	0.000000	0.000000	435,558 65.00
66.00 06600 PHYSICAL THERAPY	0	10,943,988	0.000000	0.000000	1,253,348 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	3,702,258	0.000000	0.000000	1,230,481 67.00
68.00 06800 SPEECH PATHOLOGY	0	1,359,375	0.000000	0.000000	488,042 68.00
69.00 06900 ELECTROCARDIOLOGY	0	18,899,082	0.000000	0.000000	43,846 69.00
69.01 06901 CARDIAC REHAB	0	1,023,764	0.000000	0.000000	0 69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	7,257,092	0.000000	0.000000	10,120 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	44,938,029	0.000000	0.000000	116,121 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	74,413,200	0.000000	0.000000	3,554 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	66,687,051	0.000000	0.000000	1,163,129 73.00
74.00 07400 RENAL DIALYSIS	0	828,490	0.000000	0.000000	68,327 74.00
76.00 03020 OTHER ANCILLARY	0	0	0.000000	0.000000	0 76.00
76.01 03021 HRT & VASC CTR	0	22,970,810	0.000000	0.000000	0 76.01
76.02 03022 OP DIABETES EDUC	0	72,296	0.000000	0.000000	0 76.02
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	10,689,825	0.000000	0.000000	0 90.00
91.00 09100 EMERGENCY	0	50,226,985	0.000000	0.000000	3,584 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,815,075	0.000000	0.000000	0 92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	1,973,445	0.000000	0.000000	0 92.01
93.00 04040 PARTIAL HOSP	0	11,183,983	0.000000	0.000000	0 93.00
200.00 Total (lines 50-199)	0	819,869,690			6,118,786 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122 Component CCN: 14T122	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 7:38 pm
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	Title XVIII	Subprovider - IRF	PPS
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Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
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
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03021	HRT & VASC CTR	0	0	0	0	0	76.01
76.02	03022	OP DIABETES EDUC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	PARTIAL HOSP	0	0	0	0	0	93.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122 Component CCN: 14T122	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 7:38 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . AI I Other Medical Education Cost	
	23.00	24.00	
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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
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
69.01 06901 CARDIAC REHAB	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03020 OTHER ANCILLARY	0	0	76.00
76.01 03021 HRT & VASC CTR	0	0	76.01
76.02 03022 OP DIABETES EDUC	0	0	76.02
OUTPATIENT SERVICE COST CENTERS			
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
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00 04040 PARTIAL HOSP	0	0	93.00
200.00 Total (Lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2014 7:38 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)		36,202	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		36,202	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)		33,555	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)		15,798	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)		38,061,897	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)		38,061,897	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)		38,061,897	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)		1,051.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,609,701	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)		16,609,701	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140122		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/27/2014 7:38 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	14,869,130	10,341	1,437.88	2,414	3,471,042		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					28,446,840		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					48,527,583		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)					3,106,727		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,959,876		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,066,603		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					43,460,980		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)					2,647		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,051.38		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,783,003		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140122		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 7:38 pm	
Title XVIII		Hospital		PPS			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,478,727	38,061,897	0.170216	2,783,003	473,712	90.00
91.00	Nursing School cost	0	38,061,897	0.000000	2,783,003	0	91.00
92.00	Allied health cost	0	38,061,897	0.000000	2,783,003	0	92.00
93.00	All other Medical Education	0	38,061,897	0.000000	2,783,003	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 14S122		Date/Time Prepared: 5/27/2014 7:38 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,915	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,915	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,915	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,477	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,726,373	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,726,373	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,726,373	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)		961.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,420,313	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)		1,420,313	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140122		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 14S122				Date/Time Prepared: 5/27/2014 7:38 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					257,085		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,677,398		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)					175,497		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					14,041		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					189,538		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,487,860		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140122 Component CCN: 14S122		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 7:38 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	584,020	4,726,373	0.123566	0	0	90.00
91.00	Nursing School cost	0	4,726,373	0.000000	0	0	91.00
92.00	Allied health cost	0	4,726,373	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,726,373	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 14T122		Date/Time Prepared: 5/27/2014 7:38 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,159	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,159	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,159	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,870	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)		3,986,884	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)		3,986,884	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)		3,986,884	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)		958.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,751,239	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,751,239	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140122		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 14T122				Date/Time Prepared: 5/27/2014 7:38 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,537,812		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,289,051		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)					374,133		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					156,879		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					531,012		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,758,039		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140122		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 14T122				Date/Time Prepared: 5/27/2014 7:38 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	542,166	3,986,884	0.135987	0	0	90.00
91.00	Nursing School cost	0	3,986,884	0.000000	0	0	91.00
92.00	Allied health cost	0	3,986,884	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,986,884	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/27/2014 7:38 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		18,582,339		30.00
31.00	03100 INTENSIVE CARE UNIT		5,399,499		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.220471	17,385,930	3,833,093	50.00
51.00	05100 RECOVERY ROOM	0.133653	2,154,025	287,892	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.779180	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.044787	4,299,196	192,548	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.179175	6,696,658	1,199,874	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.151974	422,362	64,188	55.00
56.00	05600 RADIOISOTOPE	0.110895	1,445,376	160,285	56.00
57.00	05700 CT SCAN	0.021765	9,098,228	198,023	57.00
58.00	05800 MRI	0.072852	2,486,065	181,115	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.083498	2,612,045	218,101	59.00
60.00	06000 LABORATORY	0.134384	24,860,054	3,340,793	60.00
65.00	06500 RESPIRATORY THERAPY	0.137669	10,708,390	1,474,213	65.00
66.00	06600 PHYSICAL THERAPY	0.397691	2,403,436	955,825	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.279762	1,102,655	308,481	67.00
68.00	06800 SPEECH PATHOLOGY	0.221811	472,568	104,821	68.00
69.00	06900 ELECTROCARDIOLOGY	0.092507	4,583,055	423,965	69.00
69.01	06901 CARDIAC REHAB	1.549258	63,320	98,099	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.195778	338,007	66,174	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.235172	9,866,610	2,320,350	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.318187	18,045,070	5,741,707	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.257053	22,145,896	5,692,669	73.00
74.00	07400 RENAL DIALYSIS	0.294403	484,326	142,587	74.00
76.00	03020 OTHER ANCILLARY	0.000000	0	0	76.00
76.01	03021 HRT & VASC CTR	0.100810	0	0	76.01
76.02	03022 OP DIABETES EDUC	1.128361	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.212086	242	51	90.00
91.00	09100 EMERGENCY	0.151874	7,276,308	1,105,082	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.577977	469,060	271,106	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.590730	110,732	65,413	92.01
93.00	04040 PARTIAL HOSP	0.276635	1,390	385	93.00
200.00	Total (sum of lines 50-94 and 96-98)		149,531,004	28,446,840	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		149,531,004		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 14S122		Date/Time Prepared: 5/27/2014 7:38 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		2,271,942	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.220471	9,170	50.00
51.00	05100	RECOVERY ROOM	0.133653	187,852	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.779180	0	52.00
53.00	05300	ANESTHESIOLOGY	0.044787	191,655	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.179175	38,830	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.151974	0	55.00
56.00	05600	RADIOISOTOPE	0.110895	0	56.00
57.00	05700	CT SCAN	0.021765	41,346	57.00
58.00	05800	MRI	0.072852	16,965	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.083498	0	59.00
60.00	06000	LABORATORY	0.134384	281,857	60.00
65.00	06500	RESPIRATORY THERAPY	0.137669	130,046	65.00
66.00	06600	PHYSICAL THERAPY	0.397691	19,296	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.279762	688	67.00
68.00	06800	SPEECH PATHOLOGY	0.221811	806	68.00
69.00	06900	ELECTROCARDIOLOGY	0.092507	0	69.00
69.01	06901	CARDIAC REHAB	1.549258	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195778	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.235172	4,256	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.318187	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.257053	464,132	73.00
74.00	07400	RENAL DIALYSIS	0.294403	0	74.00
76.00	03020	OTHER ANCILLARY	0.000000	0	76.00
76.01	03021	HRT & VASC CTR	0.100810	0	76.01
76.02	03022	OP DIABETES EDUC	1.128361	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.212086	0	90.00
91.00	09100	EMERGENCY	0.151874	176,341	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.577977	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.590730	0	92.01
93.00	04040	PARTIAL HOSP	0.276635	4,930	93.00
200.00		Total (sum of lines 50-94 and 96-98)		1,568,170	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,568,170	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 14T122		Date/Time Prepared: 5/27/2014 7:38 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		3,913,245	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.220471	67,623	50.00
51.00	05100	RECOVERY ROOM	0.133653	1,232	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.779180	0	52.00
53.00	05300	ANESTHESIOLOGY	0.044787	1,681	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.179175	136,040	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.151974	13,711	55.00
56.00	05600	RADIOISOTOPE	0.110895	0	56.00
57.00	05700	CT SCAN	0.021765	100,267	57.00
58.00	05800	MRI	0.072852	48,500	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.083498	0	59.00
60.00	06000	LABORATORY	0.134384	933,622	60.00
65.00	06500	RESPIRATORY THERAPY	0.137669	435,558	65.00
66.00	06600	PHYSICAL THERAPY	0.397691	1,253,348	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.279762	1,230,481	67.00
68.00	06800	SPEECH PATHOLOGY	0.221811	488,042	68.00
69.00	06900	ELECTROCARDIOLOGY	0.092507	43,846	69.00
69.01	06901	CARDIAC REHAB	1.549258	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.195778	10,120	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.235172	116,121	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.318187	3,554	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.257053	1,163,129	73.00
74.00	07400	RENAL DIALYSIS	0.294403	68,327	74.00
76.00	03020	OTHER ANCILLARY	0.000000	0	76.00
76.01	03021	HRT & VASC CTR	0.100810	0	76.01
76.02	03022	OP DIABETES EDUC	1.128361	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.212086	0	90.00
91.00	09100	EMERGENCY	0.151874	3,584	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.577977	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.590730	0	92.01
93.00	04040	PARTIAL HOSP	0.276635	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		6,118,786	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		6,118,786	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 7:38 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)		26,265,113	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		8,190,345	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)		752,095	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		2,247,095	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		244.10	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)		25.75	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.19	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)		25.56	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		26.54	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)		25.56	12.00
13.00	Total allowable FTE count for the prior year.		25.56	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.		25.56	14.00
15.00	Sum of lines 12 through 14 divided by 3.		25.56	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		25.56	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.104711	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.108840	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.104711	21.00
22.00	IME payment adjustment (see instructions)		2,039,231	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)		0.98	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)		2,039,231	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.54	30.00
31.00	Percentage of Medicaid patient days (see instructions)		13.84	31.00
32.00	Sum of lines 30 and 31		15.38	32.00
33.00	Allowable disproportionate share percentage (see instructions)		2.75	33.00
34.00	Disproportionate share adjustment (see instructions)		778,600	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 7:38 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)			0.000221714	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			2,005,713	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			505,550	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		505,550		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)		38,530,934		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)		38,530,934		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,141,747		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).		1,052,208		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)		42,724,889		59.00
60.00	Primary payer payments		38,638		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		42,686,251		61.00
62.00	Deductibles billed to program beneficiaries		3,159,060		62.00
63.00	Coinurance billed to program beneficiaries		142,376		63.00
64.00	Allowable bad debts (see instructions)		281,145		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		182,744		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		225,272		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		39,567,559		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		-13,272		70.00
70.01	MSP-LCC RECONCILIATION AMOUNT FROM P		79		70.01
70.02	Bundled Model 1 discount amount		0		70.02
70.03	HVBP incentive payment (see instructions)		-4,263		70.03
70.04	Hospital readmissions reduction adjustment (see instructions)		-57,826		70.04
70.05	Recovery of Accelerated Depreciation			0	70.05
70.06	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	70.06
70.07	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	70.07

