

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: 140176	Period: From 07/01/2012 To 06/30/2013	Worksheet S Parts I-III Date/Time Prepared: 11/26/2013 3:23 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: 11/26/2013	Time: 3:23 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 MEMORIAL MEDICAL CENTER (140176) for the cost reporting period beginning 07/01/2012 and ending 06/30/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(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	-18,135	-22,944	0	0	1.00
2.00 Subprovider - IPF	0	70,274	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	5,353	0		0	7.00
200.00 Total	0	57,492	-22,944	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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OMB NO. 0938-0050

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Encryption Information
 ECR: Date: 11/26/2013 Time: 3:23 pm
 RdZWpB8hUR2dxt4NgIUVEES7ce1c90
 wVrj10bv0ZvL7B0kGtM4ZcNm: eCqT1
 c5RJ1jW3W40D10gh
 PI: Date: 11/26/2013 Time: 3:23 pm
 4pepE8oi thoZUtpueyQND: r1LScI00
 UbMu00G: NpUWrht5v8b0tEy. prNHki
 Pp9H0wukNUOof. KR

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-18,135	-22,944	0	0 1.00
2.00	Subprovider - IPF	0	70,274	0	0	0 2.00
3.00	Subprovider - IRF	0	0	0	0	0 3.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0				0 6.00
7.00	SKILLED NURSING FACILITY	0	5,353	0	0	0 7.00
200.00	Total	0	57,492	-22,944	0	0 200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140176	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part I Date/Time Prepared: 11/26/2013 3:22 pm
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1.00	Hospital and Hospital Health Care Complex Address:		2.00	3.00	4.00		
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1.00	Street: ROUTE 14 AND DOTY ROAD		PO Box:	Zip Code: 60098-		County: MCHENRY			1.00
2.00	City: WOODSTOCK		State: IL						2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	MEMORIAL MEDICAL CENTER	140176	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	MMC INPATIENT PSYCHIATRY	14S176	16974	4	07/01/1992	N	P	O	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	MMC SKILLED NURSING FACILITY	145788	16974		11/22/1993	N	P	N	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 - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		

20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2012	06/30/2013	20.00
21.00	Type of Control (see instructions)	2		21.00

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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.	3,363	0	0	0	675	157	24.00
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25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0	25.00
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						Urban/Rural S	Date of Geogr		
						1.00	2.00		

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140176	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part I Date/Time Prepared: 11/26/2013 3:22 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN and general surgery) added as a result of section 5503. (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N		0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
				V	XIX		
				1.00	2.00		
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			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
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	993,261	187,725	0	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		
119.00	DO NOT USE THIS LINE				
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N		N
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		14H122

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140176	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part I Date/Time Prepared: 11/26/2013 3:22 pm			
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: NAME: CENTEGRA HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131			
142.00	Street: 385 MILLENNIUM DR.	PO Box:					
143.00	City: CRYSTAL LAKE	State: IL		Zip Code: 60012-3761			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				Y	145.00	
				1.00			
				2.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				N	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	
				Beginni ng		Endi ng	
				1.00		2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)						

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140176	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part II Date/Time Prepared: 11/26/2013 3:22 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			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	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/13/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140176	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part II Date/Time Prepared: 11/26/2013 3:22 pm
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	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.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	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.			N	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			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	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.			N	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.			N	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.			N	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.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	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.			N	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.			N	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.	ANNA		BURACKER	41.00
42.00	Enter the employer/company name of the cost report preparer.	CENTEGRA HEALTH SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(815)759-8037		ABURACKER@CENTEGRA.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	11/13/2013	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

VOLUNTARY CONTACT INFORMATION

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-2
Part V
Date/Time Prepared:
11/26/2013 3:22 pm

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name	ANNA	1.00
2.00	Last Name	BURACKER	2.00
3.00	Title	REIMBURSEMENT ANALYST	3.00
4.00	Employer	CENTEGRA HEALTH SYSTEM	4.00
5.00	Phone Number	(815)759-8037	5.00
6.00	E-mail Address	ABURACKER@CENTEGRA.COM	6.00
7.00	Department	FINANCE	7.00
8.00	Mailing Address 1	4209 W. SHAMROCK LANE, SUITE B	8.00
9.00	Mailing Address 2		9.00
10.00	City	MCHENRY	10.00
11.00	State	IL	11.00
12.00	Zip	60050	12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name	DAVID	13.00
14.00	Last Name	TOMLINSON	14.00
15.00	Title	CHIEF FINANCIAL OFFICER	15.00
16.00	Employer	CENTEGRA HEALTH SYSTEM	16.00
17.00	Phone Number		17.00
18.00	E-mail Address	DTOMLINSON@CENTEGRA.COM	18.00
19.00	Department	ADMINISTRATION	19.00
20.00	Mailing Address 1	385 MILLENNIUM DRIVE	20.00
21.00	Mailing Address 2	(815)788-5800	21.00
22.00	City	CRYSTAL LAKE	22.00
23.00	State	IL	23.00
24.00	Zip	60012	24.00

