

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: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/28/2014 2:50 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: 5/28/2014 Time: 2:50 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 BROMENN REGIONAL MEDICAL CENTER (140127) 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	220,368	96,841	375,194	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	-38,361	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
200.00 Total	0	182,007	96,841	375,194	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: 140127		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 2:39 pm			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1304 VIRGINIA			PO Box:						1.00		
2.00	City: NORMAL			State: IL		Zip Code: 61761-		County: MCLEAN		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	
				V	XVIII	XIX						
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		BROMENN REGIONAL MEDICAL CENTER		140127	14060	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF		BROMENN REHABILITATION		14T127	14060	5	07/01/1990	N	P	0	5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
17.10	Hospital-Based (CORF) I											17.10
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2013		12/31/2013		20.00	
21.00	Type of Control (see instructions)						1				21.00	
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N		Y		22.01	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid 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.			4,392	1,656	0	0	59	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 paid 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.			83	6	0	0	0	0		25.00	
							Urban/Rural St	Date of Geogra				
							1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0				35.00	

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		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				39.00	
		V	XVIII	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)	Y			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name	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

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	Program Name	Program Code	Unweighted I ME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the I ME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20	
				1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			N	63.00	
			Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	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	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			Y	N	0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
					V	XIX	
					1.00	2.00	
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			Y		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N			106.00

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		V	XIX			
		1.00	2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00	
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	0	0		118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02	
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	120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00	
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		14H036	140.00	

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1.00		2.00		3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name: ADVOCATE HEALTHCARE	Contractor's Name: NGS		Contractor's Number: 00130		141.00
142.00	Street: 3075 HIGHLAND PKWY SUITE 600	PO Box:				142.00
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515		143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N	145.00

		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00

		Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
161.10	CORF		N	N	N	161.10

		1.00	
Multi campus			
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00

		1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act			
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)		0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	1.00	169.00

		Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2013	12/31/2013	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/28/2014 2:39 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/07/2014	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		04/25/2014	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140127

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

Worksheet S-2
Part II
Date/Time Prepared:
5/28/2014 2:39 pm

	Description	Part A		Part B		
		Y/N	Date	Y/N		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	2.00	N		21.00
						1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relifed 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?		Y			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N			40.00
						1.00
						2.00
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.	JANET		MARI EN		41.00
42.00	Enter the employer/company name of the cost report preparer	ADVOCATE HEALTHCARE				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5650		JANET.MARI EN@ADVOCATEHEALTH. COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/28/2014 2:39 pm
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		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			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)	04/25/2014		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.		SENIOR REIMBURSEMENT SPECIALIST	41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140127

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 2:39 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P 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	156	56,940	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)		156	56,940	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	29	10,585	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)		185	67,525	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	15	5,475		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	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
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		200				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140127

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 2:39 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	10,271	2,921	24,421			1.00
2.00 HMO and other (see instructions)	1,558	1,419				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	10,271	2,921	24,421			7.00
8.00 INTENSIVE CARE UNIT	3,510	493	7,190			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		1,113	4,041			13.00
14.00 Total (see instructions)	13,781	4,527	35,652	12.10	962.99	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	1,907	89	2,613	0.00	14.01	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	106			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				12.10	977.00	27.00
28.00 Observation Bed Days		260	1,941			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			514			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	161	389			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			9			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140127

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 2:39 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
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	3,052	1,173	8,715	1.00
2.00	HMO and other (see instructions)			292			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	3,052	1,173	8,715	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	178	5	251	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	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
25.10	CMHC - CORF	0.00					25.10
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: 140127		Period: From 01/01/2013 To 12/31/2013		Worksheet S-3 Part II Date/Time Prepared: 5/28/2014 2:39 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	54,777,893	0	54,777,893	2,037,289.81	26.89	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		232,402	0	232,402	1,318.00	176.33	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	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	1,159,659	0	1,159,659	42,848.00	27.06	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		2,502,555	169,650	2,672,205	135,994.00	19.65	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		1,279,407	0	1,279,407	24,870.00	51.44	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		1,770,106	0	1,770,106	21,425.00	82.62	13.00
14.00	Home office salaries & wage-related costs		5,814,607	0	5,814,607	88,063.00	66.03	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		13,887,242	0	13,887,242			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		726,283	0	726,283			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		63,616	0	63,616			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		317,438	0	317,438			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,386,909	0	1,386,909	9,114.00	152.17	26.00
27.00	Administrative & General	5.00	7,285,715	158,603	7,444,318	245,951.00	30.27	27.00
28.00	Administrative & General under contract (see inst.)		1,785,082	0	1,785,082	59,999.00	29.75	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,393,297	-21,794	1,371,503	50,240.00	27.30	30.00
31.00	Laundry & Linen Service	8.00	297,620	-17,766	279,854	25,479.00	10.98	31.00
32.00	Housekeeping	9.00	1,184,348	-132,168	1,052,180	87,485.00	12.03	32.00
33.00	Housekeeping under contract (see instructions)		1,105	0	1,105	17.00	65.00	33.00
34.00	Dietary	10.00	1,007,281	-648,185	359,096	26,413.00	13.60	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	557,058	557,058	40,974.00	13.60	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,872,478	0	1,872,478	50,378.00	37.17	38.00
39.00	Central Services and Supply	14.00	336,964	0	336,964	23,982.00	14.05	39.00
40.00	Pharmacy	15.00	1,998,102	-12,103	1,985,999	50,652.00	39.21	40.00
41.00	Medical Records & Medical Records Library	16.00	1,173,153	0	1,173,153	55,037.00	21.32	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140127

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2014 2:39 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	1,084,497	0	1,084,497	30,888.00	35.11	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: 140127

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2014 2:39 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	55,404,421	0	55,404,421	2,054,457.81	26.97	1.00
2.00	Excluded area salaries (see instructions)	2,502,555	169,650	2,672,205	135,994.00	19.65	2.00
3.00	Subtotal salaries (line 1 minus line 2)	52,901,866	-169,650	52,732,216	1,918,463.81	27.49	3.00
4.00	Subtotal other wages & related costs (see inst.)	8,864,120	0	8,864,120	134,358.00	65.97	4.00
5.00	Subtotal wage-related costs (see inst.)	13,950,858	0	13,950,858	0.00	26.46	5.00
6.00	Total (sum of lines 3 thru 5)	75,716,844	-169,650	75,547,194	2,052,821.81	36.80	6.00
7.00	Total overhead cost (see instructions)	20,806,551	-116,355	20,690,196	756,609.00	27.35	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2014 2:39 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,147,372 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			1,517,200 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			167,120 6.00
7.00	Employee Managed Care Program Administration Fees			910,594 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			3,268,200 8.00
9.00	Prescription Drug Plan			1,212,975 9.00
10.00	Dental, Hearing and Vision Plan			316,187 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			103,515 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)			429,234 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,405,744 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			3,890,994 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			114,255 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))			171,276 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			339,912 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			14,994,578 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS(SPECIFY)			105,680 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part V Date/Time Prepared: 5/28/2014 2:39 pm
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Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	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
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/28/2014 2:39 pm	
				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)			0.303517	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			7,381,381	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			43,993,012	6.00
7.00	Medicaid cost (line 1 times line 6)			13,352,627	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)			5,971,246	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			5,971,246	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	11,306,205	4,506,890	15,813,095	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,431,625	1,367,918	4,799,543	21.00
22.00	Partial payment by patients approved for charity care	41,337	75,758	117,095	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,390,288	1,292,160	4,682,448	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			7,571,466	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			559,352	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			7,012,114	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			2,128,296	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			6,810,744	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			12,781,990	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet A Date/Time Prepared: 5/28/2014 2:39 pm
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT		5,157,115	0	5,157,115	1.00	
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		0	6,096,063	6,096,063	2.00	
3.00 00300	OTHER CAPITAL RELATED COSTS		0	0	0	3.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,386,909	11,281,058	-126,285	12,541,682	4.00	
5.00 00500	ADMINISTRATIVE & GENERAL	7,285,715	37,055,069	-1,872,728	42,468,056	5.00	
7.00 00700	OPERATION OF PLANT	1,393,297	4,539,250	-287,244	5,645,303	7.00	
8.00 00800	LAUNDRY & LINEN SERVICE	297,620	314,468	-102,962	509,126	8.00	
9.00 00900	HOUSEKEEPING	1,184,348	785,106	-232,061	1,737,393	9.00	
10.00 01000	DIETARY	1,007,281	892,559	-1,238,191	661,649	10.00	
11.00 01100	CAFETERIA	0	0	1,026,400	1,026,400	11.00	
13.00 01300	NURSING ADMINISTRATION	1,872,478	255,859	-6,996	2,121,341	13.00	
14.00 01400	CENTRAL SERVICES & SUPPLY	336,964	903,704	-629,847	610,821	14.00	
15.00 01500	PHARMACY	1,998,102	5,955,403	-258,481	7,695,024	15.00	
16.00 01600	MEDICAL RECORDS & LIBRARY	1,173,153	661,660	-10,916	1,823,897	16.00	
17.00 01700	SOCIAL SERVICE	1,084,497	567,810	1,652,307	1,652,307	17.00	
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,159,659	270,021	0	1,429,680	21.00	
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	-3,406	-3,406	22.00	
23.00 02300	CLINICAL PASTORAL EDUCATION	281,903	88,013	-49,740	320,176	23.00	
23.01 02301	EMS PROGRAM	0	0	0	0	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	11,333,696	6,075,503	-2,839,588	14,569,611	30.00	
31.00 03100	INTENSIVE CARE UNIT	3,056,860	1,104,273	-561,316	3,599,817	31.00	
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	40.00	
41.00 04100	SUBPROVIDER - I RF	812,151	180,901	93,654	1,086,706	41.00	
42.00 04200	SUBPROVIDER	0	0	0	0	42.00	
43.00 04300	NURSERY	0	0	1,520,470	1,520,470	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	3,229,665	15,864,216	-13,807,303	5,286,578	50.00	
51.00 05100	RECOVERY ROOM	587,692	71,090	-22,030	636,752	51.00	
53.00 05300	ANESTHESIOLOGY	59,032	425,332	224,343	708,707	53.00	
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,716,109	2,263,896	-1,048,008	3,931,997	54.00	
57.00 05700	CT SCAN	337,856	293,684	-221,278	410,262	57.00	
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00 06000	LABORATORY	2,047,211	3,337,679	-1,815,270	3,569,620	60.00	
65.00 06500	RESPIRATORY THERAPY	785,304	233,682	-169,516	849,470	65.00	
66.00 06600	PHYSICAL THERAPY	1,128,374	296,291	-77,671	1,346,994	66.00	
67.00 06700	OCCUPATIONAL THERAPY	350,420	31,098	-4,128	377,390	67.00	
68.00 06800	SPEECH PATHOLOGY	255,174	23,195	-3,334	275,035	68.00	
69.00 06900	ELECTROCARDIOLOGY	1,455,898	4,081,648	-3,625,001	1,912,545	69.00	
70.00 07000	ELECTROENCEPHALOGRAPHY	92,239	15,021	-5,296	101,964	70.00	
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	10,177,978	10,177,978	71.00	
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	10,700,878	10,700,878	72.00	
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
76.97 07697	CARDIAC REHABILITATION	330,709	59,139	-24,717	365,131	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	419,354	63,105	-6,228	476,231	90.00	
90.01 09001	BASIC DIAGNOSTIC TESTING	384,524	37,476	-422,000	0	90.01	
90.03 09002	PSYCH OUTPATIENT	0	0	0	0	90.03	
90.04 09003	WOUND CARE CLINIC	483,905	693,049	-179,653	997,301	90.04	
91.00 09100	EMERGENCY	3,036,372	3,116,918	-428,830	5,724,460	91.00	
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00	
93.00 04040	OTHER OUTPATIENT SERVICES	4,921	572,712	0	577,633	93.00	
OTHER REIMBURSABLE COST CENTERS							
99.10 09910	CORF	0	0	0	0	99.10	
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00	
113.00 11300	INTEREST EXPENSE		4,886,374	0	4,886,374	113.00	
116.00 11600	HOSPICE	0	0	0	0	116.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	53,369,392	112,453,377	-240,238	165,582,531	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	381,327	667,552	1,048,879	1,062,260	190.00	
190.01 19001	OTHER NONREIMBURSABLE	1,027,174	1,708,087	2,735,261	2,962,118	190.01	
190.13 19007	EUREKA	0	0	0	0	190.13	
191.00 19100	RESEARCH	0	0	0	0	191.00	
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00	
200.00	TOTAL (SUM OF LINES 118-199)	54,777,893	114,829,016	0	169,606,909	200.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140127