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 7:38 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.98	Low Volume Payment-3		0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		39,492,277		71.00
71.01	Sequestration adjustment (see instructions)		596,333		71.01
72.00	Interim payments		38,288,056		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		607,888		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		1,273,725		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 DSH PAYMENT PERCENTAGE		Provider CCN: 140122		Period: From 01/01/2013 To 12/31/2013		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/27/2014 7:38 pm	
		PPS					
		Original .mcx Values	Adjusted .mcx Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	1.54	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	13.84	0.00			13.84	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	15.38	0.00			13.84	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	244.10	0.00			244.10	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	2.75	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				No	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	1.54	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	1.10	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	4,697	0			4,697	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	1,630	0			1,630	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	6	0			6	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	597	0			597	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	6,930	0			6,930	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	48,616	0			48,616	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	1,457	0			1,457	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	50,073	0			50,073	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	13.84	0.00			13.84	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140122		Period: From 01/01/2013 To 12/31/2013		Worksheet DSH Date/Time Prepared: 5/27/2014 7:38 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	2.75		0.00	True	29.00
30.00	Line 28 or 29 as applicable		2.75		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet DSH Date/Time Prepared: 5/27/2014 7:38 pm
		Title XVIII	Hospital	PPS

		Revised Percentage 6.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	3.25	29.00
30.00	Line 28 or 29 as applicable	3.25	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00	31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140122