HFS Supplemental Information		Provider CCN: 140176	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part IX Date/Time Prepared: 11/26/2013 3:22 pm
		Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
11/26/2013 3:22 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	72	26,280	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)		72	26,280	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	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)		84	30,660	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	24	8,760		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	25	9,125		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		133				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)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
11/26/2013 3:22 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,578	2,045	17,315			1.00
2.00 HMO and other (see instructions)	201	675				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)	8,578	2,045	17,315			7.00
8.00 INTENSIVE CARE UNIT	1,443	118	2,226			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		1,200	2,087			13.00
14.00 Total (see instructions)	10,021	3,363	21,628	0.00	770.75	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,694	1,347	7,076	0.00	32.91	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	2,006	0	2,988	0.00	7.28	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
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	810.94	27.00
28.00 Observation Bed Days		301	2,083			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		157	274			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
11/26/2013 3:22 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,554	911	6,032	1.00
2.00 HMO and other (see instructions)			0			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	2,554	911	6,032	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	214	184	969	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
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
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part II
Date/Time Prepared:
11/26/2013 3:22 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	53,435,959	-7,948,310	45,487,649	1,517,646.00	29.97
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	471,754	123,618	595,372	18,477.00	32.22
10.00	Excluded area salaries (see instructions)		3,498,280	470,536	3,968,816	121,325.00	32.71
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		1,731,458	0	1,731,458	50,439.00	34.33
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		360,880	0	360,880	3,518.00	102.58
14.00	Home office salaries & wage-related costs		12,108,003	0	12,108,003	226,602.00	53.43
15.00	Home office: Physician Part A - Administrative		18,475	0	18,475	118.00	156.57
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		10,246,901	0	10,246,901		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,142,303	0	1,142,303		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	445,257	-445,257	0	79,336.00	0.00
27.00	Administrative & General	5.00	11,418,909	-9,174,282	2,244,627	0.00	0.00
28.00	Administrative & General under contract (see inst.)		290,313	0	290,313	853.00	340.34
29.00	Maintenance & Repairs	6.00	869,414	9,539	878,953	28,994.00	30.31
30.00	Operation of Plant	7.00	961,819	5,223	967,042	47,800.00	20.23
31.00	Laundry & Linen Service	8.00	46,931	42,832	89,763	4,832.00	18.58
32.00	Housekeeping	9.00	1,082,151	-31,598	1,050,553	68,363.00	15.37
33.00	Housekeeping under contract (see instructions)		141,177	0	141,177	2,470.00	57.16
34.00	Dietary	10.00	1,333,871	-714,728	619,143	41,043.00	15.09
35.00	Dietary under contract (see instructions)		100,986	0	100,986	1,446.00	69.84
36.00	Cafeteria	11.00	0	724,865	724,865	42,191.00	17.18
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,131,498	5,338	1,136,836	34,958.00	32.52
39.00	Central Services and Supply	14.00	237,105	2,544	239,649	13,763.00	17.41
40.00	Pharmacy	15.00	2,244,740	19,665	2,264,405	51,397.00	44.06
41.00	Medical Records & Medical Records Library	16.00	1,449,133	15,689	1,464,822	60,830.00	24.08

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part II
Date/Time Prepared:
11/26/2013 3:22 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	0	0	0	0.00	0.00	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: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part III
Date/Time Prepared:
11/26/2013 3:22 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	53,968,435	-7,948,310	46,020,125	1,522,415.00	30.23	1.00
2.00	Excluded area salaries (see instructions)	3,970,034	594,154	4,564,188	139,802.00	32.65	2.00
3.00	Subtotal salaries (line 1 minus line 2)	49,998,401	-8,542,464	41,455,937	1,382,613.00	29.98	3.00
4.00	Subtotal other wages & related costs (see inst.)	14,218,816	0	14,218,816	280,677.00	50.66	4.00
5.00	Subtotal wage-related costs (see inst.)	10,246,901	0	10,246,901	0.00	24.72	5.00
6.00	Total (sum of lines 3 thru 5)	74,464,118	-8,542,464	65,921,654	1,663,290.00	39.63	6.00
7.00	Total overhead cost (see instructions)	21,753,304	-9,540,170	12,213,134	478,276.00	25.54	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140176	Period: From 07/01/2012 To 06/30/2013	Worksheet S-3 Part IV Date/Time Prepared: 11/26/2013 3:22 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	845,056	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	8,061	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	5,150,557	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	344,572	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	74,235	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)	489,152	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	919,372	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	3,228,089	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	100,912	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	229,198	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	11,389,204	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140176	Period: From 07/01/2012 To 06/30/2013	Worksheet S-3 Part V Date/Time Prepared: 11/26/2013 3:22 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		1,731,458	0 1.00
2.00	Hospital		1,731,458	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF			0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis			0 17.00
18.00	Other		0	0 18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-7

Date/Time Prepared:
11/26/2013 3:22 pm

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	0	0	0	3.00
4.00		RUL	0	0	0	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	0	0	0	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	0	0	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	102	0	102	12.00
13.00		RUB	324	0	324	13.00
14.00		RUA	862	0	862	14.00
15.00		RVC	34	0	34	15.00
16.00		RVB	67	0	67	16.00
17.00		RVA	447	0	447	17.00
18.00		RHC	0	0	0	18.00
19.00		RHB	29	0	29	19.00
20.00		RHA	103	0	103	20.00
21.00		RMC	0	0	0	21.00
22.00		RMB	0	0	0	22.00
23.00		RMA	21	0	21	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	0	0	0	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	0	0	0	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	3	0	3	32.00
33.00		HC2	0	0	0	33.00
34.00		HC1	0	0	0	34.00
35.00		HB2	0	0	0	35.00
36.00		HB1	0	0	0	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	0	0	0	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	0	0	0	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	0	0	0	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	4	0	4	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	3	0	3	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	7	0	7	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	0	0	0	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	0	0	0	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-7