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

Worksheet A
Date/Time Prepared:
5/28/2014 2:39 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	959,758	6,116,873	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	832,912	6,928,975	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-805,635	11,736,047	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-18,689,126	23,778,930	5.00
7.00	00700	OPERATION OF PLANT	151,492	5,796,795	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-187,616	321,510	8.00
9.00	00900	HOUSEKEEPING	-24,367	1,713,026	9.00
10.00	01000	DIETARY	-518	661,131	10.00
11.00	01100	CAFETERIA	-505,620	520,780	11.00
13.00	01300	NURSING ADMINISTRATION	-49,797	2,071,544	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	610,821	14.00
15.00	01500	PHARMACY	-45,490	7,649,534	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-16,545	1,807,352	16.00
17.00	01700	SOCIAL SERVICE	0	1,652,307	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,429,680	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-11,462	-14,868	22.00
23.00	02300	CLINICAL PASTORAL EDUCATION	-18,441	301,735	23.00
23.01	02301	EMS PROGRAM	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,194,366	12,375,245	30.00
31.00	03100	INTENSIVE CARE UNIT	-117,909	3,481,908	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	1,086,706	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-62,656	1,457,814	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-235,905	5,050,673	50.00
51.00	05100	RECOVERY ROOM	0	636,752	51.00
53.00	05300	ANESTHESIOLOGY	-602,352	106,355	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-421,489	3,510,508	54.00
57.00	05700	CT SCAN	0	410,262	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-259,761	3,309,859	60.00
65.00	06500	RESPIRATORY THERAPY	-582	848,888	65.00
66.00	06600	PHYSICAL THERAPY	-61,498	1,285,496	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	377,390	67.00
68.00	06800	SPEECH PATHOLOGY	-9	275,026	68.00
69.00	06900	ELECTROCARDIOLOGY	-24,896	1,887,649	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-2,934	99,030	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,177,978	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	10,700,878	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	365,131	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-16,591	459,640	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	90.03
90.04	09003	WOUND CARE CLINIC	-12,461	984,840	90.04
91.00	09100	EMERGENCY	-269,929	5,454,531	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	577,633	93.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	-4,886,374	0	113.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-27,580,167	138,002,364	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,062,260	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	2,962,118	190.01
190.13	19007	EUREKA	0	0	190.13
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00		TOTAL (SUM OF LINES 118-199)	-27,580,167	142,026,742	200.00

RECLASSIFICATIONS

Provider CCN: 140127

Period:
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Worksheet A-6

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - NURSERY EXPENSE					
1.00	NURSERY	43.00	1,742,902	160,420	1.00
	TOTALS		1,742,902	160,420	
B - CAFETERIA EXPENSE					
1.00	CAFETERIA	11.00	557,058	469,342	1.00
2.00	OTHER NONREIMBURSABLE	190.01	61,895	52,148	2.00
3.00	SUBPROVIDER - IRF	41.00	29,232	24,629	3.00
	TOTALS		648,185	546,119	
C - MEDICAL SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	20,878,856	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	20,489	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
	TOTALS		0	20,899,345	
D - HOUSEKEEPING RECLASS					
1.00	CLINICAL PASTORAL EDUCATION	23.00	3,894	2,536	1.00
2.00	SUBPROVIDER - IRF	41.00	16,476	10,730	2.00
3.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	17,657	11,499	3.00
4.00	OTHER NONREIMBURSABLE	190.01	94,141	61,308	4.00
	TOTALS		132,168	86,073	
E - IMPLANT RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	10,700,878	1.00
	TOTALS		0	10,700,878	
F - EQUIP DEPR EXPENSE					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	6,096,063	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00

Provider CCN: 140127

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
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
TOTALS			0	6,096,063	
G - BASIC DIAGNOSTIC TESTING					
1.00	OPERATING ROOM	50.00	73,992	7,211	1.00
2.00	LABORATORY	60.00	304,158	29,644	2.00
3.00	ELECTROCARDIOLOGY	69.00	6,374	621	3.00
TOTALS			384,524	37,476	
H - RECLASS EUREKA ALLOCATED COSTS					
1.00	ADMINISTRATIVE & GENERAL	5.00	104,958	125,125	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
TOTALS			104,958	125,125	
I - DEFAULT					
1.00	ADMINISTRATIVE & GENERAL	5.00	53,645	0	1.00
TOTALS			53,645	0	
J - RECLASS MD CONTRACT EXPENSES					
1.00	ELECTROCARDIOLOGY	69.00	0	37,500	1.00
2.00	RESPIRATORY THERAPY	65.00	0	1,406	2.00
3.00	ANESTHESIOLOGY	53.00	0	602,352	3.00
4.00	WOUND CARE CLINIC	90.04	0	22,267	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	108,396	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	117,812	6.00
7.00	SUBPROVIDER - IRF	41.00	0	62,833	7.00
TOTALS			0	952,566	
500.00	Grand Total: Increases		3,066,382	39,604,065	500.00

RECLASSIFICATIONS

Provider CCN: 140127

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

Worksheet A-6
Date/Time Prepared:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
A - NURSERY EXPENSE						
1.00	ADULTS & PEDIATRICS	30.00	1,742,902	160,420	0	1.00
	TOTALS		1,742,902	160,420		
B - CAFETERIA EXPENSE						
1.00	DIETARY	10.00	648,185	546,119	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		648,185	546,119		
C - MEDICAL SUPPLY RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	17,016	0	1.00
2.00	OPERATION OF PLANT	7.00	0	124,927	0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	20,758	0	3.00
4.00	HOUSEKEEPING	9.00	0	9,323	0	4.00
5.00	DIETARY	10.00	0	10,913	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	1,691	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	566,349	0	7.00
8.00	PHARMACY	15.00	0	91,237	0	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	104	0	9.00
10.00	CLINICAL PASTORAL EDUCATION	23.00	0	25	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	665,616	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	319,111	0	12.00
13.00	SUBPROVIDER - IRF	41.00	0	45,127	0	13.00
14.00	NURSERY	43.00	0	188,409	0	14.00
15.00	OPERATING ROOM	50.00	0	12,671,336	0	15.00
16.00	RECOVERY ROOM	51.00	0	21,960	0	16.00
17.00	ANESTHESIOLOGY	53.00	0	372,777	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	320,483	0	18.00
19.00	CT SCAN	57.00	0	100,821	0	19.00
20.00	LABORATORY	60.00	0	1,956,535	0	20.00
21.00	RESPIRATORY THERAPY	65.00	0	129,816	0	21.00
22.00	PHYSICAL THERAPY	66.00	0	21,327	0	22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	4,128	0	23.00
24.00	SPEECH PATHOLOGY	68.00	0	1,266	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	2,699,106	0	25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,913	0	26.00
27.00	CARDIAC REHABILITATION	76.97	0	4,177	0	27.00
28.00	CLINIC	90.00	0	4,619	0	28.00
29.00	WOUND CARE CLINIC	90.04	0	197,306	0	29.00
30.00	EMERGENCY	91.00	0	311,652	0	30.00
31.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,781	0	31.00
32.00	OTHER NONREIMBURSABLE	190.01	0	17,736	0	32.00
	TOTALS		0	20,899,345		
D - HOUSEKEEPING RECLASS						
1.00	HOUSEKEEPING	9.00	132,168	86,073	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	TOTALS		132,168	86,073		
E - IMPLANT RECLASS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,700,878	0	1.00
	TOTALS		0	10,700,878		
F - EQUIP DEPR EXPENSE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,916	9	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,224,379	0	2.00
3.00	OPERATION OF PLANT	7.00	0	140,523	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	45,666	0	4.00
5.00	HOUSEKEEPING	9.00	0	4,497	0	5.00
6.00	DIETARY	10.00	0	32,974	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	5,305	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	63,498	0	8.00
9.00	PHARMACY	15.00	0	155,141	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	10,812	0	10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	3,406	0	11.00
12.00	CLINICAL PASTORAL EDUCATION	23.00	0	2,500	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	379,046	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	360,017	0	14.00
15.00	SUBPROVIDER - IRF	41.00	0	5,119	0	15.00
16.00	NURSERY	43.00	0	194,443	0	16.00
17.00	OPERATING ROOM	50.00	0	1,217,170	0	17.00
18.00	RECOVERY ROOM	51.00	0	70	0	18.00
19.00	ANESTHESIOLOGY	53.00	0	5,232	0	19.00

RECLASSIFICATIONS

Provider CCN: 140127

Period:
From 01/01/2013
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Worksheet A-6

Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	687,476	0		20.00
21.00	CT SCAN	57.00	0	120,457	0		21.00
22.00	LABORATORY	60.00	0	179,291	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	41,106	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	56,344	0		24.00
25.00	SPEECH PATHOLOGY	68.00	0	2,068	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	970,390	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,383	0		27.00
28.00	CARDIAC REHABILITATION	76.97	0	20,540	0		28.00
29.00	CLINIC	90.00	0	1,609	0		29.00
30.00	WOUND CARE CLINIC	90.04	0	4,614	0		30.00
31.00	EMERGENCY	91.00	0	117,178	0		31.00
32.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	13,994	0		32.00
33.00	OTHER NONREIMBURSABLE	190.01	0	24,899	0		33.00
TOTALS			0	6,096,063			
G - BASIC DIAGNOSTIC TESTING							
1.00	BASIC DIAGNOSTIC TESTING	90.01	384,524	37,476	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
TOTALS			384,524	37,476			
H - RECLASS EUREKA ALLOCATED COSTS							
1.00	LAUNDRY & LINEN SERVICE	8.00	17,766	18,772	0		1.00
2.00	OPERATION OF PLANT	7.00	21,794	0	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	40,049	0	0		3.00
4.00	LABORATORY	60.00	13,246	0	0		4.00
5.00	PHARMACY	15.00	12,103	0	0		5.00
6.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	106,353	0		6.00
TOTALS			104,958	125,125			
I - DEFAULT							
1.00	CLINICAL PASTORAL EDUCATION	23.00	53,645	0	0		1.00
TOTALS			53,645	0			
J - RECLASS MD CONTRACT EXPENSES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	952,566	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
TOTALS			0	952,566			
500.00	Grand Total: Decreases		3,066,382	39,604,065			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140127

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

Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,844,000	0	0	0	0	1.00
2.00	Land Improvements	9,352,600	308,186	0	308,186	0	2.00
3.00	Buildings and Fixtures	229,071,913	1,354,440	0	1,354,440	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	92,949,203	3,453,402	0	3,453,402	1,792,990	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	339,217,716	5,116,028	0	5,116,028	1,792,990	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	339,217,716	5,116,028	0	5,116,028	1,792,990	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,844,000	0				1.00
2.00	Land Improvements	9,660,786	4,320,774				2.00
3.00	Buildings and Fixtures	230,426,353	113,551,860				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	94,609,615	48,567,221				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	342,540,754	166,439,855				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	342,540,754	166,439,855				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140127

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	5,157,115	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,157,115	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	5,157,115				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	5,157,115				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140127

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

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	247,931,139	0	247,931,139	0.723800	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	94,609,615	0	94,609,615	0.276200	0	2.00
3.00	Total (sum of lines 1-2)	342,540,754	0	342,540,754	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	6,116,873	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	6,928,975	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	13,045,848	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	6,116,873	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	6,928,975	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	13,045,848	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140127

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,165,129				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	-3,753,772				0	12.00
13.00 Laundry and linen service	B	-187,616	LAUNDRY & LINEN SERVICE	8.00		0	13.00
14.00 Cafeteria-employees and guests	B	-505,620	CAFETERIA	11.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients	B	-45,297	PHARMACY	15.00		0	17.00
18.00 Sale of medical records and abstracts	B	-16,533	MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			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 - NEW CAP REL COSTS-BLDG & FIXT			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0	NEW 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)	B	-53,000	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 MISCELLANEOUS INCOME	B	-68,068	EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.00
33.03 MISCELLANEOUS INCOME	B	-2,006,679	ADMINISTRATIVE & GENERAL	5.00		0	33.03
33.04 MISCELLANEOUS INCOME	B	-17,784	OPERATION OF PLANT	7.00		0	33.04
33.08 MISCELLANEOUS INCOME	B	-24,367	HOUSEKEEPING	9.00		0	33.08