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/27/2014 7:38 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013	1.01	26,265,113	0	26,265,113	0	26,265,113	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013	1.02	8,190,345	0	0	8,190,345	8,190,345	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI	1.03	0	0	0	0	0	1.03
2.00	Outlier payments for discharges (see instructions)	2.00	752,095	0	436,163	315,931	752,094	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	2,247,095	323,391	1,866,518	0	2,189,909	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.104711	0.104711	0.104711	0.104711		5.00
6.00	IME payment adjustment (see instructions)	22.00	2,039,231	17,968	1,566,199	455,064	2,039,231	6.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
9.00	Total IME payment (sum of lines 6 and 8)	29.00	2,039,231	17,968	1,566,199	455,064	2,039,231	9.00
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0275	0.0275	0.0275	0.0275		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	778,600	0	722,291	56,309	778,600	11.00
11.01	Uncompensated care payments	36.00	505,550	0	0	505,550	505,550	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	38,530,934	17,968	28,989,767	9,523,199	38,530,934	13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	38,530,934	17,968	28,989,767	9,523,199	38,530,934	15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	3,141,747	0	2,373,762	767,985	3,141,747	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			17,968	31,363,529	10,291,184	41,672,681	19.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140122

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/27/2014 7:38 pm

		Title XVIII		Hospital		PPS		
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,743,225	0	2,088,714	654,511	2,743,225	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	142,305	0	89,963	52,342	142,305	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0618	0.0618	0.0618	0.0618		22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	169,531	0	129,082	40,449	169,531	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0316	0.0316	0.0316	0.0316		24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	86,686	0	66,003	20,683	86,686	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	3,141,747	0	2,373,762	767,985	3,141,747	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to W/S E Part A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/27/2014 7:38 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		22,027	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		22,708,217	2.00
3.00	PPS payments		19,965,409	3.00
4.00	Outlier payment (see instructions)		40,224	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		22,027	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		85,691	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)		85,691	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)		85,691	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		63,664	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)		22,027	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)		20,005,633	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		177	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,998,343	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)		16,029,140	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		439,236	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)		16,468,376	30.00
31.00	Primary payer payments		1,564	31.00
32.00	Subtotal (line 30 minus line 31)		16,466,812	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)		303,652	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		197,374	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		264,940	36.00
37.00	Subtotal (see instructions)		16,664,186	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-137	38.00
39.00	PS&R REBILLING ADJUSTMENT		-482	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)		16,663,841	40.00
40.01	Sequestration adjustment (see instructions)		251,624	40.01
41.00	Interim payments		16,354,086	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		58,131	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
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/27/2014 7:38 pm
		Component CCN: 14S122	Title XVII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		58	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		16	2.00
3.00	PPS payments		28	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		58	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		226	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)		226	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)		226	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		168	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)		58	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)		28	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		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)		86	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)		86	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		86	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		86	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)		86	40.00
40.01	Sequestration adjustment (see instructions)		1	40.01
41.00	Interim payments		249	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-164	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
		Overrides		
		1.00		
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140122

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2014 7:38 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		38,822,237		16,261,868	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	09/05/2013	89,500	3.01
3.02		11/12/2013	9,081	11/12/2013	2,718	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	09/05/2013	543,262		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-534,181		92,218	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)		38,288,056		16,354,086	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		607,888		58,131	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		38,895,944		16,412,217	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part I Date/Time Prepared: 5/27/2014 7:38 pm	
		Component CCN: 14S122	Title XVIII	Subprovider - IPF	PPS
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				249 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,435,605		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)				0 3.00
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0 3.01
3.02			0		0 3.02
3.03			0		0 3.03
3.04			0		0 3.04
3.05			0		0 3.05
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0 3.50
3.51			0		0 3.51
3.52			0		0 3.52
3.53			0		0 3.53
3.54			0		0 3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,435,605		249 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)				0 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)				0 6.00
6.01	SETTLEMENT TO PROVIDER		26,026		0 6.01
6.02	SETTLEMENT TO PROGRAM		0		164 6.02
7.00	Total Medicare program liability (see instructions)		1,461,631		85 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0 8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140122
Component CCN: 14T122

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2014 7:38 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,206,446			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)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	10/16/2013	4,013			0 3.01
3.02			0			0 3.02
3.03			0			0 3.03
3.04			0			0 3.04
3.05			0			0 3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0			0 3.50
3.51			0			0 3.51
3.52			0			0 3.52
3.53			0			0 3.53
3.54			0			0 3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		4,013			0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,210,459			0 4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		59,012			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		4,269,471			0 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part II Date/Time Prepared: 5/27/2014 7:38 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			11,115 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			18,212 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			1,219 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			43,896 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			927,416,868 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			10,067,312 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)			893,479 8.00
9.00	Sequestration adjustment amount (see instructions)			17,870 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			875,609 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			886,644 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)			-11,035 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part II Date/Time Prepared: 5/27/2014 7:38 pm
		Component CCN: 14S122	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,267,079	1.00
2.00	Net IPF PPS Outlier Payments		269,013	2.00
3.00	Net IPF PPS ECT Payments		34,291	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		13.465753	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,570,383	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of teaching physicians (From Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,570,383	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,570,383	18.00
19.00	Deductibles		94,664	19.00
20.00	Subtotal (line 18 minus line 19)		1,475,719	20.00
21.00	Coinsurance		10,064	21.00
22.00	Subtotal (line 20 minus line 21)		1,465,655	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		35,892	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		23,330	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		25,736	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,488,985	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER		-4,945	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,484,040	31.00
31.01	Sequestration adjustment (see instructions)		22,409	31.01
32.00	Interim payments		1,435,605	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		26,026	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		269,013	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140122	Period:	Worksheet E-3
		Component CCN: 14T122	From 01/01/2013 To 12/31/2013	Part III Date/Time Prepared: 5/27/2014 7:38 pm
		Title XVIIII	Subprovider - IRF	PPS
			Prior to 10/01	On/After 10/01
			1.00	1.01
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)	3,210,635	957,274	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0110		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	111,730	22,783	3.00
4.00	Outlier Payments	90,871		4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00		5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00		5.01
6.00	New Teaching program adjustment. (see instructions)	0.00		6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)	0.00		7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)	0.00		8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00		9.00
10.00	Average Daily Census (see instructions)	11.394521		10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	0	12.00
13.00	Total PPS Payment (see instructions)	4,393,293		13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0		14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0		16.00
17.00	Subtotal (see instructions)	4,393,293		17.00
18.00	Primary payer payments	8,303		18.00
19.00	Subtotal (line 17 less line 18).	4,384,990		19.00
20.00	Deductibles	44,964		20.00
21.00	Subtotal (line 19 minus line 20)	4,340,026		21.00
22.00	Coinurance	4,736		22.00
23.00	Subtotal (line 21 minus line 22)	4,335,290		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	1,184		24.00
25.00	Adjusted reimbursable bad debts (see instructions)	770		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,184		26.00
27.00	Subtotal (sum of lines 23 and 25)	4,336,060		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0		28.00
29.00	Other pass through costs (see instructions)	0		29.00
30.00	Outlier payments reconciliation	0		30.00
31.00	OTHER ADJUSTMENTS	-1,132		31.00
31.99	Recovery of Accelerated Depreciation	0		31.99
32.00	Total amount payable to the provider (see instructions)	4,334,928		32.00
32.01	Sequestration adjustment (see instructions)	65,457		32.01
33.00	Interim payments	4,210,459		33.00
34.00	Tentative settlement (for contractor use only)	0		34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34	59,012		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0		36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	90,871		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0		51.00
52.00	The rate used to calculate the Time Value of Money	0.00		52.00
53.00	Time Value of Money (see instructions)	0		53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/27/2014 7:38 pm	
		Title XVII	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.			25.75	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))			-1.21	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)			24.54	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			26.54	6.00
7.00	Enter the lesser of line 5 or line 6			24.54	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.	26.29	0.00	26.29	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.	24.31	0.00	24.31	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	24.31	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	24.54	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	24.54	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	24.46	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	24.46	0.00		17.00
18.00	Per resident amount	136,441.73	0.00		18.00
19.00	Approved amount for resident costs	3,337,365	0	3,337,365	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)			2.00	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)			3,337,365	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	22,559	1,296		26.00
27.00	Total Inpatient Days (see instructions)	52,970	52,970		27.00
28.00	Ratio of inpatient days to total inpatient days	0.425883	0.024467		28.00
29.00	Program direct GME amount	1,421,327	81,655		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		11,538		30.00
31.00	Net Program direct GME amount			1,491,444	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/27/2014 7:38 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)		828,490	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)		54,494,032	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)		46,941	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		54,447,091	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		22,730,318	42.00
43.00	Primary payer payments (see instructions)		1,834	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		22,728,484	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		77,175,575	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.705496	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.294504	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,491,444	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		1,052,208	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		439,236	50.00