Date/Time Prepared:
11/26/2013 3:22 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		2,006	0	2,006	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			16974	16974	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing			0	0.00	202.00
203.00	Recruitment			0	0.00	203.00
204.00	Retention of employees			0	0.00	204.00
205.00	Training			0	0.00	205.00
206.00	OTHER (SPECIFY)			0	0.00	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)			2,396,624		207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140176	Period: From 07/01/2012 To 06/30/2013	Worksheet S-10 Date/Time Prepared: 11/26/2013 3:22 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.310676		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		11,439,323		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		61,061		5.00
6.00	Medicaid charges		43,294,607		6.00
7.00	Medicaid cost (line 1 times line 6)		13,450,595		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		1,950,211		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)		1,950,211		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	13,481,198	0	13,481,198	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,188,285	0	4,188,285	21.00
22.00	Partial payment by patients approved for charity care	747,139	0	747,139	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,441,146	0	3,441,146	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)			8,310,629	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			474,336	27.00
28.00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line 26 minus line 27)			7,836,293	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			2,434,548	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			5,875,694	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			7,825,905	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 140176	Period: From 07/01/2012 To 06/30/2013	Worksheet A Date/Time Prepared: 11/26/2013 3:22 pm	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		14,108,262	14,108,262	-9,643,982	4,464,280	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	3,719,890	3,719,890	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	445,257	10,375,689	10,820,946	38,993	10,859,939	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,418,909	13,792,298	25,211,207	4,400,632	29,611,839	5.00
6.00	00600	MAINTENANCE & REPAIRS	869,414	903,271	1,772,685	9,539	1,782,224	6.00
7.00	00700	OPERATION OF PLANT	961,819	1,568,062	2,529,881	5,117	2,534,998	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	46,931	319,087	366,018	65,712	431,730	8.00
9.00	00900	HOUSEKEEPING	1,082,151	801,653	1,883,804	-54,478	1,829,326	9.00
10.00	01000	DIETARY	1,333,871	1,216,211	2,550,082	-1,275,447	1,274,635	10.00
11.00	01100	CAFETERIA	0	0	0	1,285,584	1,285,584	11.00
13.00	01300	NURSING ADMINISTRATION	1,131,498	113,647	1,245,145	-43,264	1,201,881	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	237,105	750,287	987,392	102,172	1,089,564	14.00
15.00	01500	PHARMACY	2,244,740	4,603,274	6,848,014	-3,954,556	2,893,458	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,449,133	82,212	1,531,345	15,689	1,547,034	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,854,374	1,510,142	11,364,516	-1,810,735	9,553,781	30.00
31.00	03100	INTENSIVE CARE UNIT	1,715,961	322,370	2,038,331	20,985	2,059,316	31.00
40.00	04000	SUBPROVIDER - I/PF	2,234,302	275,257	2,509,559	529,334	3,038,893	40.00
43.00	04300	NURSERY	0	0	0	994,589	994,589	43.00
44.00	04400	SKILLED NURSING FACILITY	471,754	1,044,568	1,516,322	184,417	1,700,739	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,858,727	8,781,395	13,640,122	-6,861,077	6,779,045	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,574,249	1,574,249	52.00
53.00	05300	ANESTHESIOLOGY	16,519	291,430	307,949	-2,743	305,206	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,879,991	2,565,663	5,445,654	-13,619	5,432,035	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	273,598	238,274	511,872	40	511,912	56.00
57.00	05700	CT SCAN	498,297	314,066	812,363	-5,777	806,586	57.00
58.00	05800	MRI	249,647	163,798	413,445	2,202	415,647	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	302	3,324,877	3,325,179	-16	3,325,163	60.00
65.00	06500	RESPIRATORY THERAPY	665,636	288,781	954,417	-32,074	922,343	65.00
66.00	06600	PHYSICAL THERAPY	1,540,378	378,433	1,918,811	5,297	1,924,108	66.00
67.00	06700	OCCUPATIONAL THERAPY	120,085	3,396	123,481	1,563	125,044	67.00
68.00	06800	SPEECH PATHOLOGY	58,756	1,300	60,056	965	61,021	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	396,268	41,997	438,265	-7,766	430,499	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,130,074	4,130,074	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,481,866	3,481,866	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,941,765	3,941,765	73.00
76.00	03140	CARDIOLOGY	319,861	33,484	353,345	865	354,210	76.00
76.01	03950	WOUND CARE	341,031	741,636	1,082,667	-330,933	751,734	76.01
76.97	07697	CARDIAC REHABILITATION	308,428	43,174	351,602	2,812	354,414	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	248,323	248,323	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOMENS CENTER	0	0	0	0	0	90.01
90.02	09002	PSYCH SERVICES	365,891	11,570	377,461	-377,461	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	665,168	80,456	745,624	217,469	963,093	90.03
90.04	09004	DIABETES CENTER	112,156	-1,450	110,706	-2,840	107,866	90.04
91.00	09100	EMERGENCY	3,004,023	1,058,083	4,062,106	-84,373	3,977,733	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		482,450	482,450	-482,450	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	52,171,981	70,629,103	122,801,084	-3,448	122,797,636	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.02	19002	CRISIS PROGRAM	1,263,978	98,577	1,362,555	3,448	1,366,003	190.02
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		TOTAL (SUM OF LINES 118-199)	53,435,959	70,727,680	124,163,639	0	124,163,639	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet A
Date/Time Prepared:
11/26/2013 3:22 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,639,874	2,824,406	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-27,989	3,691,901	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-5,329	10,854,610	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-8,823,058	20,788,781	5.00
6.00	00600	MAINTENANCE & REPAIRS	-40,930	1,741,294	6.00
7.00	00700	OPERATION OF PLANT	-187,720	2,347,278	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	431,730	8.00
9.00	00900	HOUSEKEEPING	-89,529	1,739,797	9.00
10.00	01000	DIETARY	0	1,274,635	10.00
11.00	01100	CAFETERIA	-547,962	737,622	11.00
13.00	01300	NURSING ADMINISTRATION	20,430	1,222,311	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,089,564	14.00
15.00	01500	PHARMACY	-3,103	2,890,355	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-5,144	1,541,890	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-421,413	9,132,368	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,059,316	31.00
40.00	04000	SUBPROVIDER - I/PF	-208,895	2,829,998	40.00
43.00	04300	NURSERY	0	994,589	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,700,739	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-78,497	6,700,548	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,574,249	52.00
53.00	05300	ANESTHESIOLOGY	0	305,206	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-360,574	5,071,461	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	511,912	56.00
57.00	05700	CT SCAN	0	806,586	57.00
58.00	05800	MRI	0	415,647	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	3,325,163	60.00
65.00	06500	RESPIRATORY THERAPY	-47,224	875,119	65.00
66.00	06600	PHYSICAL THERAPY	-188,845	1,735,263	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	125,044	67.00
68.00	06800	SPEECH PATHOLOGY	0	61,021	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	430,499	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,130,074	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,481,866	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,941,765	73.00
76.00	03140	CARDIOLOGY	0	354,210	76.00
76.01	03950	WOUND CARE	-55,558	696,176	76.01
76.97	07697	CARDIAC REHABILITATION	-24,974	329,440	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-12,729	235,594	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WOMENS CENTER	0	0	90.01
90.02	09002	PSYCH SERVICES	0	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	-22,214	940,879	90.03
90.04	09004	DIABETES CENTER	0	107,866	90.04
91.00	09100	EMERGENCY	-194,802	3,782,931	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-12,965,933	109,831,703	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.02	19002	CRISIS PROGRAM	0	1,366,003	190.02
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)	-12,965,933	111,197,706	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet Non-CMS W
Date/Time Prepared:
11/26/2013 3:22 pm