ADJUSTMENTS TO EXPENSES

Provider CCN: 140127

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

Worksheet A-8

Date/Time Prepared:
5/28/2014 2:39 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
33.09	MI SCCELLANEOUS INCOME	B	-49,681	NURSING ADMINISTRATION	13.00	0	33.09
33.10	MI SCCELLANEOUS INCOME	B	-7,972	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	33.10
33.19	MI SCCELLANEOUS INCOME	B	-17,525	CLINICAL PASTORAL EDUCATION	23.00	0	33.19
33.20	MI SCCELLANEOUS INCOME	B	-252,912	EMERGENCY	91.00	0	33.20
33.21	MI SCCELLANEOUS INCOME	B	-62,656	NURSERY	43.00	0	33.21
33.22	MI SCCELLANEOUS INCOME	B	-463	ELECTROCARDIOLOGY	69.00	0	33.22
33.24	MI SCCELLANEOUS INCOME	B	-305,294	RADIOLOGY-DIAGNOSTIC	54.00	0	33.24
33.25	MI SCCELLANEOUS INCOME	B	-259,761	LABORATORY	60.00	0	33.25
33.28	MI SCCELLANEOUS INCOME	B	-61,405	PHYSICAL THERAPY	66.00	0	33.28
34.00			0		0.00	0	34.00
35.00			0		0.00	0	35.00
35.01	MI SCCELLANEOUS INCOME	B	-2,280	CLINIC	90.00	0	35.01
35.02	MI SCCELLANEOUS INCOME	B	-1,792	OPERATING ROOM	50.00	0	35.02
35.03			0		0.00	0	35.03
35.04			0		0.00	0	35.04
35.05			0		0.00	0	35.05
35.06			0		0.00	0	35.06
35.07			0		0.00	0	35.07
35.08	NON ALLOWABLE EXPENSES	A	-1,283,384	ADMINISTRATIVE & GENERAL	5.00	0	35.08
35.09	NON ALLOWABLE EXPENSES	A	-4,339	OPERATION OF PLANT	7.00	0	35.09
36.00	NON ALLOWABLE EXPENSES	A	-518	DIETARY	10.00	0	36.00
36.01	NON ALLOWABLE EXPENSES	A	-193	PHARMACY	15.00	0	36.01
36.02	NON ALLOWABLE EXPENSES	A	-116	NURSING ADMINISTRATION	13.00	0	36.02
36.03	NON ALLOWABLE EXPENSES	A	-13	OPERATING ROOM	50.00	0	36.03
36.04	NON ALLOWABLE EXPENSES	A	-12	MEDICAL RECORDS & LIBRARY	16.00	0	36.04
36.05	NON ALLOWABLE EXPENSES	A	-3,490	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	36.05
36.06	NON ALLOWABLE EXPENSES	A	-2,022	ADULTS & PEDIATRICS	30.00	0	36.06
36.07	NON ALLOWABLE EXPENSES	A	-97	INTENSIVE CARE UNIT	31.00	0	36.07
36.09			0		0.00	0	36.09
36.10	NON ALLOWABLE EXPENSES	A	-27,079	RADIOLOGY-DIAGNOSTIC	54.00	0	36.10
36.11	NON ALLOWABLE EXPENSES	A	-9	SPEECH PATHOLOGY	68.00	0	36.11
36.13	NON ALLOWABLE EXPENSES	A	-93	PHYSICAL THERAPY	66.00	0	36.13
36.14	NON ALLOWABLE EXPENSES	A	-17	EMERGENCY	91.00	0	36.14
36.15	MARKETING OFFSET	A	-127,698	ADMINISTRATIVE & GENERAL	5.00	0	36.15
36.16	EMPLOYED PHYSICIAN	A	-1,836,098	ADMINISTRATIVE & GENERAL	5.00	0	36.16
36.17			0		0.00	0	36.17
36.18			0		0.00	0	36.18
36.19	PA ASSESSMENT EXPENSE	A	-7,575,704	ADMINISTRATIVE & GENERAL	5.00	0	36.19
37.00	NON ALLOWABLE EXPENSES	A	-200	ELECTROCARDIOLOGY	69.00	0	37.00
38.00	SELF INSURANCE EXPENSE	A	-2,740,519	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38.00
39.00			0		0.00	0	39.00
40.00			0		0.00	0	40.00
41.00			0		0.00	0	41.00
42.00	NON ALLOWABLE EXPENSES	A	-916	CLINICAL PASTORAL EDUCATION	23.00	0	42.00
43.00	INTEREST EXPENSE	A	-4,886,374	INTEREST EXPENSE	113.00	11	43.00
44.00	MOB/POB ADD-ON	A	173,615	OPERATION OF PLANT	7.00	0	44.00
44.01	MOB/POB ADD-ON	A	278,682	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	44.01
44.02	MOB/POB ADD-ON	A	186,861	ADMINISTRATIVE & GENERAL	5.00	0	44.02
44.03	EUREKA OVERALLOCATION	A	734,578	ADMINISTRATIVE & GENERAL	5.00	0	44.03
44.04	ADJ BOOK TO MC DEPR	A	465,262	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	44.04
44.05	ADJ BOOK TO MC DEPR	A	-64,668	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	44.05
45.00			0		0.00	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-27,580,167				50.00

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

Provider CCN: 140127

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2014 2:39 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	54.00	RADIOLOGY-DIAGNOSTIC	ADVANCED MRI	133,817	222,933 1.00
2.00	0.00			0	0 2.00
3.00	0.00			0	0 3.00
4.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	215,814	0 4.00
4.01	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE	897,580	0 4.01
4.02	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	2,002,952	0 4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	4,933,324	11,714,326 4.03
4.04	0.00			0	0 4.04
4.05	0.00			0	0 4.05
5.00	0			8,183,487	11,937,259 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	C		0.00	ADVANCED MRI	42.80	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00	B		0.00	ADVOCATE HEALTH CARE	100.00	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: 140127

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2014 2:39 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	-89,116	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	215,814	9		4.00
4.01	897,580	9		4.01
4.02	2,002,952	0		4.02
4.03	-6,781,002	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
5.00	-3,753,772			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	MRI SERVICES		6.00
7.00			7.00
8.00			8.00
9.00	HOME OFFICE		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: 140127

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2014 2:39 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	69.00	ELECTROCARDIOLOGY	37,500	0	37,500	171,400	161	1.00
2.00	65.00	RESPIRATORY THERAPY	1,406	0	1,406	171,400	10	2.00
3.00	53.00	ANESTHESIOLOGY	602,352	602,352	0	171,400	0	3.00
4.00	90.04	WOUND CARE CLINIC	22,267	0	22,267	171,400	119	4.00
5.00	30.00	ADULTS & PEDIATRICS	108,396	0	108,396	171,400	225	5.00
6.00	41.00	SUBPROVIDER - IRF	62,833	0	62,833	171,400	803	6.00
7.00	50.00	OPERATING ROOM	234,100	234,100	0	171,400	0	7.00
8.00	91.00	EMERGENCY	17,000	17,000	0	171,400	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	2,934	2,934	0	171,400	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	2,049,489	2,049,489	0	171,400	0	10.00
11.00	90.00	CLINIC	14,311	14,311	0	171,400	0	11.00
12.00	31.00	INTENSIVE CARE UNIT	117,812	117,812	0	171,400	0	12.00
200.00			3,270,400	3,037,998	232,402		1,318	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	69.00	ELECTROCARDIOLOGY	13,267	663	0	0	0	1.00
2.00	65.00	RESPIRATORY THERAPY	824	41	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	90.04	WOUND CARE CLINIC	9,806	490	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	18,541	927	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	66,170	3,309	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	10.00
11.00	90.00	CLINIC	0	0	0	0	0	11.00
12.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	12.00
200.00			108,608	5,430	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	69.00	ELECTROCARDIOLOGY	0	13,267	24,233	24,233	1.00
2.00	65.00	RESPIRATORY THERAPY	0	824	582	582	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	602,352	3.00
4.00	90.04	WOUND CARE CLINIC	0	9,806	12,461	12,461	4.00
5.00	30.00	ADULTS & PEDIATRICS	0	18,541	89,855	89,855	5.00
6.00	41.00	SUBPROVIDER - IRF	0	66,170	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	234,100	7.00
8.00	91.00	EMERGENCY	0	0	0	17,000	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	2,934	9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,049,489	10.00
11.00	90.00	CLINIC	0	0	0	14,311	11.00
12.00	31.00	INTENSIVE CARE UNIT	0	0	0	117,812	12.00
200.00			0	108,608	127,131	3,165,129	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140127

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 2:39 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	6,116,873	6,116,873			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	6,928,975		6,928,975		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	11,736,047	6,256	3,314	11,745,617	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	23,778,930	630,210	1,391,671	1,637,698	5.00
7.00 00700	OPERATION OF PLANT	5,796,795	1,732,138	159,723	301,721	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	321,510	97,252	51,905	61,566	8.00
9.00 00900	HOUSEKEEPING	1,713,026	48,438	5,111	231,472	9.00
10.00 01000	DIETARY	661,131	130,581	37,479	78,999	10.00
11.00 01100	CAFETERIA	520,780	0	0	122,549	11.00
13.00 01300	NURSING ADMINISTRATION	2,071,544	67,475	6,030	411,932	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	610,821	75,877	72,174	74,130	14.00
15.00 01500	PHARMACY	7,649,534	47,649	176,338	436,906	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,807,352	53,087	12,289	258,085	16.00
17.00 01700	SOCIAL SERVICE	1,652,307	0	0	238,582	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,429,680	0	3,871	255,117	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-14,868	23,685	0	0	22.00
23.00 02300	CLINICAL PASTORAL EDUCATION	301,735	32,626	2,842	51,072	23.00
23.01 02301	EMS PROGRAM	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	12,375,245	869,015	651,845	2,109,879	30.00
31.00 03100	INTENSIVE CARE UNIT	3,481,908	344,719	409,206	672,488	31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	1,086,706	108,657	5,818	188,723	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	1,457,814	208,710	0	383,427	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,050,673	536,451	1,383,473	726,781	50.00
51.00 05100	RECOVERY ROOM	636,752	31,125	80	129,288	51.00
53.00 05300	ANESTHESIOLOGY	106,355	0	5,947	12,987	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,510,508	244,791	781,407	588,714	54.00
57.00 05700	CT SCAN	410,262	0	136,915	74,326	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	3,309,859	27,766	203,788	514,371	60.00
65.00 06500	RESPIRATORY THERAPY	848,888	38,189	46,722	172,761	65.00
66.00 06600	PHYSICAL THERAPY	1,285,496	109,879	64,042	248,234	66.00
67.00 06700	OCCUPATIONAL THERAPY	377,390	0	0	77,090	67.00
68.00 06800	SPEECH PATHOLOGY	275,026	0	2,351	56,136	68.00
69.00 06900	ELECTROCARDIOLOGY	1,887,649	146,595	1,102,975	321,690	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	99,030	27,419	3,845	20,292	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,177,978	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	10,700,878	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.97 07697	CARDIAC REHABILITATION	365,131	35,590	23,346	72,754	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	459,640	25,109	1,829	92,255	90.00
90.01 09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	90.01
90.03 09002	PSYCH OUTPATIENT	0	0	0	0	90.03
90.04 09003	WOUND CARE CLINIC	984,840	31,644	5,244	106,456	90.04
91.00 09100	EMERGENCY	5,454,531	184,967	133,188	667,981	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 04040	OTHER OUTPATIENT SERVICES	577,633	28,257	0	1,083	93.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600	HOSPICE	0	0	0	0	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	138,002,364	5,944,157	6,884,768	11,397,545	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,062,260	54,656	15,906	87,774	190.00
190.01 19001	OTHER NONREIMBURSABLE	2,962,118	118,060	28,301	260,298	190.01
190.13 19007	EUREKA	0	0	0	0	190.13
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140127

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 2:39 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
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)	142,026,742	6,116,873	6,928,975	11,745,617	142,026,742	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 5/28/2014 2:39 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	27,438,509				5.00
7.00	00700	OPERATION OF PLANT	1,913,320	9,903,697			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	127,445	256,960	916,638		8.00
9.00	00900	HOUSEKEEPING	478,438	127,984	66,567	2,671,036	9.00
10.00	01000	DIETARY	217,469	345,021	1,346	49,448	1,521,474
11.00	01100	CAFETERIA	154,047	0	2,087	121,324	0
13.00	01300	NURSING ADMINISTRATION	612,277	178,283	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	199,465	200,483	0	6,814	0
15.00	01500	PHARMACY	1,989,957	125,899	166	30,720	0
16.00	01600	MEDICAL RECORDS & LIBRARY	510,230	140,267	0	13,666	0
17.00	01700	SOCIAL SERVICE	452,779	0	0	1,713	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	404,357	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,111	62,581	0	0	0
23.00	02300	CLINICAL PASTORAL EDUCATION	92,974	86,204	0	0	0
23.01	02301	EMS PROGRAM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,832,692	2,296,116	344,643	1,062,015	1,181,024
31.00	03100	INTENSIVE CARE UNIT	1,175,312	910,817	25,020	58,053	340,450
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	332,817	287,094	22,595	5,451	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	490,867	551,454	49,365	37,067	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,843,160	1,417,415	146,814	474,394	0
51.00	05100	RECOVERY ROOM	190,903	82,238	11,405	30,720	0
53.00	05300	ANESTHESIOLOGY	30,001	0	0	3,037	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,227,297	646,788	60,883	163,842	0
57.00	05700	CT SCAN	148,821	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	971,170	73,363	1,552	92,161	0
65.00	06500	RESPIRATORY THERAPY	264,969	100,902	0	13,666	0
66.00	06600	PHYSICAL THERAPY	408,902	290,323	6,175	17,054	0
67.00	06700	OCCUPATIONAL THERAPY	108,827	0	251	0	0
68.00	06800	SPEECH PATHOLOGY	79,861	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	828,246	387,335	26,959	34,108	0
70.00	07000	ELECTROENCEPHALOGRAPHY	36,058	72,447	1,231	6,814	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,437,147	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,562,357	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	118,965	94,037	650	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	138,603	66,344	1,658	0	0
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0
90.03	09002	PSYCH OUTPATIENT	0	0	0	0	0
90.04	09003	WOUND CARE CLINIC	270,147	83,611	5,499	0	0
91.00	09100	EMERGENCY	1,542,237	488,721	141,334	437,444	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04040	OTHER OUTPATIENT SERVICES	145,342	74,660	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	26,339,570	9,447,347	916,200	2,659,511	1,521,474
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	292,275	144,412	0	0	0
190.01	19001	OTHER NONREIMBURSABLE	806,664	311,938	438	11,525	0
190.13	19007	EUREKA	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	27,438,509	9,903,697	916,638	2,671,036	1,521,474