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

Provider CCN: 140122

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

Worksheet G

Date/Time Prepared:
5/27/2014 7:38 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	72,029,821	0	0	0	1.00
2.00	Temporary investments	18,083,785	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	43,602,476	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-7,657,819	0	0	0	6.00
7.00	Inventory	7,638,202	0	0	0	7.00
8.00	Prepaid expenses	3,682,798	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	137,379,263	0	0	0	11.00
FIXED ASSETS						
12.00	Land	13,051,326	0	0	0	12.00
13.00	Land improvements	576,699	0	0	0	13.00
14.00	Accumulated depreciation	-461,637	0	0	0	14.00
15.00	Buildings	281,322,639	0	0	0	15.00
16.00	Accumulated depreciation	-165,917,172	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	46,638,663	0	0	0	19.00
20.00	Accumulated depreciation	-27,023,200	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	96,789,001	0	0	0	23.00
24.00	Accumulated depreciation	-79,417,237	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)	165,559,082	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	18,011,200	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	9,807,015	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	27,818,215	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	330,756,560	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	9,618,879	0	0	0	37.00
38.00	Salaries, wages, and fees payable	15,393,478	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	9,294,707	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	30,771,382	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	65,078,446	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	148,432,278	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	7,488,791	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	155,921,069	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	220,999,515	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	109,757,045				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)	109,757,045	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	330,756,560	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140122

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

Worksheet G-1

Date/Time Prepared:
5/27/2014 7:38 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		152,866,735		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		7,675,678			2.00
3.00	Total (sum of line 1 and line 2)		160,542,413		0	3.00
4.00	DONOR RESTRICTED	7,568,833		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)		7,568,833		0	10.00
11.00	Subtotal (line 3 plus line 10)		168,111,246		0	11.00
12.00	DEDUCTIONS	58,354,200		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)		58,354,200		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		109,757,046		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	DONOR RESTRICTED		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		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: 140122

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	56,520,455		56,520,455	1.00
2.00	SUBPROVIDER - IPF	7,470,800		7,470,800	2.00
3.00	SUBPROVIDER - IRF	5,670,796		5,670,796	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	69,662,051		69,662,051	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	28,766,512		28,766,512	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	28,766,512		28,766,512	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	98,428,563		98,428,563	17.00
18.00	Ancillary services	315,122,691	446,024,022	761,146,713	18.00
19.00	Outpatient services	17,893,260	32,333,725	50,226,985	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		10,904,424	10,904,424	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	8,152,065	8,152,065	26.00
27.00	PROFESSIONAL FEES	678,404	10,486,405	11,164,809	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	432,122,918	507,900,641	940,023,559	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		283,270,327		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		283,270,327		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140122

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

Worksheet G-3

Date/Time Prepared:
5/27/2014 7:38 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	940,023,559	1.00
2.00	Less contractual allowances and discounts on patients' accounts	658,128,063	2.00
3.00	Net patient revenues (line 1 minus line 2)	281,895,496	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	283,270,327	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,374,831	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	OTHER	9,050,509	24.00
25.00	Total other income (sum of lines 6-24)	9,050,509	25.00
26.00	Total (line 5 plus line 25)	7,675,678	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	7,675,678	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140122

Period: From 01/01/2013

Worksheet H

HHA CCN: 147207

To 12/31/2013

Date/Time Prepared: 5/27/2014 7:38 pm

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	2,716,639	0	0	0	1,086,994	3,803,633	5.00
HHA REIMBURSABLE SERVICES							
6.00	2,096,218	0	0	0	272,805	2,369,023	6.00
7.00	1,585,607	0	0	0	193,322	1,778,929	7.00
8.00	183,811	0	0	0	27,253	211,064	8.00
9.00	29,075	0	0	0	10,019	39,094	9.00
10.00	86,538	0	0	0	11,998	98,536	10.00
11.00	44,635	0	0	0	9,860	54,495	11.00
12.00	0	0	0	0	301,879	301,879	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	6,742,523	0	0	0	1,914,130	8,656,653	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-595,924	3,207,709	-222,700	2,985,009			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	2,369,023	0	2,369,023			6.00
7.00	0	1,778,929	0	1,778,929			7.00
8.00	0	211,064	0	211,064			8.00
9.00	0	39,094	0	39,094			9.00
10.00	0	98,536	0	98,536			10.00
11.00	0	54,495	0	54,495			11.00
12.00	0	301,879	0	301,879			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	-595,924	8,060,729	-222,700	7,838,029			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet H-1 Part I Date/Time Prepared: 5/27/2014 7:38 pm
		HHA CCN: 147207	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bl dgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	2,985,009	0	0	0	2,985,009	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	2,369,023	0	0	0	2,369,023	6.00	
7.00	Physical Therapy	1,778,929	0	0	0	1,778,929	7.00	
8.00	Occupational Therapy	211,064	0	0	0	211,064	8.00	
9.00	Speech Pathology	39,094	0	0	0	39,094	9.00	
10.00	Medical Social Services	98,536	0	0	0	98,536	10.00	
11.00	Home Health Aide	54,495	0	0	0	54,495	11.00	
12.00	Supplies (see instructions)	301,879	0	0	0	301,879	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	7,838,029	0	0	0	7,838,029	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	2,985,009					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,457,144	3,826,167				6.00	
7.00	Physical Therapy	1,094,189	2,873,118				7.00	
8.00	Occupational Therapy	129,822	340,886				8.00	
9.00	Speech Pathology	24,046	63,140				9.00	
10.00	Medical Social Services	60,608	159,144				10.00	
11.00	Home Health Aide	33,519	88,014				11.00	
12.00	Supplies (see instructions)	185,681	487,560				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		7,838,029				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140122 HHA CCN: 147207	Period: From 01/01/2013 To 12/31/2013	Worksheet H-1 Part II Date/Time Prepared: 5/27/2014 7:38 pm
			Home Health Agency I	PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-2,985,009	4,853,020
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	2,369,023
7.00	Physical Therapy	0	0	0	0	0	1,778,929
8.00	Occupational Therapy	0	0	0	0	0	211,064
9.00	Speech Pathology	0	0	0	0	0	39,094
10.00	Medical Social Services	0	0	0	0	0	98,536
11.00	Home Health Aide	0	0	0	0	0	54,495
12.00	Supplies (see instructions)	0	0	0	0	0	301,879
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,985,009	4,853,020
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		2,985,009
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.615083