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00 ADMINISTRATIVE & GENERAL	00500		5.00
6.00 MAINTENANCE & REPAIRS	00600		6.00
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
40.00 SUBPROVIDER - IPF	04000		40.00
43.00 NURSERY	04300		43.00
44.00 SKILLED NURSING FACILITY	04400		44.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	05000		50.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00 RADIOLOGY - THERAPEUTIC	05500		55.00
56.00 RADIOISOTOPE	05600		56.00
57.00 CT SCAN	05700		57.00
58.00 MRI	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
70.01 SLEEP LAB/NEUROLOGY	07001		70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
76.00 RADIOLOGY	03140		76.00
76.01 WOUND CARE	03950		76.01
76.97 CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
76.98 HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	09000		90.00
90.01 WOMENS CENTER	09001		90.01
90.02 PSYCH SERVICES	09002		90.02
90.03 OP BEHAVIORAL HEALTH	09003		90.03
90.04 DIABETES CENTER	09004		90.04
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
SPECIAL PURPOSE COST CENTERS			
113.00 INTEREST EXPENSE	11300		113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.02 CRISIS PROGRAM	19002		190.02
191.00 RESEARCH	19100		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	19200		192.00
200.00 TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-6
Date/Time Prepared:
11/26/2013 3:22 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,698,333	1.00
	TOTALS		0	3,698,333	
B - EQUIPMENT INTEREST					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	21,557	1.00
	TOTALS		0	21,557	
C - NON-CAPITAL RELATED COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	71,538	1.00
	TOTALS		0	71,538	
D - NON-CAPITAL INSURANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,256,083	1.00
	TOTALS		0	1,256,083	
E - WORKERS COMP INSURANCE					
1.00	EMPLOYEE BENEFITS	4.00	0	484,250	1.00
	TOTALS		0	484,250	
F - PROVIDER TAX					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,215,389	1.00
	TOTALS		0	4,215,389	
G - SNF TAX					
1.00	SKILLED NURSING FACILITY	44.00	0	39,908	1.00
	TOTALS		0	39,908	
H - CHARGABLE DRUG COSTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,941,765	1.00
	TOTALS		0	3,941,765	
I - DEFAULT					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,605	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	99,628	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,130,074	3.00
4.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,481,866	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
	TOTALS		0	7,715,173	
J - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	724,865	560,719	1.00
	TOTALS		724,865	560,719	
K - ATO RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	31,218	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	9,539	0	2.00
3.00	OPERATION OF PLANT	7.00	5,223	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	317	0	4.00
5.00	HOUSEKEEPING	9.00	10,917	0	5.00
6.00	DIETARY	10.00	10,137	0	6.00
7.00	NURSING ADMINISTRATION	13.00	5,338	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	2,544	0	8.00
9.00	PHARMACY	15.00	19,665	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	15,689	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	101,282	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	21,352	0	12.00
13.00	SUBPROVIDER - IPF	40.00	24,145	0	13.00
14.00	SKILLED NURSING FACILITY	44.00	6,103	0	14.00
15.00	OPERATING ROOM	50.00	54,971	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	30,060	0	16.00
17.00	RADIOISOTOPE	56.00	2,634	0	17.00
18.00	CT SCAN	57.00	4,537	0	18.00
19.00	MRI	58.00	2,914	0	19.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
20.00	RESPIRATORY THERAPY	65.00	5,391	0	20.00
21.00	PHYSICAL THERAPY	66.00	20,133	0	21.00
22.00	OCCUPATIONAL THERAPY	67.00	1,852	0	22.00
23.00	SPEECH PATHOLOGY	68.00	965	0	23.00
24.00	SLEEP LAB/NEUROLOGY	70.01	4,196	0	24.00
25.00	CARDIOLOGY	76.00	4,408	0	25.00
26.00	WOUND CARE	76.01	3,034	0	26.00
27.00	CARDIAC REHABILITATION	76.97	3,827	0	27.00
28.00	OP BEHAVIORAL HEALTH	90.03	9,866	0	28.00
29.00	DIABETES CENTER	90.04	567	0	29.00
30.00	EMERGENCY	91.00	28,985	0	30.00
31.00	CRISIS PROGRAM	190.02	3,448	0	31.00
	TOTALS		445,257	0	
L - CENTEGRA ALLOCATION					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	7,919,983	1.00
	TOTALS		0	7,919,983	
M - NURSERY					
1.00	NURSERY	43.00	697,516	198,058	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,226,101	348,148	2.00
	TOTALS		1,923,617	546,206	
N - CASE MANAGEMENT/SOCIAL SERVICES					
1.00	ADULTS & PEDIATRICS	30.00	691,757	142,724	1.00
2.00	INTENSIVE CARE UNIT	31.00	87,546	18,063	2.00
3.00	SUBPROVIDER - IPF	40.00	278,292	57,417	3.00
4.00	NURSERY	43.00	82,080	16,935	4.00
5.00	SKILLED NURSING FACILITY	44.00	117,515	24,246	5.00
	TOTALS		1,257,190	259,385	
O - LAUNDRY AND LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	42,515	22,880	1.00
	TOTALS		42,515	22,880	
P - HYPERBARIC COSTS					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	77,931	170,392	1.00
	TOTALS		77,931	170,392	
Q - CENTRAL INTAKE					
1.00	SUBPROVIDER - IPF	40.00	164,651	5,207	1.00
2.00	OP BEHAVIORAL HEALTH	90.03	201,240	6,363	2.00
	TOTALS		365,891	11,570	
R - BOND DEFEASANCE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	482,450	1.00
	TOTALS		0	482,450	
S - SALARY RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	28,327	1.00
	TOTALS		0	28,327	
500.00	Grand Total: Increases		4,837,266	31,445,908	500.00