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140127		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part I Date/Time Prepared: 5/28/2014 2:39 pm		
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA	920,787				11.00	
13.00	01300	NURSING ADMINISTRATION	30,198	3,377,739			13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	14,376	394	1,254,534		14.00	
15.00	01500	PHARMACY	30,472	6,309	0	10,493,950	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	30,497	8,562	6	0	2,834,041	16.00
17.00	01700	SOCIAL SERVICE	18,515	92,609	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	25,684	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	CLINICAL PASTORAL EDUCATION	8,142	0	1	0	0	23.00
23.01	02301	EMS PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	212,943	1,331,053	40,315	5,125	122,528	30.00
31.00	03100	INTENSIVE CARE UNIT	66,792	472,564	19,328	2,124	26,766	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	18,752	117,676	2,733	183	17,574	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	37,504	252,026	11,412	1,241	19,803	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	71,094	481,182	767,478	90,003	467,924	50.00
51.00	05100	RECOVERY ROOM	10,224	85,962	1,330	5,506	27,921	51.00
53.00	05300	ANESTHESIOLOGY	2,319	12,844	22,578	52,667	61,404	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,304	0	19,296	9,164	584,322	54.00
57.00	05700	CT SCAN	6,808	0	6,107	32,513	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	60,907	33,123	118,503	460	322,327	60.00
65.00	06500	RESPIRATORY THERAPY	19,787	8,337	7,863	2,169	31,365	65.00
66.00	06600	PHYSICAL THERAPY	19,949	0	1,292	0	30,612	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,808	0	250	0	9,630	67.00
68.00	06800	SPEECH PATHOLOGY	4,040	0	77	0	4,418	68.00
69.00	06900	ELECTROCARDIOLOGY	25,946	16,899	163,479	33,996	294,540	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,795	225	116	56	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	34,303	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	5,526	8,235,993	0	73.00
76.97	07697	CARDIAC REHABILITATION	7,020	845	253	0	6,604	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	8,042	5,633	280	0	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04	09003	WOUND CARE CLINIC	10,710	9,689	11,950	0	71,042	90.04
91.00	09100	EMERGENCY	65,657	431,836	18,876	92,823	735,261	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	OTHER OUTPATIENT SERVICES	100	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	872,385	3,367,768	1,253,352	8,564,023	2,834,041	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,204	0	108	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	30,198	9,971	1,074	1,929,927	0	190.01
190.13	19007	EUREKA	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	920,787	3,377,739	1,254,534	10,493,950	2,834,041	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140127

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

Worksheet B
Part I
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Cost Center Description	INTERNS & RESIDENTS			CLINICAL PASTORAL EDUCATION	EMS PROGRAM	
	SOCIAL SERVICE	SERVICES-SALAR	SERVICES-OTHER			
		Y & FRINGES	PRGM COSTS			
	17.00	21.00	22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	2,456,505				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,118,709			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	73,509		22.00
23.00 02300	CLINICAL PASTORAL EDUCATION	0	0	0	575,596	23.00
23.01 02301	EMS PROGRAM	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,508,926	2,118,709	73,509	235,030	0 30.00
31.00 03100	INTENSIVE CARE UNIT	551,527	0	0	111,391	0 31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	255,306	0	0	22,783	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	64,645	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	116,344	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	450	0 54.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	0	0	0	0 60.00
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	13,507	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	13,911	0	0	0	0 90.00
90.01 09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0 90.01
90.03 09002	PSYCH OUTPATIENT	0	0	0	0	0 90.03
90.04 09003	WOUND CARE CLINIC	0	0	0	0	0 90.04
91.00 09100	EMERGENCY	62,190	0	0	55,470	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00 04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0 93.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
116.00 11600	HOSPICE	0	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,456,505	2,118,709	73,509	554,975	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
190.01 19001	OTHER NONREIMBURSABLE	0	0	0	20,621	0 190.01
190.13 19007	EUREKA	0	0	0	0	0 190.13
191.00 19100	RESEARCH	0	0	0	0	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
200.00	Cross Foot Adjustments	0	0	0	0	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140127

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		CLINICAL PASTORAL EDUCATION	EMS PROGRAM	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
202.00 TOTAL (sum lines 118-201)	2,456,505	2,118,709	73,509	575,596	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140127

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 2:39 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	30,370,612	-2,192,218	28,178,394	30.00
31.00	03100	8,668,465	0	8,668,465	31.00
40.00	04000	0	0	0	40.00
41.00	04100	2,472,868	0	2,472,868	41.00
42.00	04200	0	0	0	42.00
43.00	04300	3,565,335	0	3,565,335	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	13,573,186	0	13,573,186	50.00
51.00	05100	1,243,454	0	1,243,454	51.00
53.00	05300	310,139	0	310,139	53.00
54.00	05400	7,894,766	0	7,894,766	54.00
57.00	05700	815,752	0	815,752	57.00
58.00	05800	0	0	0	58.00
59.00	05900	0	0	0	59.00
60.00	06000	5,729,350	0	5,729,350	60.00
65.00	06500	1,555,618	0	1,555,618	65.00
66.00	06600	2,481,958	0	2,481,958	66.00
67.00	06700	580,246	0	580,246	67.00
68.00	06800	421,909	0	421,909	68.00
69.00	06900	5,283,924	0	5,283,924	69.00
70.00	07000	269,328	0	269,328	70.00
71.00	07100	12,649,428	0	12,649,428	71.00
72.00	07200	13,263,235	0	13,263,235	72.00
73.00	07300	8,241,519	0	8,241,519	73.00
76.97	07697	725,195	0	725,195	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	813,304	0	813,304	90.00
90.01	09001	0	0	0	90.01
90.03	09002	0	0	0	90.03
90.04	09003	1,590,832	0	1,590,832	90.04
91.00	09100	10,512,516	0	10,512,516	91.00
92.00	09200	0	0	0	92.00
93.00	04040	827,075	0	827,075	93.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	0	0	0	99.10
101.00	10100	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	0	0	0	109.00
110.00	11000	0	0	0	110.00
111.00	11100	0	0	0	111.00
113.00	11300	0	0	0	113.00
116.00	11600	0	0	0	116.00
118.00		133,860,014	-2,192,218	131,667,796	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	1,675,595	0	1,675,595	190.00
190.01	19001	6,491,133	0	6,491,133	190.01
190.13	19007	0	0	0	190.13
191.00	19100	0	0	0	191.00
192.00	19200	0	0	0	192.00
200.00		0	0	0	200.00
201.00		0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140127

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 2:39 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
202.00	TOTAL (sum lines 118-201)	142,026,742	-2,192,218	139,834,524	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140127

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2014 2:39 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,578	6,256	3,314	16,148	16,148 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	74,823	630,210	1,391,671	2,096,704	2,248 5.00
7.00 00700	OPERATION OF PLANT	10,686	1,732,138	159,723	1,902,547	414 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	12,900	97,252	51,905	162,057	85 8.00
9.00 00900	HOUSEKEEPING	2,257	48,438	5,111	55,806	318 9.00
10.00 01000	DIETARY	1,138	130,581	37,479	169,198	108 10.00
11.00 01100	CAFETERIA	0	0	0	0	168 11.00
13.00 01300	NURSING ADMINISTRATION	4,266	67,475	6,030	77,771	565 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,647	75,877	72,174	149,698	102 14.00
15.00 01500	PHARMACY	1,000	47,649	176,338	224,987	600 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,375	53,087	12,289	67,751	354 16.00
17.00 01700	SOCIAL SERVICE	28	0	0	28	328 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	3,871	3,871	350 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	13,535	23,685	0	37,220	0 22.00
23.00 02300	CLINICAL PASTORAL EDUCATION	605	32,626	2,842	36,073	70 23.00
23.01 02301	EMS PROGRAM	0	0	0	0	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	90,425	869,015	651,845	1,611,285	2,922 30.00
31.00 03100	INTENSIVE CARE UNIT	11,580	344,719	409,206	765,505	923 31.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - I/RF	22,946	108,657	5,818	137,421	259 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	208,710	0	208,710	526 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	7,609	536,451	1,383,473	1,927,533	998 50.00
51.00 05100	RECOVERY ROOM	64	31,125	80	31,269	177 51.00
53.00 05300	ANESTHESIOLOGY	11	0	5,947	5,958	18 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	238,553	244,791	781,407	1,264,751	808 54.00
57.00 05700	CT SCAN	0	0	136,915	136,915	102 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	45,265	27,766	203,788	276,819	706 60.00
65.00 06500	RESPIRATORY THERAPY	495	38,189	46,722	85,406	237 65.00
66.00 06600	PHYSICAL THERAPY	11,163	109,879	64,042	185,084	341 66.00
67.00 06700	OCCUPATIONAL THERAPY	28	0	0	28	106 67.00
68.00 06800	SPEECH PATHOLOGY	120	0	2,351	2,471	77 68.00
69.00 06900	ELECTROCARDIOLOGY	17,752	146,595	1,102,975	1,267,322	442 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	24	27,419	3,845	31,288	28 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.97 07697	CARDIAC REHABILITATION	595	35,590	23,346	59,531	100 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	167	25,109	1,829	27,105	127 90.00
90.01 09001	BASIC DIAGNOSTIC TESTING	18	0	0	18	0 90.01
90.03 09002	PSYCH OUTPATIENT	0	0	0	0	0 90.03
90.04 09003	WOUND CARE CLINIC	1,261	31,644	5,244	38,149	146 90.04
91.00 09100	EMERGENCY	43,815	184,967	133,188	361,970	917 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00 04040	OTHER OUTPATIENT SERVICES	57,910	28,257	0	86,167	1 93.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
116.00 11600	HOSPICE	0	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	681,639	5,944,157	6,884,768	13,510,564	15,671 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	254	54,656	15,906	70,816	120 190.00
190.01 19001	OTHER NONREIMBURSABLE	980	118,060	28,301	147,341	357 190.01
190.13 19007	EUREKA	0	0	0	0	0 190.13
191.00 19100	RESEARCH	0	0	0	0	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
200.00	Cross Foot Adjustments				0	200.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140127

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2014 2:39 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	682,873	6,116,873	6,928,975	13,728,721	16,148	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 2:39 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,098,952				5.00
7.00	00700	OPERATION OF PLANT	146,360	2,049,321			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,749	53,172	225,063		8.00
9.00	00900	HOUSEKEEPING	36,598	26,483	16,344	135,549	9.00
10.00	01000	DIETARY	16,635	71,393	330	2,509	260,173
11.00	01100	CAFETERIA	11,784	0	513	6,157	0
13.00	01300	NURSING ADMINISTRATION	46,836	36,891	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	15,258	41,485	0	346	0
15.00	01500	PHARMACY	152,222	26,052	41	1,559	0
16.00	01600	MEDICAL RECORDS & LIBRARY	39,030	29,025	0	694	0
17.00	01700	SOCIAL SERVICE	34,635	0	0	87	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	30,931	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	162	12,950	0	0	0
23.00	02300	CLINICAL PASTORAL EDUCATION	7,112	17,838	0	0	0
23.01	02301	EMS PROGRAM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	293,221	475,123	84,620	53,894	201,956
31.00	03100	INTENSIVE CARE UNIT	89,906	188,471	6,143	2,946	58,217
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	25,459	59,407	5,548	277	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	37,549	114,110	12,121	1,881	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	140,993	293,298	36,047	24,074	0
51.00	05100	RECOVERY ROOM	14,603	17,017	2,800	1,559	0
53.00	05300	ANESTHESIOLOGY	2,295	0	0	154	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	93,882	133,836	14,949	8,315	0
57.00	05700	CT SCAN	11,384	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	74,290	15,181	381	4,677	0
65.00	06500	RESPIRATORY THERAPY	20,269	20,879	0	694	0
66.00	06600	PHYSICAL THERAPY	31,279	60,075	1,516	865	0
67.00	06700	OCCUPATIONAL THERAPY	8,325	0	62	0	0
68.00	06800	SPEECH PATHOLOGY	6,109	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	63,357	80,149	6,619	1,731	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,758	14,991	302	346	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	186,430	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	196,008	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	9,100	19,459	160	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	10,602	13,728	407	0	0
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0
90.03	09002	PSYCH OUTPATIENT	0	0	0	0	0
90.04	09003	WOUND CARE CLINIC	20,665	17,301	1,350	0	0
91.00	09100	EMERGENCY	117,974	101,128	34,702	22,199	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04040	OTHER OUTPATIENT SERVICES	11,118	15,449	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,014,888	1,954,891	224,955	134,964	260,173
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,358	29,882	0	0	0
190.01	19001	OTHER NONREIMBURSABLE	61,706	64,548	108	585	0
190.13	19007	EUREKA	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	2,098,952	2,049,321	225,063	135,549	260,173

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 2:39 pm
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	18,622					11.00
13.00	01300	611	162,674				13.00
14.00	01400	291	19	207,199			14.00
15.00	01500	616	304	0	406,381		15.00
16.00	01600	617	412	1	0	137,884	16.00
17.00	01700	374	4,460	0	0	0	17.00
21.00	02100	519	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	165	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	4,305	64,104	6,658	198	5,961	30.00
31.00	03100	1,351	22,759	3,192	82	1,302	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	379	5,667	451	7	855	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	758	12,138	1,885	48	963	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,438	23,174	126,760	3,485	22,766	50.00
51.00	05100	207	4,140	220	213	1,358	51.00
53.00	05300	47	619	3,729	2,040	2,987	53.00
54.00	05400	1,159	0	3,187	355	28,429	54.00
57.00	05700	138	0	1,009	1,259	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	1,232	1,595	19,571	18	15,682	60.00
65.00	06500	400	402	1,299	84	1,526	65.00
66.00	06600	403	0	213	0	1,489	66.00
67.00	06700	138	0	41	0	469	67.00
68.00	06800	82	0	13	0	215	68.00
69.00	06900	525	814	26,999	1,316	14,330	69.00
70.00	07000	36	11	19	2	0	70.00
71.00	07100	0	0	5,665	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	913	318,942	0	73.00
76.97	07697	142	41	42	0	321	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	163	271	46	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.03	09002	0	0	0	0	0	90.03
90.04	09003	217	467	1,974	0	3,456	90.04
91.00	09100	1,328	20,797	3,117	3,595	35,775	91.00
92.00	09200						92.00
93.00	04040	2	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
116.00	11600	0	0	0	0	0	116.00
118.00		17,643	162,194	207,004	331,644	137,884	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	368	0	18	0	0	190.00
190.01	19001	611	480	177	74,737	0	190.01
190.13	19007	0	0	0	0	0	190.13
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		18,622	162,674	207,199	406,381	137,884	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140127