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140122

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

Worksheet H-2 Part I

HHA CCN: 147207

Date/Time Prepared: 5/27/2014 7:38 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	SHARED SERVICES	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	0	0	1,182,827	1,182,827	1,585	1.00
2.00 Skilled Nursing Care	3,826,167	0	0	0	3,826,167	5,127	2.00
3.00 Physical Therapy	2,873,118	0	0	0	2,873,118	3,850	3.00
4.00 Occupational Therapy	340,886	0	0	0	340,886	457	4.00
5.00 Speech Pathology	63,140	0	0	0	63,140	85	5.00
6.00 Medical Social Services	159,144	0	0	0	159,144	213	6.00
7.00 Home Health Aide	88,014	0	0	0	88,014	118	7.00
8.00 Supplies (see instructions)	487,560	0	0	0	487,560	653	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	7,838,029	0	0	1,182,827	9,020,856	12,088	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description	Subtotal	OTHER A&G	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	5A.01	5.02	5A.02	5.03	7.00	8.00	
1.00 Administrative and General	1,184,412	3,575	1,187,987	217,354	0	0	1.00
2.00 Skilled Nursing Care	3,831,294	11,562	3,842,856	703,088	0	0	2.00
3.00 Physical Therapy	2,876,968	8,683	2,885,651	527,959	0	0	3.00
4.00 Occupational Therapy	341,343	1,030	342,373	62,641	0	0	4.00
5.00 Speech Pathology	63,225	191	63,416	11,603	0	0	5.00
6.00 Medical Social Services	159,357	481	159,838	29,244	0	0	6.00
7.00 Home Health Aide	88,132	266	88,398	16,173	0	0	7.00
8.00 Supplies (see instructions)	488,213	1,473	489,686	89,593	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	9,032,944	27,261	9,060,205	1,657,655	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.000000		0.000000				21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140122
HHA CCN: 147207

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

Worksheet H-2
Part I
Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	Home Health Agency I	
		9.00	10.00	11.00	13.00	14.00	15.00	PPS	
1.00	Administrative and General	0	0	0	0	6,388	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	6,388	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
				SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			21.00	22.00
1.00	Administrative and General	0	0	0	0	1,411,729	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	4,545,944	0	0	2.00
3.00	Physical Therapy	0	0	0	0	3,413,610	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	405,014	0	0	4.00
5.00	Speech Pathology	0	0	0	0	75,019	0	0	5.00
6.00	Medical Social Services	0	0	0	0	189,082	0	0	6.00
7.00	Home Health Aide	0	0	0	0	104,571	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	579,279	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	10,724,248	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140122
HHA CCN: 147207

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

Worksheet H-2
Part I
Date/Time Prepared:
5/27/2014 7:38 pm
PPS

Cost Center Description		Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		26.00	27.00	28.00		
1.00	Administrative and General	1,411,729				1.00
2.00	Skilled Nursing Care	4,545,944	689,140	5,235,084		2.00
3.00	Physical Therapy	3,413,610	517,486	3,931,096		3.00
4.00	Occupational Therapy	405,014	61,398	466,412		4.00
5.00	Speech Pathology	75,019	11,373	86,392		5.00
6.00	Medical Social Services	189,082	28,664	217,746		6.00
7.00	Home Health Aide	104,571	15,852	120,423		7.00
8.00	Supplies (see instructions)	579,279	87,816	667,095		8.00
9.00	Drugs	0	0	0		9.00
10.00	DME	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0		13.00
14.00	Clinic	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0		15.00
16.00	Day Care Program	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0		17.00
18.00	Homemaker Service	0	0	0		18.00
19.00	All Others (specify)	0	0	0		19.00
20.00	Total (sum of lines 1-19) (2)	10,724,248	1,411,729	10,724,248		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.151595			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet H-2 Part II Date/Time Prepared: 5/27/2014 7:38 pm

HHA CCN: 147207

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	0	0	6,743,060	0	1,182,827	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	3,826,167	0	2.00
3.00 Physical Therapy	0	0	0	0	2,873,118	0	3.00
4.00 Occupational Therapy	0	0	0	0	340,886	0	4.00
5.00 Speech Pathology	0	0	0	0	63,140	0	5.00
6.00 Medical Social Services	0	0	0	0	159,144	0	6.00
7.00 Home Health Aide	0	0	0	0	88,014	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	487,560	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	6,743,060		9,020,856		20.00
21.00 Total cost to be allocated	0	0	1,182,827		12,088		21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.175414		0.001340		22.00
Cost Center Description	OTHER A&G (ACCUM. COST)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
	5.02	5A.03	5.03	7.00	8.00	9.00	
1.00 Administrative and General	1,184,412	0	1,187,987	0	0	0	1.00
2.00 Skilled Nursing Care	3,831,294	0	3,842,856	0	0	0	2.00
3.00 Physical Therapy	2,876,968	0	2,885,651	0	0	0	3.00
4.00 Occupational Therapy	341,343	0	342,373	0	0	0	4.00
5.00 Speech Pathology	63,225	0	63,416	0	0	0	5.00
6.00 Medical Social Services	159,357	0	159,838	0	0	0	6.00
7.00 Home Health Aide	88,132	0	88,398	0	0	0	7.00
8.00 Supplies (see instructions)	488,213	0	489,686	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	9,032,944		9,060,205	0	0	0	20.00
21.00 Total cost to be allocated	27,261		1,657,655	0	0	0	21.00
22.00 Unit cost multiplier	0.003018		0.182960	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140122
HHA CCN: 147207