RECLASSIFICATIONS

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-6
Date/Time Prepared:
11/26/2013 3:22 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - EQUIPMENT DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,698,333	9		1.00
	TOTALS		0	3,698,333			
B - EQUIPMENT INTEREST							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	21,557	11		1.00
	TOTALS		0	21,557			
C - NON-CAPITAL RELATED COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	71,538	14		1.00
	TOTALS		0	71,538			
D - NON-CAPITAL INSURANCE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,256,083	12		1.00
	TOTALS		0	1,256,083			
E - WORKERS COMP INSURANCE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	484,250	12		1.00
	TOTALS		0	484,250			
F - PROVIDER TAX							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,215,389	13		1.00
	TOTALS		0	4,215,389			
G - SNF TAX							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	39,908	13		1.00
	TOTALS		0	39,908			
H - CHARGABLE DRUG COSTS							
1.00	PHARMACY	15.00	0	3,941,765	0		1.00
	TOTALS		0	3,941,765			
I - DEFAULT							
1.00	OPERATION OF PLANT	7.00	0	106	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	48,602	0		2.00
3.00	PHARMACY	15.00	0	32,456	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	276,675	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	105,976	0		5.00
6.00	SUBPROVIDER - IPF	40.00	0	378	0		6.00
7.00	SKILLED NURSING FACILITY	44.00	0	3,355	0		7.00
8.00	OPERATING ROOM	50.00	0	6,916,048	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	2,743	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	43,679	0		10.00
11.00	RADIOISOTOPE	56.00	0	2,594	0		11.00
12.00	CT SCAN	57.00	0	10,314	0		12.00
13.00	MRI	58.00	0	712	0		13.00
14.00	LABORATORY	60.00	0	16	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	37,465	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	14,836	0		16.00
17.00	OCCUPATIONAL THERAPY	67.00	0	289	0		17.00
18.00	SLEEP LAB/NEUROLOGY	70.01	0	11,962	0		18.00
19.00	CARDIOLOGY	76.00	0	3,543	0		19.00
20.00	WOUND CARE	76.01	0	85,644	0		20.00
21.00	CARDIAC REHABILITATION	76.97	0	1,015	0		21.00
22.00	DIABETES CENTER	90.04	0	3,407	0		22.00
23.00	EMERGENCY	91.00	0	113,358	0		23.00
	TOTALS		0	7,715,173			
J - CAFETERIA RECLASS							
1.00	DIETARY	10.00	724,865	560,719	0		1.00
	TOTALS		724,865	560,719			
K - ATO RECLASS							
1.00	EMPLOYEE BENEFITS	4.00	445,257	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00			
22.00		0.00	0	0	0	0		22.00
23.00		0.00	0	0	0	0		23.00
24.00		0.00	0	0	0	0		24.00
25.00		0.00	0	0	0	0		25.00
26.00		0.00	0	0	0	0		26.00
27.00		0.00	0	0	0	0		27.00
28.00		0.00	0	0	0	0		28.00
29.00		0.00	0	0	0	0		29.00
30.00		0.00	0	0	0	0		30.00
31.00		0.00	0	0	0	0		31.00
	TOTALS		445,257		0			
L - CENTEGRA ALLOCATION								
1.00	ADMINISTRATIVE & GENERAL	5.00	7,919,983	0	0	0		1.00
	TOTALS		7,919,983	0	0	0		
M - NURSERY								
1.00	ADULTS & PEDIATRICS	30.00	1,923,617	546,206		0		1.00
2.00		0.00	0	0		0		2.00
	TOTALS		1,923,617	546,206		0		
N - CASE MANAGEMENT/SOCIAL SERVICES								
1.00	ADMINISTRATIVE & GENERAL	5.00	1,257,190	259,385		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
	TOTALS		1,257,190	259,385		0		
O - LAUNDRY AND LINEN								
1.00	HOUSEKEEPING	9.00	42,515	22,880		0		1.00
	TOTALS		42,515	22,880		0		
P - HYPERBARIC COSTS								
1.00	WOUND CARE	76.01	77,931	170,392		0		1.00
	TOTALS		77,931	170,392		0		
Q - CENTRAL INTAKE								
1.00	PSYCH SERVICES	90.02	365,891	11,570		0		1.00
2.00		0.00	0	0		0		2.00
	TOTALS		365,891	11,570		0		
R - BOND DEFEASANCE								
1.00	INTEREST EXPENSE	113.00	0	482,450		0		1.00
	TOTALS		0	482,450		0		
S - SALARY RECLASS								
1.00	ADMINISTRATIVE & GENERAL	5.00	28,327	0		0		1.00
	TOTALS		28,327	0		0		
500.00	Grand Total : Decreases		12,785,576	23,497,598				500.00