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2014 2:39 pm

Cost Center Description	INTERNS & RESIDENTS			CLINICAL PASTORAL EDUCATION	EMS PROGRAM	
	SOCIAL SERVICE	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	39,912					17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	35,671				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		41,864			22.00
23.00 02300 CLINICAL PASTORAL EDUCATION	0			61,258		23.00
23.01 02301 EMS PROGRAM	0				0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	24,517					30.00
31.00 03100 INTENSIVE CARE UNIT	8,961					31.00
40.00 04000 SUBPROVIDER - IPF	0					40.00
41.00 04100 SUBPROVIDER - IRF	4,148					41.00
42.00 04200 SUBPROVIDER	0					42.00
43.00 04300 NURSERY	1,050					43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0					50.00
51.00 05100 RECOVERY ROOM	0					51.00
53.00 05300 ANESTHESIOLOGY	0					53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0					54.00
57.00 05700 CT SCAN	0					57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
59.00 05900 CARDIAC CATHETERIZATION	0					59.00
60.00 06000 LABORATORY	0					60.00
65.00 06500 RESPIRATORY THERAPY	0					65.00
66.00 06600 PHYSICAL THERAPY	0					66.00
67.00 06700 OCCUPATIONAL THERAPY	0					67.00
68.00 06800 SPEECH PATHOLOGY	0					68.00
69.00 06900 ELECTROCARDIOLOGY	0					69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0					70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0					72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0					73.00
76.97 07697 CARDIAC REHABILITATION	0					76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	226					90.00
90.01 09001 BASIC DIAGNOSTIC TESTING	0					90.01
90.03 09002 PSYCH OUTPATIENT	0					90.03
90.04 09003 WOUND CARE CLINIC	0					90.04
91.00 09100 EMERGENCY	1,010					91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
93.00 04040 OTHER OUTPATIENT SERVICES	0					93.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0					99.10
101.00 10100 HOME HEALTH AGENCY	0					101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0					109.00
110.00 11000 INTESTINAL ACQUISITION	0					110.00
111.00 11100 ISLET ACQUISITION	0					111.00
113.00 11300 INTEREST EXPENSE	0					113.00
116.00 11600 HOSPICE	0					116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			0	0	0
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
190.01 19001 OTHER NONREIMBURSABLE	0					190.01
190.13 19007 EUREKA	0					190.13
191.00 19100 RESEARCH	0					191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0					192.00
200.00	Cross Foot Adjustments		35,671	41,864	61,258	0
201.00	Negative Cost Centers		0	8,468	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140127

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS			CLINICAL PASTORAL EDUCATION	EMS PROGRAM	
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
202.00 TOTAL (sum lines 118-201)	39,912	35,671	50,332	61,258	23.01	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 2:39 pm
Cost Center	Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
		24.00	25.00	26.00
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.00	00500			5.00
7.00	00700			7.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700			17.00
21.00	02100			21.00
22.00	02200			22.00
23.00	02300			23.00
23.01	02301			23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	2,828,764	0	2,828,764
31.00	03100	1,149,758	0	1,149,758
40.00	04000	0	0	0
41.00	04100	239,878	0	239,878
42.00	04200	0	0	0
43.00	04300	391,739	0	391,739
ANCILLARY SERVICE COST CENTERS				
50.00	05000	2,600,566	0	2,600,566
51.00	05100	73,563	0	73,563
53.00	05300	17,847	0	17,847
54.00	05400	1,549,671	0	1,549,671
57.00	05700	150,807	0	150,807
58.00	05800	0	0	0
59.00	05900	0	0	0
60.00	06000	410,152	0	410,152
65.00	06500	131,196	0	131,196
66.00	06600	281,265	0	281,265
67.00	06700	9,169	0	9,169
68.00	06800	8,967	0	8,967
69.00	06900	1,463,604	0	1,463,604
70.00	07000	49,781	0	49,781
71.00	07100	192,095	0	192,095
72.00	07200	196,008	0	196,008
73.00	07300	319,855	0	319,855
76.97	07697	88,896	0	88,896
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	52,675	0	52,675
90.01	09001	18	0	18
90.03	09002	0	0	0
90.04	09003	83,725	0	83,725
91.00	09100	704,512	0	704,512
92.00	09200	0	0	0
93.00	04040	112,737	0	112,737
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	0	0	0
101.00	10100	0	0	0
SPECIAL PURPOSE COST CENTERS				
109.00	10900	0	0	0
110.00	11000	0	0	0
111.00	11100	0	0	0
113.00	11300	0	0	0
116.00	11600	0	0	0
118.00		13,107,248	0	13,107,248
NONREIMBURSABLE COST CENTERS				
190.00	19000	123,562	0	123,562
190.01	19001	350,650	0	350,650
190.13	19007	0	0	0
191.00	19100	0	0	0
192.00	19200	0	0	0
200.00		138,793	0	138,793
201.00		8,468	0	8,468

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140127

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	
202.00	TOTAL (sum lines 118-201)	13,728,721	0	13,728,721	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

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	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	635,574					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		6,096,063				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	650	2,916	53,390,987			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	65,482	1,224,379	7,444,318	-27,438,509	114,588,233	5.00
7.00 00700	OPERATION OF PLANT	179,978	140,523	1,371,503	0	7,990,377	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	10,105	45,666	279,854	0	532,233	8.00
9.00 00900	HOUSEKEEPING	5,033	4,497	1,052,180	0	1,998,047	9.00
10.00 01000	DIETARY	13,568	32,974	359,096	0	908,190	10.00
11.00 01100	CAFETERIA	0	0	557,058	0	643,329	11.00
13.00 01300	NURSING ADMINISTRATION	7,011	5,305	1,872,478	0	2,556,981	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,884	63,498	336,964	0	833,002	14.00
15.00 01500	PHARMACY	4,951	155,141	1,985,999	0	8,310,427	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,516	10,812	1,173,153	0	2,130,813	16.00
17.00 01700	SOCIAL SERVICE	0	0	1,084,497	0	1,890,889	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,406	1,159,659	0	1,688,668	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,461	0	0	0	8,817	22.00
23.00 02300	CLINICAL PASTORAL EDUCATION	3,390	2,500	232,152	0	388,275	23.00
23.01 02301	EMS PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	90,295	573,489	9,590,794	0	16,005,984	30.00
31.00 03100	INTENSIVE CARE UNIT	35,818	360,017	3,056,860	0	4,908,321	31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	11,290	5,119	857,859	0	1,389,904	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	21,686	0	1,742,905	0	2,049,951	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	55,740	1,217,170	3,303,657	0	7,697,378	50.00
51.00 05100	RECOVERY ROOM	3,234	70	587,692	0	797,245	51.00
53.00 05300	ANESTHESIOLOGY	0	5,232	59,032	0	125,289	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	25,435	687,476	2,676,060	0	5,125,420	54.00
57.00 05700	CT SCAN	0	120,457	337,856	0	621,503	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	2,885	179,291	2,338,123	0	4,055,784	60.00
65.00 06500	RESPIRATORY THERAPY	3,968	41,106	785,304	0	1,106,560	65.00
66.00 06600	PHYSICAL THERAPY	11,417	56,344	1,128,374	0	1,707,651	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	350,420	0	454,480	67.00
68.00 06800	SPEECH PATHOLOGY	0	2,068	255,174	0	333,513	68.00
69.00 06900	ELECTROCARDIOLOGY	15,232	970,390	1,462,272	0	3,458,909	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,849	3,383	92,239	0	150,586	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	10,177,978	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	10,700,878	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97 07697	CARDIAC REHABILITATION	3,698	20,540	330,709	0	496,821	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	2,609	1,609	419,354	0	578,833	90.00
90.01 09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03 09002	PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04 09003	WOUND CARE CLINIC	3,288	4,614	483,905	0	1,128,184	90.04
91.00 09100	EMERGENCY	19,219	117,178	3,036,372	0	6,440,667	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04040	OTHER OUTPATIENT SERVICES	2,936	0	4,921	0	606,973	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE						113.00
116.00 11600	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	617,628	6,057,170	51,808,793	-27,438,509	109,998,860	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,679	13,994	398,984	0	1,220,596	190.00
190.01 19001	OTHER NONREIMBURSABLE	12,267	24,899	1,183,210	0	3,368,777	190.01
190.13 19007	EUREKA	0	0	0	0	0	190.13
191.00 19100	RESEARCH	0	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

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	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		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)	6,116,873	6,928,975	11,745,617		27,438,509	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	9.624171	1.136631	0.219993		0.239453	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			16,148		2,098,952	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000302		0.018317	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	389,464				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,105	968,752			8.00
9.00	00900	HOUSEKEEPING	5,033	70,352	68,601		9.00
10.00	01000	DIETARY	13,568	1,422	1,270	32,369	10.00
11.00	01100	CAFETERIA	0	2,206	3,116	0	73,851
13.00	01300	NURSING ADMINISTRATION	7,011	0	0	0	2,422
14.00	01400	CENTRAL SERVICES & SUPPLY	7,884	0	175	0	1,153
15.00	01500	PHARMACY	4,951	175	789	0	2,444
16.00	01600	MEDICAL RECORDS & LIBRARY	5,516	0	351	0	2,446
17.00	01700	SOCIAL SERVICE	0	0	44	0	1,485
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	2,060
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,461	0	0	0	0
23.00	02300	CLINICAL PASTORAL EDUCATION	3,390	0	0	0	653
23.01	02301	EMS PROGRAM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	90,295	364,238	27,276	25,126	17,079
31.00	03100	INTENSIVE CARE UNIT	35,818	26,442	1,491	7,243	5,357
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	11,290	23,880	140	0	1,504
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	21,686	52,172	952	0	3,008
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	55,740	155,161	12,184	0	5,702
51.00	05100	RECOVERY ROOM	3,234	12,053	789	0	820
53.00	05300	ANESTHESIOLOGY	0	0	78	0	186
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,435	64,344	4,208	0	4,596
57.00	05700	CT SCAN	0	0	0	0	546
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	2,885	1,640	2,367	0	4,885
65.00	06500	RESPIRATORY THERAPY	3,968	0	351	0	1,587
66.00	06600	PHYSICAL THERAPY	11,417	6,526	438	0	1,600
67.00	06700	OCCUPATIONAL THERAPY	0	265	0	0	546
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	324
69.00	06900	ELECTROCARDIOLOGY	15,232	28,492	876	0	2,081
70.00	07000	ELECTROENCEPHALOGRAPHY	2,849	1,301	175	0	144
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	3,698	687	0	0	563
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,609	1,752	0	0	645
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0
90.03	09002	PSYCH OUTPATIENT	0	0	0	0	0
90.04	09003	WOUND CARE CLINIC	3,288	5,812	0	0	859
91.00	09100	EMERGENCY	19,219	149,369	11,235	0	5,266
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
93.00	04040	OTHER OUTPATIENT SERVICES	2,936	0	0	0	8
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	371,518	968,289	68,305	32,369	69,969
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,679	0	0	0	1,460
190.01	19001	OTHER NONREIMBURSABLE	12,267	463	296	0	2,422
190.13	19007	EUREKA	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	9,903,697	916,638	2,671,036	1,521,474	920,787	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	25.429044	0.946205	38.935817	47.004047	12.468172	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,049,321	225,063	135,549	260,173	18,622	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.261901	0.232323	1.975904	8.037721	0.252156	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 2:39 pm

Cost Center Description		NURSING ADMINISTRATION (NURSING FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUISITO)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	59,962					13.00
14.00	01400	7	20,712,825				14.00
15.00	01500	112	0	6,984,911			15.00
16.00	01600	152	104	0	3,848,055		16.00
17.00	01700	1,644	0	0	0	3,002	17.00
21.00	02100	0	1	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	24	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	23,629	665,618	3,411	166,368	1,844	30.00
31.00	03100	8,389	319,111	1,414	36,343	674	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	2,089	45,127	122	23,862	312	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	4,474	188,409	826	26,889	79	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	8,542	12,671,336	59,907	635,346	0	50.00
51.00	05100	1,526	21,960	3,665	37,911	0	51.00
53.00	05300	228	372,777	35,056	83,374	0	53.00
54.00	05400	0	318,589	6,100	793,391	0	54.00
57.00	05700	0	100,821	21,641	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	588	1,956,535	306	437,655	0	60.00
65.00	06500	148	129,816	1,444	42,587	0	65.00
66.00	06600	0	21,327	0	41,565	0	66.00
67.00	06700	0	4,128	0	13,076	0	67.00
68.00	06800	0	1,266	0	5,999	0	68.00
69.00	06900	300	2,699,106	22,628	399,926	0	69.00
70.00	07000	4	1,913	37	0	0	70.00
71.00	07100	0	566,349	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	91,237	5,481,985	0	0	73.00
76.97	07697	15	4,177	0	8,967	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	100	4,619	0	0	17	90.00
90.01	09001	0	0	0	0	0	90.01
90.03	09002	0	0	0	0	0	90.03
90.04	09003	172	197,306	0	96,460	0	90.04
91.00	09100	7,666	311,652	61,784	998,336	76	91.00
92.00	09200						92.00
93.00	04040	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	0	0	116.00
118.00		59,785	20,693,308	5,700,326	3,848,055	3,002	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	1,781	0	0	0	190.00
190.01	19001	177	17,736	1,284,585	0	0	190.01
190.13	19007	0	0	0	0	0	190.13
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 2:39 pm

Cost Center Description		NURSING ADMINISTRATION (NURSING FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	3,377,739	1,254,534	10,493,950	2,834,041	2,456,505	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	56.331327	0.060568	1.502374	0.736487	818.289474	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	162,674	207,199	406,381	137,884	39,912	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.712952	0.010003	0.058180	0.035832	13.295137	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