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

Worksheet H-2 Part II
Date/Time Prepared: 5/27/2014 7:38 pm

Home Health Agency I

PPS

Cost Center Description		DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		10.00	11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	0	38,968	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	38,968	0	0	20.00
21.00	Total cost to be allocated	0	0	0	6,388	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.163929	0.000000	0.000000	22.00
Cost Center Description		INTERNS & RESIDENTS						
		SOCIAL SERVICES (TOTAL PATIENT DAYS)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
		17.00	21.00	22.00				
1.00	Administrative and General	0	0	0				1.00
2.00	Skilled Nursing Care	0	0	0				2.00
3.00	Physical Therapy	0	0	0				3.00
4.00	Occupational Therapy	0	0	0				4.00
5.00	Speech Pathology	0	0	0				5.00
6.00	Medical Social Services	0	0	0				6.00
7.00	Home Health Aide	0	0	0				7.00
8.00	Supplies (see instructions)	0	0	0				8.00
9.00	Drugs	0	0	0				9.00
10.00	DME	0	0	0				10.00
11.00	Home Dialysis Aide Services	0	0	0				11.00
12.00	Respiratory Therapy	0	0	0				12.00
13.00	Private Duty Nursing	0	0	0				13.00
14.00	Clinic	0	0	0				14.00
15.00	Health Promotion Activities	0	0	0				15.00
16.00	Day Care Program	0	0	0				16.00
17.00	Home Delivered Meals Program	0	0	0				17.00
18.00	Homemaker Service	0	0	0				18.00
19.00	All Others (specify)	0	0	0				19.00
20.00	Total (sum of lines 1-19)	0	0	0				20.00
21.00	Total cost to be allocated	0	0	0				21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000				22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part I Date/Time Prepared: 5/27/2014 7:38 pm		
				HHA CCN: 147207	Title XVIII Home Health Agency I		PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	5,235,084		5,235,084	26,085	200.69	1.00
2.00	Physical Therapy	3.00	3,931,096	0	3,931,096	18,169	216.36	2.00
3.00	Occupational Therapy	4.00	466,412	0	466,412	2,458	189.75	3.00
4.00	Speech Pathology	5.00	86,392	0	86,392	445	194.14	4.00
5.00	Medical Social Services	6.00	217,746		217,746	544	400.27	5.00
6.00	Home Health Aide	7.00	120,423		120,423	1,440	83.63	6.00
7.00	Total (sum of lines 1-6)		10,057,153	0	10,057,153	49,141		7.00
Program Visits								
Part B								
Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		16974	10,918	9,075		8.00	
9.00	Physical Therapy		16974	7,606	5,619		9.00	
10.00	Occupational Therapy		16974	1,052	845		10.00	
11.00	Speech Pathology		16974	208	117		11.00	
12.00	Medical Social Services		16974	250	215		12.00	
13.00	Home Health Aide		16974	464	809		13.00	
14.00	Total (sum of lines 8-13)			20,498	16,680		14.00	
Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 + col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	667,095	0	667,095	8,913,387	0.074842	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Part B								
Cost Center Description	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Cost of Services Part A	Part B Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	6.00	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	10,918	9,075		2,191,133	1,821,262	1.00	
2.00	Physical Therapy	7,606	5,619		1,645,634	1,215,727	2.00	
3.00	Occupational Therapy	1,052	845		199,617	160,339	3.00	
4.00	Speech Pathology	208	117		40,381	22,714	4.00	
5.00	Medical Social Services	250	215		100,068	86,058	5.00	
6.00	Home Health Aide	464	809		38,804	67,657	6.00	
7.00	Total (sum of lines 1-6)	20,498	16,680		4,215,637	3,373,757	7.00	
Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care						8.00	
9.00	Physical Therapy						9.00	
10.00	Occupational Therapy						10.00	
11.00	Speech Pathology						11.00	
12.00	Medical Social Services						12.00	
13.00	Home Health Aide						13.00	
14.00	Total (sum of lines 8-13)						14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140122		Period: From 01/01/2013 To 12/31/2013		Worksheet H-3 Part I Date/Time Prepared: 5/27/2014 7:38 pm		
		HHA CCN: 147207		Title XVII I		Home Health Agency I PPS		
Cost Center Description	Program Covered Charges			Cost of Services				
	Part A	Part B			Part A	Part B		
		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance			Not Subject to Deductibles & Co Insurance		Subject to Deductibles & Co Insurance
	6.00	7.00	8.00	9.00	10.00	11.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies		0	0		0	15.00	
16.00	Cost of Drugs		0	0		0	16.00	
Cost Center Description		Total Program Cost (sum of col s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	4,012,395					1.00	
2.00	Physical Therapy	2,861,361					2.00	
3.00	Occupational Therapy	359,956					3.00	
4.00	Speech Pathology	63,095					4.00	
5.00	Medical Social Services	186,126					5.00	
6.00	Home Health Aide	106,461					6.00	
7.00	Total (sum of lines 1-6)	7,589,394					7.00	
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care						8.00	
9.00	Physical Therapy						9.00	
10.00	Occupational Therapy						10.00	
11.00	Speech Pathology						11.00	
12.00	Medical Social Services						12.00	
13.00	Home Health Aide						13.00	
14.00	Total (sum of lines 8-13)						14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140122 HHA CCN: 147207	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part II Date/Time Prepared: 5/27/2014 7:38 pm
			Title XVIII	Home Health Agency I

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.397691	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.279762	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.221811	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.235172	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.257053	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140122 HHA CCN: 147207	Period: From 01/01/2013 To 12/31/2013	Worksheet H-4 Part I-II Date/Time Prepared: 5/27/2014 7:38 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	270	9.00
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	-270
11.00	Total PPS Reimbursement - Full Episodes without Outliers		4,084,718	3,190,199
12.00	Total PPS Reimbursement - Full Episodes with Outliers		22,032	45,154
13.00	Total PPS Reimbursement - LUPA Episodes		82,776	106,410
14.00	Total PPS Reimbursement - PEP Episodes		88,169	64,399
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		7,795	13,831
16.00	Total PPS Outlier Reimbursement - PEP Episodes		415	347
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		4,285,905	3,420,070
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		4,285,905	3,420,070
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		4,285,905	3,420,070
27.00	Reimbursable bad debts (from your records)			0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		4,285,905	3,420,070
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		4,285,905	3,420,070
31.01	Sequestration adjustment (see instructions)		59,568	54,250
32.00	Interim payments (see instructions)		4,226,337	3,365,819
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		0	1
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	0

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

Provider CCN: 140122
HHA CCN: 147207

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

Worksheet H-5
Date/Time Prepared:
5/27/2014 7:38 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,226,337		3,365,819	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		4,226,337		3,365,819	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,226,337		3,365,820	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140122

Period: From 01/01/2013

Worksheet K

Hospice CCN: 141507

To 12/31/2013

Date/Time Prepared: 5/27/2014 7:38 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	24,037	0	0	0	0	5.00
6.00	Administrative and General	1,094,475	0	0	0	3,130,230	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,286,035	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	138,948	0	0	0	0	15.00
16.00	Spiritual Counseling	66,197	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	142,759	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	39,170	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,791,621	0	0	0	3,130,230	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140122