RECLASSIFICATIONS

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/26/2013 3:22 pm

Increases				Decreases				
	Cost Center	Line #	Salary	Cost Center	Line #	Salary		
	2.00	3.00	4.00	6.00	7.00	8.00		
A - EQUIPMENT DEPRECIATION								
1.00	CAP REL COSTS-MVBLE EQUIP	2.00		CAP REL COSTS-BLDG & FIXT	1.00		1.00	
	TOTALS			TOTALS			0	
B - EQUIPMENT INTEREST								
1.00	CAP REL COSTS-MVBLE EQUIP	2.00		CAP REL COSTS-BLDG & FIXT	1.00		1.00	
	TOTALS			TOTALS			0	
C - NON-CAPITAL RELATED COSTS								
1.00	CAP REL COSTS-BLDG & FIXT	1.00		ADMINISTRATIVE & GENERAL	5.00		1.00	
	TOTALS			TOTALS			0	
D - NON-CAPITAL INSURANCE								
1.00	ADMINISTRATIVE & GENERAL	5.00		CAP REL COSTS-BLDG & FIXT	1.00		1.00	
	TOTALS			TOTALS			0	
E - WORKERS COMP INSURANCE								
1.00	EMPLOYEE BENEFITS	4.00		CAP REL COSTS-BLDG & FIXT	1.00		1.00	
	TOTALS			TOTALS			0	
F - PROVIDER TAX								
1.00	ADMINISTRATIVE & GENERAL	5.00		CAP REL COSTS-BLDG & FIXT	1.00		1.00	
	TOTALS			TOTALS			0	
G - SNF TAX								
1.00	SKILLED NURSING FACILITY	44.00		CAP REL COSTS-BLDG & FIXT	1.00		1.00	
	TOTALS			TOTALS			0	
H - CHARGABLE DRUG COSTS								
1.00	DRUGS CHARGED TO PATIENTS	73.00		PHARMACY	15.00		1.00	
	TOTALS			TOTALS			0	
I - DEFAULT								
1.00	ADMINISTRATIVE & GENERAL	5.00		OPERATION OF PLANT	7.00		1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00		NURSING ADMINISTRATION	13.00		2.00	
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00		PHARMACY	15.00		3.00	
4.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		ADULTS & PEDIATRICS	30.00		4.00	
5.00		0.00		INTENSIVE CARE UNIT	31.00		5.00	
6.00		0.00		SUBPROVIDER - IPF	40.00		6.00	
7.00		0.00		SKILLED NURSING FACILITY	44.00		7.00	
8.00		0.00		OPERATING ROOM	50.00		8.00	
9.00		0.00		ANESTHESIOLOGY	53.00		9.00	
10.00		0.00		RADIOLOGY-DIAGNOSTIC	54.00		10.00	
11.00		0.00		RADIOISOTOPE	56.00		11.00	
12.00		0.00		CT SCAN	57.00		12.00	
13.00		0.00		MRI	58.00		13.00	
14.00		0.00		LABORATORY	60.00		14.00	
15.00		0.00		RESPIRATORY THERAPY	65.00		15.00	
16.00		0.00		PHYSICAL THERAPY	66.00		16.00	
17.00		0.00		OCCUPATIONAL THERAPY	67.00		17.00	
18.00		0.00		SLEEP LAB/NEUROLOGY	70.01		18.00	
19.00		0.00		CARDIOLOGY	76.00		19.00	
20.00		0.00		WOUND CARE	76.01		20.00	
21.00		0.00		CARDIAC REHABILITATION	76.97		21.00	
22.00		0.00		DIABETES CENTER	90.04		22.00	
23.00		0.00		EMERGENCY	91.00		23.00	
	TOTALS			TOTALS			0	
J - CAFETERIA RECLASS								
1.00	CAFETERIA	11.00	724,865	DIETARY	10.00	724,865	1.00	
	TOTALS		724,865	TOTALS		724,865		
K - ATO RECLASS								
1.00	ADMINISTRATIVE & GENERAL	5.00	31,218	EMPLOYEE BENEFITS	4.00	445,257	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	9,539		0.00	0	2.00	
3.00	OPERATION OF PLANT	7.00	5,223		0.00	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	317		0.00	0	4.00	
5.00	HOUSEKEEPING	9.00	10,917		0.00	0	5.00	
6.00	DIETARY	10.00	10,137		0.00	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	5,338		0.00	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	2,544		0.00	0	8.00	
9.00	PHARMACY	15.00	19,665		0.00	0	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	15,689		0.00	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	101,282		0.00	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	21,352		0.00	0	12.00	
13.00	SUBPROVIDER - IPF	40.00	24,145		0.00	0	13.00	
14.00	SKILLED NURSING FACILITY	44.00	6,103		0.00	0	14.00	
15.00	OPERATING ROOM	50.00	54,971		0.00	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	30,060		0.00	0	16.00	
17.00	RADIOISOTOPE	56.00	2,634		0.00	0	17.00	
18.00	CT SCAN	57.00	4,537		0.00	0	18.00	
19.00	MRI	58.00	2,914		0.00	0	19.00	

Increases				Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary		
2.00	3.00	4.00	6.00	7.00	8.00		
20.00	RESPIRATORY THERAPY	65.00	5,391		0.00	0	20.00
21.00	PHYSICAL THERAPY	66.00	20,133		0.00	0	21.00
22.00	OCCUPATIONAL THERAPY	67.00	1,852		0.00	0	22.00
23.00	SPEECH PATHOLOGY	68.00	965		0.00	0	23.00
24.00	SLEEP LAB/NEUROLOGY	70.01	4,196		0.00	0	24.00
25.00	CARDIOLOGY	76.00	4,408		0.00	0	25.00
26.00	WOUND CARE	76.01	3,034		0.00	0	26.00
27.00	CARDIAC REHABILITATION	76.97	3,827		0.00	0	27.00
28.00	OP BEHAVIORAL HEALTH	90.03	9,866		0.00	0	28.00
29.00	DIABETES CENTER	90.04	567		0.00	0	29.00
30.00	EMERGENCY	91.00	28,985		0.00	0	30.00
31.00	CRISIS PROGRAM	190.02	3,448		0.00	0	31.00
	TOTALS		445,257	TOTALS		445,257	
L - CENTEGRA ALLOCATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	ADMINISTRATIVE & GENERAL	5.00	7,919,983	1.00
	TOTALS		0	TOTALS		7,919,983	
M - NURSERY							
1.00	NURSERY	43.00	697,516	ADULTS & PEDIATRICS	30.00	1,923,617	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,226,101		0.00	0	2.00
	TOTALS		1,923,617	TOTALS		1,923,617	
N - CASE MANAGEMENT/SOCIAL SERVICES							
1.00	ADULTS & PEDIATRICS	30.00	691,757	ADMINISTRATIVE & GENERAL	5.00	1,257,190	1.00
2.00	INTENSIVE CARE UNIT	31.00	87,546		0.00	0	2.00
3.00	SUBPROVIDER - IPF	40.00	278,292		0.00	0	3.00
4.00	NURSERY	43.00	82,080		0.00	0	4.00
5.00	SKILLED NURSING FACILITY	44.00	117,515		0.00	0	5.00
	TOTALS		1,257,190	TOTALS		1,257,190	
O - LAUNDRY AND LINEN							
1.00	LAUNDRY & LINEN SERVICE	8.00	42,515	HOUSEKEEPING	9.00	42,515	1.00
	TOTALS		42,515	TOTALS		42,515	
P - HYPERBARIC COSTS							
1.00	HYPERBARIC OXYGEN THERAPY	76.98	77,931	WOUND CARE	76.01	77,931	1.00
	TOTALS		77,931	TOTALS		77,931	
Q - CENTRAL INTAKE							
1.00	SUBPROVIDER - IPF	40.00	164,651	PSYCH SERVICES	90.02	365,891	1.00
2.00	OP BEHAVIORAL HEALTH	90.03	201,240		0.00	0	2.00
	TOTALS		365,891	TOTALS		365,891	
R - BOND DEFEASANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	INTEREST EXPENSE	113.00	0	1.00
	TOTALS		0	TOTALS		0	
S - SALARY RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	ADMINISTRATIVE & GENERAL	5.00	28,327	1.00
	TOTALS		0	TOTALS		28,327	
500.00	Grand Total: Increases		4,837,266	Grand Total: Decreases		12,785,576	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-7
Part I
Date/Time Prepared:
11/26/2013 3:22 pm