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

Worksheet B-1
Date/Time Prepared:
5/28/2014 2:39 pm

Cost Center Description	INTERNS & RESIDENTS		CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)	EMS PROGRAM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00			
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	100				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		100			22.00
23.00 02300 CLINICAL PASTORAL EDUCATION			6,392		23.00
23.01 02301 EMS PROGRAM			0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	100	100	2,610	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	1,237	0	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	253	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	1,292	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	5	0	54.00
57.00 05700 CT SCAN	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	150	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0	0	0	90.00
90.01 09001 BASIC DIAGNOSTIC TESTING	0	0	0	0	90.01
90.03 09002 PSYCH OUTPATIENT	0	0	0	0	90.03
90.04 09003 WOUND CARE CLINIC	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	616	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 04040 OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600 HOSPICE	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	100	100	6,163	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01 19001 OTHER NONREIMBURSABLE	0	0	229	0	190.01
190.13 19007 EUREKA	0	0	0	0	190.13
191.00 19100 RESEARCH	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140127

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS		CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)	EMS PROGRAM (ASSIGNED TIME)		
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
	21.00	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)	2,118,709	73,509	575,596	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	21,187.090000	735.090000	90.049437	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	35,671	50,332	61,258	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	356.710000	418.640000	9.583542	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140127

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2014 2:39 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Diallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	28,178,394		28,178,394	89,855	28,268,249	30.00
31.00	03100 INTENSIVE CARE UNIT	8,668,465		8,668,465	0	8,668,465	31.00
40.00	04000 SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RF	2,472,868		2,472,868	0	2,472,868	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	3,565,335		3,565,335	0	3,565,335	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	13,573,186		13,573,186	0	13,573,186	50.00
51.00	05100 RECOVERY ROOM	1,243,454		1,243,454	0	1,243,454	51.00
53.00	05300 ANESTHESIOLOGY	310,139		310,139	0	310,139	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,894,766		7,894,766	0	7,894,766	54.00
57.00	05700 CT SCAN	815,752		815,752	0	815,752	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	5,729,350		5,729,350	0	5,729,350	60.00
65.00	06500 RESPIRATORY THERAPY	1,555,618	0	1,555,618	582	1,556,200	65.00
66.00	06600 PHYSICAL THERAPY	2,481,958	0	2,481,958	0	2,481,958	66.00
67.00	06700 OCCUPATIONAL THERAPY	580,246	0	580,246	0	580,246	67.00
68.00	06800 SPEECH PATHOLOGY	421,909	0	421,909	0	421,909	68.00
69.00	06900 ELECTROCARDIOLOGY	5,283,924		5,283,924	24,233	5,308,157	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	269,328		269,328	0	269,328	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,649,428		12,649,428	0	12,649,428	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	13,263,235		13,263,235	0	13,263,235	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	8,241,519		8,241,519	0	8,241,519	73.00
76.97	07697 CARDIAC REHABILITATION	725,195		725,195	0	725,195	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	813,304		813,304	0	813,304	90.00
90.01	09001 BASIC DIAGNOSTIC TESTING	0		0	0	0	90.01
90.03	09002 PSYCH OUTPATIENT	0		0	0	0	90.03
90.04	09003 WOUND CARE CLINIC	1,590,832		1,590,832	12,461	1,603,293	90.04
91.00	09100 EMERGENCY	10,512,516		10,512,516	0	10,512,516	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,081,354		2,081,354	0	2,081,354	92.00
93.00	04040 OTHER OUTPATIENT SERVICES	827,075		827,075	0	827,075	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0		0	99.10
101.00	10100 HOME HEALTH AGENCY	0		0		0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100 ISLET ACQUISITION	0		0		0	111.00
113.00	11300 INTEREST EXPENSE	0		0		0	113.00
116.00	11600 HOSPICE	0		0		0	116.00
200.00	Subtotal (see instructions)	133,749,150	0	133,749,150	127,131	133,876,281	200.00
201.00	Less Observation Beds	2,081,354		2,081,354		2,081,354	201.00
202.00	Total (see instructions)	131,667,796	0	131,667,796	127,131	131,794,927	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140127

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2014 2:39 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	42,894,113		42,894,113		30.00
31.00	03100	INTENSIVE CARE UNIT	11,143,501		11,143,501		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	2,535,231		2,535,231		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	4,072,037		4,072,037		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	27,664,474	20,499,057	48,163,531	0.281815	50.00
51.00	05100	RECOVERY ROOM	2,119,142	1,918,607	4,037,749	0.307957	51.00
53.00	05300	ANESTHESIOLOGY	6,073,759	3,842,259	9,916,018	0.031277	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,796,014	27,159,273	35,955,287	0.219572	54.00
57.00	05700	CT SCAN	8,438,524	26,884,841	35,323,365	0.023094	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	19,632,135	23,921,532	43,553,667	0.131547	60.00
65.00	06500	RESPIRATORY THERAPY	5,046,895	740,241	5,787,136	0.268806	65.00
66.00	06600	PHYSICAL THERAPY	2,613,914	2,038,960	4,652,874	0.533425	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,964,090	309,542	2,273,632	0.255207	67.00
68.00	06800	SPEECH PATHOLOGY	690,948	215,705	906,653	0.465348	68.00
69.00	06900	ELECTROCARDIOLOGY	13,790,445	17,697,986	31,488,431	0.167805	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	227,201	258,638	485,839	0.554356	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,365,487	4,568,451	12,933,938	0.978003	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	25,161,226	6,613,589	31,774,815	0.417413	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,771,106	20,471,445	65,242,551	0.126321	73.00
76.97	07697	CARDIAC REHABILITATION	29,970	590,175	620,145	1.169396	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	795,151	795,151	1.022830	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0.000000	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0	0.000000	90.03
90.04	09003	WOUND CARE CLINIC	240,561	6,307,358	6,547,919	0.242952	90.04
91.00	09100	EMERGENCY	6,740,082	22,060,010	28,800,092	0.365017	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	384,722	1,989,155	2,373,877	0.876774	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	1,529,851	1,529,851	0.540625	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	243,395,577	190,411,826	433,807,403		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	243,395,577	190,411,826	433,807,403		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 2:39 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 - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.281815		50.00
51.00	05100 RECOVERY ROOM	0.307957		51.00
53.00	05300 ANESTHESIOLOGY	0.031277		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.219572		54.00
57.00	05700 CT SCAN	0.023094		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.131547		60.00
65.00	06500 RESPIRATORY THERAPY	0.268907		65.00
66.00	06600 PHYSICAL THERAPY	0.533425		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.255207		67.00
68.00	06800 SPEECH PATHOLOGY	0.465348		68.00
69.00	06900 ELECTROCARDIOLOGY	0.168575		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.554356		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.978003		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.417413		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.126321		73.00
76.97	07697 CARDIAC REHABILITATION	1.169396		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	1.022830		90.00
90.01	09001 BASIC DIAGNOSTIC TESTING	0.000000		90.01
90.03	09002 PSYCH OUTPATIENT	0.000000		90.03
90.04	09003 WOUND CARE CLINIC	0.244855		90.04
91.00	09100 EMERGENCY	0.365017		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.876774		92.00
93.00	04040 OTHER OUTPATIENT SERVICES	0.540625		93.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 140127

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2014 2:39 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Dissallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		28,178,394	89,855	28,268,249	30.00
31.00	03100 INTENSIVE CARE UNIT		8,668,465	0	8,668,465	31.00
40.00	04000 SUBPROVIDER - I/PF		0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RP		2,472,868	0	2,472,868	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		3,565,335	0	3,565,335	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		13,573,186	0	13,573,186	50.00
51.00	05100 RECOVERY ROOM		1,243,454	0	1,243,454	51.00
53.00	05300 ANESTHESIOLOGY		310,139	0	310,139	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		7,894,766	0	7,894,766	54.00
57.00	05700 CT SCAN		815,752	0	815,752	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		5,729,350	0	5,729,350	60.00
65.00	06500 RESPIRATORY THERAPY	0	1,555,618	582	1,556,200	65.00
66.00	06600 PHYSICAL THERAPY	0	2,481,958	0	2,481,958	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	580,246	0	580,246	67.00
68.00	06800 SPEECH PATHOLOGY	0	421,909	0	421,909	68.00
69.00	06900 ELECTROCARDIOLOGY		5,283,924	24,233	5,308,157	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		269,328	0	269,328	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		12,649,428	0	12,649,428	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		13,263,235	0	13,263,235	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		8,241,519	0	8,241,519	73.00
76.97	07697 CARDIAC REHABILITATION		725,195	0	725,195	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		813,304	0	813,304	90.00
90.01	09001 BASIC DIAGNOSTIC TESTING		0	0	0	90.01
90.03	09002 PSYCH OUTPATIENT		0	0	0	90.03
90.04	09003 WOUND CARE CLINIC		1,590,832	12,461	1,603,293	90.04
91.00	09100 EMERGENCY		10,512,516	0	10,512,516	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,081,354	0	2,081,354	92.00
93.00	04040 OTHER OUTPATIENT SERVICES		827,075	0	827,075	93.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600 HOSPICE	0	0	0	0	116.00
200.00	Subtotal (see instructions)	0	133,749,150	127,131	133,876,281	200.00
201.00	Less Observation Beds	0	2,081,354	0	2,081,354	201.00
202.00	Total (see instructions)	0	131,667,796	127,131	131,794,927	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140127		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/28/2014 2:39 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	42,894,113		42,894,113			30.00
31.00	03100	INTENSIVE CARE UNIT	11,143,501		11,143,501			31.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	2,535,231		2,535,231			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	4,072,037		4,072,037			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	27,664,474	20,499,057	48,163,531	0.281815	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,119,142	1,918,607	4,037,749	0.307957	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	6,073,759	3,842,259	9,916,018	0.031277	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,796,014	27,159,273	35,955,287	0.219572	0.000000	54.00
57.00	05700	CT SCAN	8,438,524	26,884,841	35,323,365	0.023094	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	19,632,135	23,921,532	43,553,667	0.131547	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	5,046,895	740,241	5,787,136	0.268806	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,613,914	2,038,960	4,652,874	0.533425	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,964,090	309,542	2,273,632	0.255207	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	690,948	215,705	906,653	0.465348	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	13,790,445	17,697,986	31,488,431	0.167805	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	227,201	258,638	485,839	0.554356	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,365,487	4,568,451	12,933,938	0.978003	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	25,161,226	6,613,589	31,774,815	0.417413	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,771,106	20,471,445	65,242,551	0.126321	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	29,970	590,175	620,145	1.169396	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	795,151	795,151	1.022830	0.000000	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0.000000	0.000000	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0	0.000000	0.000000	90.03
90.04	09003	WOUND CARE CLINIC	240,561	6,307,358	6,547,919	0.242952	0.000000	90.04
91.00	09100	EMERGENCY	6,740,082	22,060,010	28,800,092	0.365017	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	384,722	1,989,155	2,373,877	0.876774	0.000000	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	1,529,851	1,529,851	0.540625	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	243,395,577	190,411,826	433,807,403			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	243,395,577	190,411,826	433,807,403			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 2:39 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
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 BASIC DIAGNOSTIC TESTING	0.000000		90.01
90.03	09002 PSYCH OUTPATIENT	0.000000		90.03
90.04	09003 WOUND CARE CLINIC	0.000000		90.04
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04040 OTHER OUTPATIENT SERVICES	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/28/2014 2:39 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,828,764	0	2,828,764	26,362	107.30	30.00
31.00	INTENSIVE CARE UNIT	1,149,758		1,149,758	7,190	159.91	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	239,878	0	239,878	2,613	91.80	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	391,739		391,739	4,041	96.94	43.00
200.00	Total (Lines 30-199)	4,610,139		4,610,139	40,206		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	10,271	1,102,078				
31.00	INTENSIVE CARE UNIT	3,510	561,284				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	1,907	175,063				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	15,688	1,838,425				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/28/2014 2:39 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	2,600,566	48,163,531	0.053995	11,443,387	617,886	50.00
51.00	05100	RECOVERY ROOM	73,563	4,037,749	0.018219	855,292	15,583	51.00
53.00	05300	ANESTHESIOLOGY	17,847	9,916,018	0.001800	2,289,879	4,122	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,549,671	35,955,287	0.043100	4,004,460	172,592	54.00
57.00	05700	CT SCAN	150,807	35,323,365	0.004269	4,138,905	17,669	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	410,152	43,553,667	0.009417	9,305,774	87,632	60.00
65.00	06500	RESPIRATORY THERAPY	131,196	5,787,136	0.022670	2,683,637	60,838	65.00
66.00	06600	PHYSICAL THERAPY	281,265	4,652,874	0.060450	970,071	58,641	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,169	2,273,632	0.004033	580,129	2,340	67.00
68.00	06800	SPEECH PATHOLOGY	8,967	906,653	0.009890	180,887	1,789	68.00
69.00	06900	ELECTROCARDIOLOGY	1,463,604	31,488,431	0.046481	7,105,358	330,264	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	49,781	485,839	0.102464	96,662	9,904	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	192,095	12,933,938	0.014852	3,758,677	55,824	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	196,008	31,774,815	0.006169	12,029,578	74,210	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	319,855	65,242,551	0.004903	19,698,910	96,584	73.00
76.97	07697	CARDIAC REHABILITATION	88,896	620,145	0.143347	12,924	1,853	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	52,675	795,151	0.066245	0	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	18	0	0.000000	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0.000000	0	0	90.03
90.04	09003	WOUND CARE CLINIC	83,725	6,547,919	0.012787	123,354	1,577	90.04
91.00	09100	EMERGENCY	704,512	28,800,092	0.024462	3,142,942	76,883	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	208,279	2,373,877	0.087738	219,194	19,232	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	112,737	1,529,851	0.073691	0	0	93.00
200.00		Total (lines 50-199)	8,705,388	373,162,521		82,640,020	1,705,423	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/28/2014 2:39 pm
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Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	235,030	0	0	235,030	30.00
31.00	03100	INTENSIVE CARE UNIT	0	111,391	0	0	111,391	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	22,783	0	0	22,783	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	369,204	0	0	369,204	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,362	8.92	10,271	91,617		30.00
31.00	03100	INTENSIVE CARE UNIT	7,190	15.49	3,510	54,370		31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	2,613	8.72	1,907	16,629		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	4,041	0.00	0	0		43.00
200.00		Total (lines 30-199)	40,206		15,688	162,616		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 2:39 pm
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Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col . 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	116,344	0	116,344	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	450	0	450	54.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
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	13,507	0	13,507	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01	
90.03	09002	PSYCH OUTPATIENT	0	0	0	0	0	90.03	
90.04	09003	WOUND CARE CLINIC	0	0	0	0	0	90.04	
91.00	09100	EMERGENCY	0	0	55,470	0	55,470	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	17,304	0	17,304	92.00	
93.00	04040	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00	
200.00		Total (lines 50-199)	0	0	203,075	0	203,075	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140127