Period: From 01/01/2013

Worksheet K

Hospice CCN: 141507

To 12/31/2013

Date/Time Prepared: 5/27/2014 7:38 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	24,037	0	24,037	0	24,037	5.00
6.00	Administrative and General	4,224,705	-646,657	3,578,048	-699,984	2,878,064	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,286,035	0	1,286,035	0	1,286,035	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	138,948	0	138,948	0	138,948	15.00
16.00	Spiritual Counseling	66,197	0	66,197	0	66,197	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	142,759	0	142,759	0	142,759	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	39,170	0	39,170	0	39,170	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	5,921,851	-646,657	5,275,194	-699,984	4,575,210	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140122

Period: From 01/01/2013

Worksheet K-1

Hospice CCN: 141507

To 12/31/2013

Date/Time Prepared: 5/27/2014 7:38 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	118,027	0	91,420	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	1,286,035	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	138,948	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	118,027	138,948	91,420	1,286,035	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140122

Period: From 01/01/2013

Worksheet K-1

Hospice CCN: 141507

To 12/31/2013

Date/Time Prepared: 5/27/2014 7:38 pm

		Hospice I			
		Total Therapists	Aides	All-Other	Total (1)
		6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance		0	0	3.00
4.00	Transportation - Staff		0	0	4.00
5.00	Volunteer Service Coordination		0	24,037	5.00
6.00	Administrative and General		0	885,028	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care		0	0	7.00
8.00	Inpatient - Respite Care		0	0	8.00
VISITING SERVICES					
9.00	Physician Services		0	0	9.00
10.00	Nursing Care		0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	11.00
12.00	Physical Therapy	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services		0	0	15.00
16.00	Spiritual Counseling		0	66,197	16.00
17.00	Dietary Counseling		0	0	17.00
18.00	Counseling - Other		0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	20.00
21.00	Other		0	0	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy				22.00
23.00	Analgesics				23.00
24.00	Sedatives / Hypnotics				24.00
25.00	Other - Specify				25.00
26.00	Durable Medical Equipment/Oxygen				26.00
27.00	Patient Transportation		0	0	27.00
28.00	Imaging Services		0	0	28.00
29.00	Labs and Diagnostics		0	0	29.00
30.00	Medical Supplies		0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	31.00
32.00	Radiation Therapy		0	0	32.00
33.00	Chemotherapy		0	0	33.00
34.00	Other		0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs		0	142,759	35.00
36.00	Volunteer Program Costs		0	0	36.00
37.00	Fundraising		0	39,170	37.00
38.00	Other Program Costs		0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	1,157,191	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140122
 Hospice CCN: 141507

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

Worksheet K-4
 Part I
 Date/Time Prepared:
 5/27/2014 7:38 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	24,037	0	0	0	0	5.00
6.00	Administrative and General	2,878,064	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,286,035	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	138,948	0	0	0	0	15.00
16.00	Spiritual Counseling	66,197	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	142,759	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	39,170	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	4,575,210	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140122

Period: From 01/01/2013

Worksheet K-4

Hospice CCN: 141507

To 12/31/2013

Part I
Date/Time Prepared:
5/27/2014 7:38 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	24,037				5.00
6.00	Administrative and General	24,037	2,902,101	2,902,101		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	1,286,035	2,230,700	3,516,735	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	138,948	241,013	379,961	15.00
16.00	Spiritual Counseling	0	66,197	114,822	181,019	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	142,759	247,623	390,382	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	39,170	67,943	107,113	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	24,037	4,575,210		4,575,210	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

Period: From 01/01/2013

Worksheet K-4

Hospice CCN: 141507

To 12/31/2013

Part II
Date/Time Prepared:
5/27/2014 7:38 pm

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	1,118	5.00
6.00	Administrative and General	0	0	0	0	1,118	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	24,037	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	21.500000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122
Hospice CCN: 141507

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

Worksheet K-4
Part II
Date/Time Prepared:
5/27/2014 7:38 pm

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-2,902,101	1,673,109	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	1,286,035	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	138,948	15.00
16.00	Spiritual Counseling	0	66,197	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	142,759	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	39,170	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		2,902,101	39.00
40.00	Unit Cost Multiplier		1.734556	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140122

Period: From 01/01/2013

Worksheet K-5

Hospice CCN: 141507

To 12/31/2013

Part I
Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
			1.00	2.00			
1.00	Administrative and General		234,354	124,687	489,689	848,730	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	3,516,735	0	0	0	3,516,735	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	379,961	0	0	0	379,961	10.00
11.00	Spiritual Counseling	181,019	0	0	0	181,019	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	390,382	0	0	0	390,382	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	107,113	0	0	0	107,113	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	4,575,210	234,354	124,687	489,689	5,423,940	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140122

Period: From 01/01/2013

Worksheet K-5

Hospice CCN: 141507

To 12/31/2013

Part I
Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description		SHARED SERVICES	Subtotal	OTHER A&G	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.01	5A.01	5.02	5A.02	5.03	
1.00	Administrative and General	1,137	849,867	2,565	852,432	155,961	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	4,712	3,521,447	10,627	3,532,074	646,228	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	509	380,470	1,148	381,618	69,821	10.00
11.00	Spiritual Counseling	243	181,262	547	181,809	33,264	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	523	390,905	1,180	392,085	71,736	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	144	107,257	324	107,581	19,683	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	7,268	5,431,208	16,391	5,447,599	996,693	34.00
35.00	Unit Cost Multiplier (see instructions)		0.000000		0.000000		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140122

Period:

Worksheet K-5

Hospice CCN: 141507

From 01/01/2013
To 12/31/2013

Part I
Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description		Hospice I					
		OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	CAFETERIA 11.00	
1.00	Administrative and General	206,371	0	44,994	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	206,371	0	44,994	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140122

Period: From 01/01/2013

Worksheet K-5

Hospice CCN: 141507

To 12/31/2013

Part I
Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description		Hospice I					
		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	5,336	200,286	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	5,336	200,286	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140122

Period: From 01/01/2013

Worksheet K-5

Hospice CCN: 141507

To 12/31/2013

Part I
Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description		INTERNS & RESIDENTS		Subtotal (col s. 4A-23)	Hospice I Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col s. 24 ± 25)	
		SERVICES-SALAR	SERVICES-OTHER				
		Y & FRINGES APPRV	PRGM COSTS APPRV				
		21.00	22.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	1,465,380	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	4,178,302	0	4,178,302	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	451,439	0	451,439	10.00
11.00	Spiritual Counseling	0	0	215,073	0	215,073	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	463,821	0	463,821	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	127,264	0	127,264	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	6,901,279	0	6,901,279	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140122