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	482,785	0	0	0	259,000	1.00
2.00	Land Improvements	3,212,830	0	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	0	3.00
4.00	Building Improvements	70,824,373	632,481	0	632,481	0	4.00
5.00	Fixed Equipment	864,704	0	0	0	0	5.00
6.00	Movable Equipment	45,610,088	3,795,359	0	3,795,359	0	6.00
7.00	HIT designated Assets	0	7,685,416	0	7,685,416	0	7.00
8.00	Subtotal (sum of lines 1-7)	120,994,780	12,113,256	0	12,113,256	259,000	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	120,994,780	12,113,256	0	12,113,256	259,000	10.00
	Ending Balance		Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	223,785	0				1.00
2.00	Land Improvements	3,212,830	0				2.00
3.00	Buildings and Fixtures	0	0				3.00
4.00	Building Improvements	71,456,854	0				4.00
5.00	Fixed Equipment	864,704	0				5.00
6.00	Movable Equipment	49,405,447	0				6.00
7.00	HIT designated Assets	7,685,416	0				7.00
8.00	Subtotal (sum of lines 1-7)	132,849,036	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	132,849,036	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-7
Part II
Date/Time Prepared:
11/26/2013 3:22 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	14,108,262	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	14,108,262	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	14,108,262				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	14,108,262				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-7
Part III
Date/Time Prepared:
11/26/2013 3:22 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	75,758,073	0	75,758,073	0.568272	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	57,554,863	0	57,554,863	0.431728	0	2.00
3.00	Total (sum of lines 1-2)	133,312,936	0	133,312,936	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	10,409,929	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,670,344	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	14,080,273	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-1,661,431	-1,740,333	-4,255,297	71,538	2,824,406	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	21,557	0	0	0	3,691,901	2.00
3.00	Total (sum of lines 1-2)	-1,639,874	-1,740,333	-4,255,297	71,538	6,516,307	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-8

Date/Time Prepared:
11/26/2013 3:22 pm

Line #	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	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,268,406	CAP REL COSTS-BLDG & FIXT	1.00	11 1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00	Investment income - other (chapter 2)		0		0.00	0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0 7.00
8.00	Television and radio service (chapter 21)	A	-187,720	OPERATION OF PLANT	7.00	0 8.00
9.00	Parking lot (chapter 21)		0		0.00	0 9.00
10.00	Provider-based physician adjustment	A-8-2	-1,278,774			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	-3,656,501			0 12.00
13.00	Laundry and linen service		0		0.00	0 13.00
14.00	Cafeteria-employees and guests	B	-527,800	CAFETERIA	11.00	0 14.00
15.00	Rental of quarters to employee and others		0		0.00	0 15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0 16.00
17.00	Sale of drugs to other than patients		0		0.00	0 17.00
18.00	Sale of medical records and abstracts	B	-5,144	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 - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00	28.00
29.00	Physicians' assistant		0		0.00	0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00	30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00	MEDICAL STAFF	B	-8,856	ADMINISTRATIVE & GENERAL	5.00	0 33.00
34.00	EDUCATION INCOME	B	-693	NURSING ADMINISTRATION	13.00	0 34.00

Provider CCN: 140176

Period:
 From 07/01/2012
 To 06/30/2013

Worksheet A-8

Date/Time Prepared:
 11/26/2013 3:22 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		
35.00 EDUCATION INCOME	B	-10,922	ADMINISTRATIVE & GENERAL	5.00	0	35.00
36.00 LACTATION SUPPLIES	B	-13,042	ADULTS & PEDIATRICS	30.00	0	36.00
37.00 MISCELLANEOUS INCOME	B	-537,587	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00 OB EDUCATION	B	-10,975	ADULTS & PEDIATRICS	30.00	0	38.00
39.00 EMS TUITION	B	-25,454	EMERGENCY	91.00	0	39.00
40.00 EDUCATION INCOME	B	-2,359	EMERGENCY	91.00	0	40.00
41.00 OTHER INCOME	B	-1,080	PHARMACY	15.00	0	41.00
42.00 BARIATRIC REVENUE	B	-5,621	OPERATING ROOM	50.00	0	42.00
43.00 OPERATION PLANT	B	-40,930	MAINTENANCE & REPAIRS	6.00	0	43.00
44.00 HOUSEKEEPING OTHER REVENUE	B	-89,529	HOUSEKEEPING	9.00	0	44.00
45.00 RELATED PARTY SALARIES	A	-28,327	ADMINISTRATIVE & GENERAL	5.00	0	45.00
45.01 RELATED PARTY BENEFITS	A	-5,329	EMPLOYEE BENEFITS	4.00	0	45.01
45.02 1998/2002 INTEREST EXPENSE	A	-364,000	CAP REL COSTS-BLDG & FIXT	1.00	11	45.02
45.03 2002 INTEREST INCOME	A	-7,468	CAP REL COSTS-BLDG & FIXT	1.00	11	45.03
45.04 PATIENT TELEPHONE CRC OFFSET	A	-27,989	CAP REL COSTS-MVBLE EQUIP	2.00	9	45.04
45.05 IHA/AHA DUES LOBBYING PORTION	A	-27,245	ADMINISTRATIVE & GENERAL	5.00	0	45.05
45.06 MEALS ON WHEELS	B	-20,162	CAFETERIA	11.00	0	45.06
45.07 ER RELATED RENTAL	A	-8,903	EMERGENCY	91.00	0	45.07
45.08 PHYSICAL THERAPY RENTAL	A	-177,933	PHYSICAL THERAPY	66.00	0	45.08
45.09 WOUND CARE RENTAL	A	-43,940	WOUND CARE	76.01	0	45.09
45.10 HBOT RENTAL	A	-12,729	HYPERBARIC OXYGEN THERAPY	76.98	0	45.10
45.11 IMAGING RENTAL	A	-300,352	RADIOLOGY-DIAGNOSTIC	54.00	0	45.11
45.12 ANTI-COAG CLINIC RENT	A	-2,023	PHARMACY	15.00	0	45.12
45.13 BARIATRIC RENTAL	A	-52,751	OPERATING ROOM	50.00	0	45.13
45.14 IDPA PROVIDER TAX	A	-4,215,389	ADMINISTRATIVE & GENERAL	5.00	0	45.14
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,965,933				50.00

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

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-8-1

Date/Time Prepared:
11/26/2013 3:22 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	5.00	ADMINISTRATIVE & GENERAL	CENTEGRA ALLOCATION	17,313,185	21,270,254 1.00
2.00	13.00	NURSING ADMINISTRATION	CENTEGRA ALLOCATION	21,123	0 2.00
3.00	91.00	EMERGENCY	CENTEGRA ALLOCATION	279,445	0 3.00
4.00	0.00			0	0 4.00
5.00	0			17,613,753	21,270,254 5.00