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2014 2:39 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	PPS
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	116,344	48,163,531	0.002416	0.002416	11,443,387	50.00
51.00	05100	RECOVERY ROOM	0	4,037,749	0.000000	0.000000	855,292	51.00
53.00	05300	ANESTHESIOLOGY	0	9,916,018	0.000000	0.000000	2,289,879	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	450	35,955,287	0.000013	0.000013	4,004,460	54.00
57.00	05700	CT SCAN	0	35,323,365	0.000000	0.000000	4,138,905	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	43,553,667	0.000000	0.000000	9,305,774	60.00
65.00	06500	RESPIRATORY THERAPY	0	5,787,136	0.000000	0.000000	2,683,637	65.00
66.00	06600	PHYSICAL THERAPY	0	4,652,874	0.000000	0.000000	970,071	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,273,632	0.000000	0.000000	580,129	67.00
68.00	06800	SPEECH PATHOLOGY	0	906,653	0.000000	0.000000	180,887	68.00
69.00	06900	ELECTROCARDIOLOGY	13,507	31,488,431	0.000429	0.000429	7,105,358	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	485,839	0.000000	0.000000	96,662	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,933,938	0.000000	0.000000	3,758,677	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	31,774,815	0.000000	0.000000	12,029,578	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	65,242,551	0.000000	0.000000	19,698,910	73.00
76.97	07697	CARDIAC REHABILITATION	0	620,145	0.000000	0.000000	12,924	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	795,151	0.000000	0.000000	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0	0	0.000000	0.000000	0	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0.000000	0.000000	0	90.03
90.04	09003	WOUND CARE CLINIC	0	6,547,919	0.000000	0.000000	123,354	90.04
91.00	09100	EMERGENCY	55,470	28,800,092	0.001926	0.001926	3,142,942	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	17,304	2,373,877	0.007289	0.007289	219,194	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0	1,529,851	0.000000	0.000000	0	93.00
200.00		Total (lines 50-199)	203,075	373,162,521			82,640,020	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 2:39 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII					
Hospital					
PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	27,647	4,339,524	10,484	50.00
51.00	05100 RECOVERY ROOM	0	322,382	0	51.00
53.00	05300 ANESTHESIOLOGY	0	714,975	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	52	6,347,667	83	54.00
57.00	05700 CT SCAN	0	6,847,914	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	1,211,706	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	155,060	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	3,048	7,917,757	3,397	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	51,503	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,186,446	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	3,324,695	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	5,302,797	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	281,859	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 BASIC DIAGNOSTIC TESTING	0	0	0	90.01
90.03	09002 PSYCH OUTPATIENT	0	0	0	90.03
90.04	09003 WOUND CARE CLINIC	0	2,985,276	0	90.04
91.00	09100 EMERGENCY	6,053	3,723,257	7,171	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,598	719,044	5,241	92.00
93.00	04040 OTHER OUTPATIENT SERVICES	0	428,098	0	93.00
200.00	Total (lines 50-199)	38,398	45,859,960	26,376	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 2:39 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	0.281815	4,339,524	0	0	1,222,943	50.00
51.00	05100	RECOVERY ROOM	0.307957	322,382	0	0	99,280	51.00
53.00	05300	ANESTHESIOLOGY	0.031277	714,975	0	0	22,362	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.219572	6,347,667	0	0	1,393,770	54.00
57.00	05700	CT SCAN	0.023094	6,847,914	0	0	158,146	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.131547	1,211,706	3,824	0	159,396	60.00
65.00	06500	RESPIRATORY THERAPY	0.268806	155,060	728	0	41,681	65.00
66.00	06600	PHYSICAL THERAPY	0.533425	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.255207	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.465348	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.167805	7,917,757	0	0	1,328,639	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.554356	51,503	0	0	28,551	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.978003	1,186,446	0	0	1,160,348	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.417413	3,324,695	0	0	1,387,771	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.126321	5,302,797	0	34,407	669,855	73.00
76.97	07697	CARDIAC REHABILITATION	1.169396	281,859	0	0	329,605	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1.022830	0	0	0	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0.000000	0	0	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0.000000	0	0	0	0	90.03
90.04	09003	WOUND CARE CLINIC	0.242952	2,985,276	0	0	725,279	90.04
91.00	09100	EMERGENCY	0.365017	3,723,257	0	0	1,359,052	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.876774	719,044	0	0	630,439	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0.540625	428,098	0	0	231,440	93.00
200.00		Subtotal (see instructions)		45,859,960	4,552	34,407	10,948,557	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		45,859,960	4,552	34,407	10,948,557	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 2:39 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	503	0		60.00
65.00 06500 RESPIRATORY THERAPY	196	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	4,346		73.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 BASIC DIAGNOSTIC TESTING	0	0		90.01
90.03 09002 PSYCH OUTPATIENT	0	0		90.03
90.04 09003 WOUND CARE CLINIC	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04040 OTHER OUTPATIENT SERVICES	0	0		93.00
200.00 Subtotal (see instructions)	699	4,346		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	699	4,346		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140127 Component CCN: 14T127		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/28/2014 2:39 pm		
		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	2,600,566	48,163,531	0.053995	18,954	1,023	50.00
51.00	05100	RECOVERY ROOM	73,563	4,037,749	0.018219	0	0	51.00
53.00	05300	ANESTHESIOLOGY	17,847	9,916,018	0.001800	708	1	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,549,671	35,955,287	0.043100	73,233	3,156	54.00
57.00	05700	CT SCAN	150,807	35,323,365	0.004269	79,127	338	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	410,152	43,553,667	0.009417	409,792	3,859	60.00
65.00	06500	RESPIRATORY THERAPY	131,196	5,787,136	0.022670	89,268	2,024	65.00
66.00	06600	PHYSICAL THERAPY	281,265	4,652,874	0.060450	673,527	40,715	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,169	2,273,632	0.004033	726,653	2,931	67.00
68.00	06800	SPEECH PATHOLOGY	8,967	906,653	0.009890	320,194	3,167	68.00
69.00	06900	ELECTROCARDIOLOGY	1,463,604	31,488,431	0.046481	25,185	1,171	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	49,781	485,839	0.102464	4,678	479	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	192,095	12,933,938	0.014852	84,887	1,261	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	196,008	31,774,815	0.006169	4,985	31	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	319,855	65,242,551	0.004903	914,850	4,486	73.00
76.97	07697	CARDIAC REHABILITATION	88,896	620,145	0.143347	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	52,675	795,151	0.066245	0	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	18	0	0.000000	0	0	90.01
90.03	09002	PSYCH OUTPATIENT	0	0	0.000000	0	0	90.03
90.04	09003	WOUND CARE CLINIC	83,725	6,547,919	0.012787	15,023	192	90.04
91.00	09100	EMERGENCY	704,512	28,800,092	0.024462	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,373,877	0.000000	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	112,737	1,529,851	0.073691	0	0	93.00
200.00		Total (lines 50-199)	8,497,109	373,162,521		3,441,064	64,834	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140127 Component CCN: 14T127	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 2:39 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	116,344	0	116,344	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	450	0	450	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
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	13,507	0	13,507	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 BASIC DIAGNOSTIC TESTING	0	0	0	0	0	90.01
90.03	09002 PSYCH OUTPATIENT	0	0	0	0	0	90.03
90.04	09003 WOUND CARE CLINIC	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	55,470	0	55,470	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
200.00	Total (lines 50-199)	0	0	185,771	0	185,771	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140127 Component CCN: 14T127	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 2:39 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	116,344	48,163,531	0.002416	0.002416	18,954	50.00
51.00	05100 RECOVERY ROOM	0	4,037,749	0.000000	0.000000	0	51.00
53.00	05300 ANESTHESIOLOGY	0	9,916,018	0.000000	0.000000	708	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	450	35,955,287	0.000013	0.000013	73,233	54.00
57.00	05700 CT SCAN	0	35,323,365	0.000000	0.000000	79,127	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	43,553,667	0.000000	0.000000	409,792	60.00
65.00	06500 RESPIRATORY THERAPY	0	5,787,136	0.000000	0.000000	89,268	65.00
66.00	06600 PHYSICAL THERAPY	0	4,652,874	0.000000	0.000000	673,527	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,273,632	0.000000	0.000000	726,653	67.00
68.00	06800 SPEECH PATHOLOGY	0	906,653	0.000000	0.000000	320,194	68.00
69.00	06900 ELECTROCARDIOLOGY	13,507	31,488,431	0.000429	0.000429	25,185	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	485,839	0.000000	0.000000	4,678	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,933,938	0.000000	0.000000	84,887	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	31,774,815	0.000000	0.000000	4,985	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	65,242,551	0.000000	0.000000	914,850	73.00
76.97	07697 CARDIAC REHABILITATION	0	620,145	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	795,151	0.000000	0.000000	0	90.00
90.01	09001 BASIC DIAGNOSTIC TESTING	0	0	0.000000	0.000000	0	90.01
90.03	09002 PSYCH OUTPATIENT	0	0	0.000000	0.000000	0	90.03
90.04	09003 WOUND CARE CLINIC	0	6,547,919	0.000000	0.000000	15,023	90.04
91.00	09100 EMERGENCY	55,470	28,800,092	0.001926	0.001926	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,373,877	0.000000	0.000000	0	92.00
93.00	04040 OTHER OUTPATIENT SERVICES	0	1,529,851	0.000000	0.000000	0	93.00
200.00	Total (lines 50-199)	185,771	373,162,521			3,441,064	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140127 Component CCN: 14T127	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 2:39 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	46	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1	0	0	54.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	11	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 BASIC DIAGNOSTIC TESTING	0	0	0	90.01
90.03	09002 PSYCH OUTPATIENT	0	0	0	90.03
90.04	09003 WOUND CARE CLINIC	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040 OTHER OUTPATIENT SERVICES	0	0	0	93.00
200.00	Total (lines 50-199)	58	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 2:39 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.281815	0	2,701,954	0	0
51.00 05100 RECOVERY ROOM	0.307957	0	340,444	0	0
53.00 05300 ANESTHESIOLOGY	0.031277	0	540,009	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.219572	0	3,221,173	0	0
57.00 05700 CT SCAN	0.023094	0	2,481,685	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0
60.00 06000 LABORATORY	0.131547	0	3,237,156	0	0
65.00 06500 RESPIRATORY THERAPY	0.268806	0	92,980	0	0
66.00 06600 PHYSICAL THERAPY	0.533425	0	248,039	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.255207	0	48,046	0	0
68.00 06800 SPEECH PATHOLOGY	0.465348	0	20,663	0	0
69.00 06900 ELECTROCARDIOLOGY	0.167805	0	815,230	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.554356	0	73,443	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.978003	0	556,833	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.417413	0	333,907	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.126321	0	2,486,740	0	0
76.97 07697 CARDIAC REHABILITATION	1.169396	0	906	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	1.022830	0	0	0	0
90.01 09001 BASIC DIAGNOSTIC TESTING	0.000000	0	0	0	0
90.03 09002 PSYCH OUTPATIENT	0.000000	0	0	0	0
90.04 09003 WOUND CARE CLINIC	0.242952	0	464,687	0	0
91.00 09100 EMERGENCY	0.365017	0	5,409,561	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.876774	0	0	0	0
93.00 04040 OTHER OUTPATIENT SERVICES	0.540625	0	0	0	0
200.00 Subtotal (see instructions)		0	23,073,456	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 +/- line 201)		0	23,073,456	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 2:39 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	761,451	0		50.00
51.00 05100 RECOVERY ROOM	104,842	0		51.00
53.00 05300 ANESTHESIOLOGY	16,890	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	707,279	0		54.00
57.00 05700 CT SCAN	57,312	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	425,838	0		60.00
65.00 06500 RESPIRATORY THERAPY	24,994	0		65.00
66.00 06600 PHYSICAL THERAPY	132,310	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	12,262	0		67.00
68.00 06800 SPEECH PATHOLOGY	9,615	0		68.00
69.00 06900 ELECTROCARDIOLOGY	136,800	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	40,714	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	544,584	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	139,377	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	314,127	0		73.00
76.97 07697 CARDIAC REHABILITATION	1,059	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 BASIC DIAGNOSTIC TESTING	0	0		90.01
90.03 09002 PSYCH OUTPATIENT	0	0		90.03
90.04 09003 WOUND CARE CLINIC	112,897	0		90.04
91.00 09100 EMERGENCY	1,974,582	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04040 OTHER OUTPATIENT SERVICES	0	0		93.00
200.00 Subtotal (see instructions)	5,516,933	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	5,516,933	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2014 2:39 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)		26,362	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,362	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)		24,421	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		10,271	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)		28,268,249	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)		28,268,249	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)		28,268,249	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)		1,072.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,013,696	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)		11,013,696	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140127		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/28/2014 2:39 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	8,668,465	7,190	1,205.63	3,510	4,231,761		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)					21,052,051		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					36,297,508		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,809,349		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,743,821		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,553,170		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					32,744,338		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					1,941		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,072.31		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,081,354		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140127		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 2:39 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,828,764	28,268,249	0.100069	2,081,354	208,279	90.00
91.00	Nursing School cost	0	28,268,249	0.000000	2,081,354	0	91.00
92.00	Allied health cost	235,030	28,268,249	0.008314	2,081,354	17,304	92.00
93.00	All other Medical Education	0	28,268,249	0.000000	2,081,354	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 14T127		Date/Time Prepared: 5/28/2014 2:39 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)		2,613	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,613	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,613	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)		1,907	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,472,868	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,472,868	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,472,868	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)		946.37	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,804,728	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)		1,804,728	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140127		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 14T127				Date/Time Prepared: 5/28/2014 2:39 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)					1,006,091		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,810,819		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)					191,692		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					64,892		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					256,584		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,554,235		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: 140127 Component CCN: 14T127		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 2:39 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	239,878	2,472,868	0.097004	0	0	90.00
91.00	Nursing School cost	0	2,472,868	0.000000	0	0	91.00
92.00	Allied health cost	22,783	2,472,868	0.009213	0	0	92.00
93.00	All other Medical Education	0	2,472,868	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/28/2014 2:39 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		13,854,623	30.00
31.00	03100	INTENSIVE CARE UNIT		5,135,909	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.281815	11,443,387	50.00
51.00	05100	RECOVERY ROOM	0.307957	855,292	51.00
53.00	05300	ANESTHESIOLOGY	0.031277	2,289,879	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.219572	4,004,460	54.00
57.00	05700	CT SCAN	0.023094	4,138,905	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.131547	9,305,774	60.00
65.00	06500	RESPIRATORY THERAPY	0.268907	2,683,637	65.00
66.00	06600	PHYSICAL THERAPY	0.533425	970,071	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.255207	580,129	67.00
68.00	06800	SPEECH PATHOLOGY	0.465348	180,887	68.00
69.00	06900	ELECTROCARDIOLOGY	0.168575	7,105,358	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.554356	96,662	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.978003	3,758,677	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.417413	12,029,578	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.126321	19,698,910	73.00
76.97	07697	CARDIAC REHABILITATION	1.169396	12,924	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.022830	0	90.00
90.01	09001	BASIC DIAGNOSTIC TESTING	0.000000	0	90.01
90.03	09002	PSYCH OUTPATIENT	0.000000	0	90.03
90.04	09003	WOUND CARE CLINIC	0.244855	123,354	90.04
91.00	09100	EMERGENCY	0.365017	3,142,942	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.876774	219,194	92.00
93.00	04040	OTHER OUTPATIENT SERVICES	0.540625	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		82,640,020	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)		82,640,020	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140127 Component CCN: 14T127	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/28/2014 2:39 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		1,845,639	41.00
42.00	04200 SUBPROVIDER		0	42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.281815	18,954	5,342 50.00
51.00	05100 RECOVERY ROOM	0.307957	0	0 51.00
53.00	05300 ANESTHESIOLOGY	0.031277	708	22 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.219572	73,233	16,080 54.00
57.00	05700 CT SCAN	0.023094	79,127	1,827 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000 LABORATORY	0.131547	409,792	53,907 60.00
65.00	06500 RESPIRATORY THERAPY	0.268907	89,268	24,005 65.00
66.00	06600 PHYSICAL THERAPY	0.533425	673,527	359,276 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.255207	726,653	185,447 67.00
68.00	06800 SPEECH PATHOLOGY	0.465348	320,194	149,002 68.00
69.00	06900 ELECTROCARDIOLOGY	0.168575	25,185	4,246 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.554356	4,678	2,593 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.978003	84,887	83,020 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.417413	4,985	2,081 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.126321	914,850	115,565 73.00
76.97	07697 CARDIAC REHABILITATION	1.169396	0	0 76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	1.022830	0	0 90.00
90.01	09001 BASIC DIAGNOSTIC TESTING	0.000000	0	0 90.01
90.03	09002 PSYCH OUTPATIENT	0.000000	0	0 90.03
90.04	09003 WOUND CARE CLINIC	0.244855	15,023	3,678 90.04
91.00	09100 EMERGENCY	0.365017	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.876774	0	0 92.00
93.00	04040 OTHER OUTPATIENT SERVICES	0.540625	0	0 93.00
200.00	Total (sum of lines 50-94 and 96-98)		3,441,064	1,006,091 200.00
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)		3,441,064	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 2:39 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		17,467,257	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		6,129,705	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)		1,027,183	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		2,886,640	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		179.37	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		13.60	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		1.03	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)		12.57	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		12.57	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)		12.57	12.00
13.00	Total allowable FTE count for the prior year.		11.79	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.		12.82	14.00
15.00	Sum of lines 12 through 14 divided by 3.		12.39	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		12.39	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.069075	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.064862	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.064862	21.00
22.00	IME payment adjustment (see instructions)		921,682	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		921,682	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.82	30.00
31.00	Percentage of Medicaid patient days (see instructions)		16.71	31.00
32.00	Sum of lines 30 and 31		21.53	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.98	33.00
34.00	Disproportionate share adjustment (see instructions)		1,326,178	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 2:39 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)			9,046,380,143	35.00
35.01	Factor 3 (see instructions)			0.000194594	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			1,760,369	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			443,710	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		443,710		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)		27,315,715		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)		27,315,715		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,123,677		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).		442,482		52.00
53.00	Nursing and Allied Health Managed Care payment		59,095		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).		145,987		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		38,398		58.00
59.00	Total (sum of amounts on lines 49 through 58)		30,125,354		59.00
60.00	Primary payer payments		14,962		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		30,110,392		61.00
62.00	Deductibles billed to program beneficiaries		2,780,292		62.00
63.00	Coinurance billed to program beneficiaries		47,656		63.00
64.00	Allowable bad debts (see instructions)		430,660		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		279,929		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		336,557		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		27,562,373		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.92	Bundled Model 1 discount amount			0	70.92
70.93	HVBP incentive payment (see instructions)		44,939		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			0	70.94
70.95	Recovery of Accelerated Depreciation			0	70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 2:39 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		27,607,312		71.00
71.01	Sequestration adjustment (see instructions)		416,870		71.01
72.00	Interim payments		26,970,074		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		220,368		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		2,553,376		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/28/2014 2:39 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		5,045	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,922,181	2.00
3.00	PPS payments		9,440,392	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		26,376	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		5,045	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		38,959	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)		38,959	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)		38,959	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		33,914	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)		5,045	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)		9,466,768	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		2,026,208	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		229	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)		7,445,376	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		123,979	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)		7,569,355	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		7,569,355	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)		429,882	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		279,423	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		372,198	36.00
37.00	Subtotal (see instructions)		7,848,778	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)		7,848,778	40.00
40.01	Sequestration adjustment (see instructions)		118,517	40.01
41.00	Interim payments		7,633,420	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		96,841	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140127