Period: From 01/01/2013

Worksheet K-5

Hospice CCN: 141507

To 12/31/2013

Part I
Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description		Allocated Hospice A&G (See Part 11)	Total Hospice Costs (cols. 26 ± 27)	Hospice I
		27.00	28.00	
1.00	Administrative and General			1.00
2.00	Inpatient - General Care	0	0	2.00
3.00	Inpatient - Respite Care	0	0	3.00
4.00	Physician Services	0	0	4.00
5.00	Nursing Care	1,126,363	5,304,665	5.00
6.00	Nursing Care-Continuous Home Care	0	0	6.00
7.00	Physical Therapy	0	0	7.00
8.00	Occupational Therapy	0	0	8.00
9.00	Speech/ Language Pathology	0	0	9.00
10.00	Medical Social Services	121,697	573,136	10.00
11.00	Spiritual Counseling	57,978	273,051	11.00
12.00	Dietary Counseling	0	0	12.00
13.00	Counseling - Other	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	15.00
16.00	Other	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	17.00
18.00	Analgesics	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	19.00
20.00	Other - Specify	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	21.00
22.00	Patient Transportation	0	0	22.00
23.00	Imaging Services	0	0	23.00
24.00	Labs and Diagnostics	0	0	24.00
25.00	Medical Supplies	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	26.00
27.00	Radiation Therapy	0	0	27.00
28.00	Chemotherapy	0	0	28.00
29.00	Other	0	0	29.00
30.00	Bereavement Program Costs	125,035	588,856	30.00
31.00	Volunteer Program Costs	0	0	31.00
32.00	Fundraising	34,307	161,571	32.00
33.00	Other Program Costs	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)		6,901,279	34.00
35.00	Unit Cost Multiplier (see instructions)	0.269575		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140122
Hospice CCN: 141507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00	4.00				
1.00	Administrative and General	6,746	6,746	2,791,621	5A.01	848,730	1.00	
2.00	Inpatient - General Care	0	0	0		0	2.00	
3.00	Inpatient - Respite Care	0	0	0		0	3.00	
4.00	Physician Services	0	0	0		0	4.00	
5.00	Nursing Care	0	0	0		3,516,735	5.00	
6.00	Nursing Care-Continuous Home Care	0	0	0		0	6.00	
7.00	Physical Therapy	0	0	0		0	7.00	
8.00	Occupational Therapy	0	0	0		0	8.00	
9.00	Speech/ Language Pathology	0	0	0		0	9.00	
10.00	Medical Social Services	0	0	0		379,961	10.00	
11.00	Spiritual Counseling	0	0	0		181,019	11.00	
12.00	Dietary Counseling	0	0	0		0	12.00	
13.00	Counseling - Other	0	0	0		0	13.00	
14.00	Home Health Aide and Homemaker	0	0	0		0	14.00	
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		0	15.00	
16.00	Other	0	0	0		0	16.00	
17.00	Drugs, Biological and Infusion Therapy	0	0	0		0	17.00	
18.00	Analgesics	0	0	0		0	18.00	
19.00	Sedatives / Hypnotics	0	0	0		0	19.00	
20.00	Other - Specify	0	0	0		0	20.00	
21.00	Durable Medical Equipment/Oxygen	0	0	0		0	21.00	
22.00	Patient Transportation	0	0	0		0	22.00	
23.00	Imaging Services	0	0	0		0	23.00	
24.00	Labs and Diagnostics	0	0	0		0	24.00	
25.00	Medical Supplies	0	0	0		0	25.00	
26.00	Outpatient Services (including E/R Dept.)	0	0	0		0	26.00	
27.00	Radiation Therapy	0	0	0		0	27.00	
28.00	Chemotherapy	0	0	0		0	28.00	
29.00	Other	0	0	0		0	29.00	
30.00	Bereavement Program Costs	0	0	0		390,382	30.00	
31.00	Volunteer Program Costs	0	0	0		0	31.00	
32.00	Fundraising	0	0	0		107,113	32.00	
33.00	Other Program Costs	0	0	0		0	33.00	
34.00	Total (sum of lines 1 thru 33) (2)	6,746	6,746	2,791,621		5,423,940	34.00	
35.00	Total cost to be allocated	234,354	124,687	489,689		7,268	35.00	
36.00	Unit Cost Multiplier (see instructions)	34.739698	18.483101	0.175414		0.001340	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140122
Hospice CCN: 141507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description	Hospice I					
	Reconciliation	OTHER A&G (ACCUM. COST)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	5A.02	5.02	5A.03	5.03	7.00	
1.00 Administrative and General	0	849,867	0	852,432	6,746	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	3,521,447	0	3,532,074	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	380,470	0	381,618	0	10.00
11.00 Spiritual Counseling	0	181,262	0	181,809	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	390,905	0	392,085	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	107,257	0	107,581	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)		5,431,208		5,447,599	6,746	34.00
35.00 Total cost to be allocated		16,391		996,693	206,371	35.00
36.00 Unit Cost Multiplier (see instructions)		0.003018		0.182960	30.591610	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140122
Hospice CCN: 141507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description		Hospice I					
		LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING)	
		8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	0	6,746	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	6,746	0	0	0	34.00
35.00	Total cost to be allocated	0	44,994	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	6.669730	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140122
Hospice CCN: 141507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2014 7:38 pm

Cost Center Description		Hospice I				INTERNS & RESIDENTS	
		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	21.00	
1.00	Administrative and General	32,552	424,590	8,152,065	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	32,552	424,590	8,152,065	0	0	34.00
35.00	Total cost to be allocated	5,336	200,286	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.163922	0.471716	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140122
Hospice CCN: 141507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2014 7:38 pm

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 140122	Period: From 01/01/2013	Worksheet K-5	
		Hospice CCN: 141507	To 12/31/2013	Part III	
		Hospice I		Date/Time Prepared: 5/27/2014 7:38 pm	
Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
	0	1.00	2.00	3.00	
ANCI LLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.397691	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.279762	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.221811	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.257053	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.134384	0	6.00
6.01	BLOOD LABORATORY	60.01			6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.235172	0	7.00
8.00	PARTIAL HOSP	93.00	0.276635	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.151974	0	9.00
10.00	OTHER ANCI LLARY	76.00	0.000000	0	10.00
10.01	HRT & VASC CTR	76.01	0.100810	0	10.01
10.02	OP DIABETES EDUC	76.02	1.128361	0	10.02
11.00	Totals (sum of lines 1-10)				11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140122

Period: From 01/01/2013

Worksheet K-6

Hospice CCN: 141507

To 12/31/2013

Date/Time Prepared: 5/27/2014 7:38 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				6,901,279	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				40,776	2.00
3.00	Average cost per diem (line 1 divided by line 2)				169.25	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	39,166				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	6,628,846				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		435			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		73,624			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			1,175		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			198,869		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140122	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/27/2014 7:38 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,743,225	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		142,305	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)		120.26	3.00
4.00	Number of interns & residents (see instructions)		25.56	4.00
5.00	Indirect medical education percentage (see instructions)		6.18	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		169,531	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.54	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		13.84	8.00
9.00	Sum of lines 7 and 8		15.38	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.16	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		86,686	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		3,141,747	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