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2014 2:39 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		27,012,492		7,642,018	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	12/20/2013	56,617	12/20/2013	1,994	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	07/17/2013	99,035	07/17/2013	10,592	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)		-42,418		-8,598	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)		26,970,074		7,633,420	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		220,368		96,841	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		27,190,442		7,730,261	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: 140127 Component CCN: 14T127	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part I Date/Time Prepared: 5/28/2014 2:39 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
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,645,333		0
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
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	07/17/2013	12,917		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		12,917		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,658,250		0
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
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				0
6.01	SETTLEMENT TO PROVIDER		0		0
6.02	SETTLEMENT TO PROGRAM		38,361		0
7.00	Total Medicare program liability (see instructions)		2,619,889		0
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140127

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

Worksheet E-1
Part II
Date/Time Prepared:
5/28/2014 2:39 pm

		Title VIII	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			8,715 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			13,781 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			1,558 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			31,611 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			433,807,403 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			15,813,095 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,769,248 8.00
9.00	Sequestration adjustment amount (see instructions)			35,385 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,733,863 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,358,669 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)			375,194 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140127 Component CCN: 14T127	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part III Date/Time Prepared: 5/28/2014 2:39 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)	1,806,088	736,652	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0068		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	33,593	9,429	3.00
4.00	Outlier Payments	92,239		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)	12.82		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)	7.158904		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)	2,678,001		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)	2,678,001		17.00
18.00	Primary payer payments	0		18.00
19.00	Subtotal (line 17 less line 18).	2,678,001		19.00
20.00	Deductibles	28,416		20.00
21.00	Subtotal (line 19 minus line 20)	2,649,585		21.00
22.00	Coinurance	6,216		22.00
23.00	Subtotal (line 21 minus line 22)	2,643,369		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0		24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		26.00
27.00	Subtotal (sum of lines 23 and 25)	2,643,369		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)	16,687		29.00
30.00	Outlier payments reconciliation	0		30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		31.00
31.99	Recovery of Accelerated Depreciation	0		31.99
32.00	Total amount payable to the provider (see instructions)	2,660,056		32.00
32.01	Sequestration adjustment (see instructions)	40,167		32.01
33.00	Interim payments	2,658,250		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	-38,361		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	291,217		36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	92,239		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: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/28/2014 2:39 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.			13.60	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)			1.03	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			12.57	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			13.81	6.00
7.00	Enter the lesser of line 5 or line 6			12.57	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.	6.35	6.94	13.29	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.	5.78	6.32	12.10	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	5.78	6.32		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	5.67	5.48		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	6.57	6.25		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	6.01	6.02		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	6.01	6.02		17.00
18.00	Per resident amount	94,651.15	94,651.15		18.00
19.00	Approved amount for resident costs	568,853	569,800	1,138,653	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)			1.24	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)			1,138,653	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	15,688	1,558		26.00
27.00	Total Inpatient Days (see instructions)	34,224	34,224		27.00
28.00	Ratio of inpatient days to total inpatient days	0.458392	0.045524		28.00
29.00	Program direct GME amount	521,949	51,836		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		7,324		30.00
31.00	Net Program direct GME amount			566,461	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/28/2014 2:39 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)			0 32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)			0 33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000 34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0 35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0 36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			39,108,327 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)			14,962 40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			39,093,365 41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			10,953,602 42.00
43.00	Primary payer payments (see instructions)			0 43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			10,953,602 44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			50,046,967 45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.781134 46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.218866 47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			566,461 48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)			442,482 49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			123,979 50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 140127 Period: From 01/01/2013 To 12/31/2013 Worksheet G Date/Time Prepared: 5/28/2014 2:39 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	478,172,000	0	0	0	1.00
2.00	Temporary investments	76,933,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	561,914,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	158,422,000	0	0	0	9.00
10.00	Due from other funds	19,165,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	1,294,606,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	203,561,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	2,517,521,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,256,761,000	0	0	0	23.00
24.00	Accumulated depreciation	-2,056,331,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,921,512,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	4,014,228,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	302,751,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,316,979,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	7,533,097,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	277,372,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	489,145,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	92,918,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	413,993,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,273,428,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	1,268,612,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	818,359,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,086,971,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,360,399,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	4,172,698,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	4,172,698,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	7,533,097,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140127

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

Worksheet G-1

Date/Time Prepared:
5/28/2014 2:39 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		3,096,319,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-912,770			2.00
3.00	Total (sum of line 1 and line 2)		3,095,406,230		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	ADJ TO AHC FUND BALANCE	1,077,291,770		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)		1,077,291,770		0	10.00
11.00	Subtotal (line 3 plus line 10)		4,172,698,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		4,172,698,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00	ADJ TO AHC FUND BALANCE		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140127

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2014 2:39 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	47,383,873		47,383,873	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	2,535,231		2,535,231	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	49,919,104		49,919,104	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,143,501		11,143,501	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)	11,143,501		11,143,501	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	61,062,605		61,062,605	17.00
18.00	Ancillary services	175,386,024	158,593,870	333,979,894	18.00
19.00	Outpatient services	7,365,365	32,681,525	40,046,890	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		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	243,813,994	191,275,395	435,089,389	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		169,606,909		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)		169,606,909		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140127

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

Worksheet G-3

Date/Time Prepared:
5/28/2014 2:39 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	435,089,389	1.00
2.00	Less contractual allowances and discounts on patients' accounts	277,005,982	2.00
3.00	Net patient revenues (line 1 minus line 2)	158,083,407	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	169,606,909	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-11,523,502	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	506,391	6.00
7.00	Income from investments	739,117	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	143,851	13.00
14.00	Revenue from meals sold to employees and guests	1,402,778	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	1,606,886	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	330,653	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	203,287	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER	5,677,769	24.00
25.00	Total other income (sum of lines 6-24)	10,610,732	25.00
26.00	Total (line 5 plus line 25)	-912,770	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)	-912,770	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140127	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/28/2014 2:39 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,869,790	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		94,768	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)		88.01	3.00
4.00	Number of interns & residents (see instructions)		12.39	4.00
5.00	Indirect medical education percentage (see instructions)		4.05	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		75,726	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.82	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.71	8.00
9.00	Sum of lines 7 and 8		21.53	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.46	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		83,393	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		2,123,677	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