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

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

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

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

6.00	B	0.00	CENTEGRA HEALTH	0.00	6.00
7.00		0.00		0.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-8-1

Date/Time Prepared:
11/26/2013 3:22 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	-3,957,069	0		1.00
2.00	21,123	0		2.00
3.00	279,445	0		3.00
4.00	0	0		4.00
5.00	-3,656,501			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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-8-2

Date/Time Prepared:
11/26/2013 3:22 pm

1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00
1.00	5.00 ADMINISTRATIVE & GENERAL	38,345	35,428	2,917	177,200	8	1.00	
2.00	30.00 ADULTS & PEDIATRICS	397,396	397,396	0	0	0	2.00	
3.00	40.00 SUBPROVIDER - IPF	216,081	176,081	40,000	154,100	97	3.00	
4.00	50.00 OPERATING ROOM	48,125	125	48,000	208,000	280	4.00	
5.00	53.00 ANESTHESIOLOGY	50,000	0	50,000	200,300	1,818	5.00	
6.00	54.00 RADIOLOGY-DIAGNOSTIC	96,400	0	96,400	225,300	334	6.00	
7.00	65.00 RESPIRATORY THERAPY	54,557	47,224	7,333	177,200	278	7.00	
8.00	66.00 PHYSICAL THERAPY	13,297	0	13,297	177,200	28	8.00	
9.00	70.01 SLEEP LAB/NEUROLOGY	7,333	0	7,333	177,200	278	9.00	
10.00	76.01 WOUND CARE	16,900	1,300	15,600	177,200	62	10.00	
11.00	76.97 CARDIAC REHABILITATION	30,000	0	30,000	177,200	59	11.00	
12.00	90.03 OP BEHAVIORAL HEALTH	41,254	11,254	30,000	154,100	257	12.00	
13.00	91.00 EMERGENCY	439,150	419,150	20,000	177,200	19	13.00	
200.00		1,448,838	1,087,958	360,880		3,518	200.00	

1.00	2.00	8.00	9.00	12.00	13.00	14.00	15.00
1.00	5.00 ADMINISTRATIVE & GENERAL	682	34	0	0	0	1.00
2.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	40.00 SUBPROVIDER - IPF	7,186	359	0	0	0	3.00
4.00	50.00 OPERATING ROOM	28,000	1,400	0	0	0	4.00
5.00	53.00 ANESTHESIOLOGY	175,070	8,754	0	0	0	5.00
6.00	54.00 RADIOLOGY-DIAGNOSTIC	36,178	1,809	0	0	0	6.00
7.00	65.00 RESPIRATORY THERAPY	23,683	1,184	0	0	0	7.00
8.00	66.00 PHYSICAL THERAPY	2,385	119	0	0	0	8.00
9.00	70.01 SLEEP LAB/NEUROLOGY	23,683	1,184	0	0	0	9.00
10.00	76.01 WOUND CARE	5,282	264	0	0	0	10.00
11.00	76.97 CARDIAC REHABILITATION	5,026	251	0	0	0	11.00
12.00	90.03 OP BEHAVIORAL HEALTH	19,040	952	0	0	0	12.00
13.00	91.00 EMERGENCY	1,619	81	0	0	0	13.00
200.00		327,834	16,391	0	0	0	200.00

1.00	2.00	15.00	16.00	17.00	18.00	19.00
1.00	5.00 ADMINISTRATIVE & GENERAL	0	682	2,235	37,663	1.00
2.00	30.00 ADULTS & PEDIATRICS	0	0	0	397,396	2.00
3.00	40.00 SUBPROVIDER - IPF	0	7,186	32,814	208,895	3.00
4.00	50.00 OPERATING ROOM	0	28,000	20,000	20,125	4.00
5.00	53.00 ANESTHESIOLOGY	0	175,070	0	0	5.00
6.00	54.00 RADIOLOGY-DIAGNOSTIC	0	36,178	60,222	60,222	6.00
7.00	65.00 RESPIRATORY THERAPY	0	23,683	0	47,224	7.00
8.00	66.00 PHYSICAL THERAPY	0	2,385	10,912	10,912	8.00
9.00	70.01 SLEEP LAB/NEUROLOGY	0	23,683	0	0	9.00
10.00	76.01 WOUND CARE	0	5,282	10,318	11,618	10.00
11.00	76.97 CARDIAC REHABILITATION	0	5,026	24,974	24,974	11.00
12.00	90.03 OP BEHAVIORAL HEALTH	0	19,040	10,960	22,214	12.00
13.00	91.00 EMERGENCY	0	1,619	18,381	437,531	13.00
200.00		0	327,834	190,816	1,278,774	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/26/2013 3:22 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,824,406	2,824,406			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,691,901		3,691,901		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,854,610	0	0	10,854,610	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	20,788,781	759,060	992,196	535,631	5.00
6.00 00600	MAINTENANCE & REPAIRS	1,741,294	377,118	492,948	209,743	6.00
7.00 00700	OPERATION OF PLANT	2,347,278	9,264	12,110	230,763	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	431,730	6,454	8,436	21,420	8.00
9.00 00900	HOUSEKEEPING	1,739,797	28,660	37,462	250,691	9.00
10.00 01000	DIETARY	1,274,635	103,990	135,930	147,745	10.00
11.00 01100	CAFETERIA	737,622	0	0	172,973	11.00
13.00 01300	NURSING ADMINISTRATION	1,222,311	6,437	8,414	271,281	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,089,564	59,672	77,999	57,187	14.00
15.00 01500	PHARMACY	2,890,355	16,372	21,401	540,350	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,541,890	33,729	44,089	349,548	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	9,132,368	324,020	423,540	2,081,724	30.00
31.00 03100	INTENSIVE CARE UNIT	2,059,316	62,958	82,295	435,462	31.00
40.00 04000	SUBPROVIDER - IPF	2,829,998	95,795	125,218	644,627	40.00
43.00 04300	NURSERY	994,589	10,581	13,831	186,033	43.00
44.00 04400	SKILLED NURSING FACILITY	1,700,739	118,383	154,744	142,072	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	6,700,548	210,052	274,568	1,172,546	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,574,249	0	0	292,582	52.00
53.00 05300	ANESTHESIOLOGY	305,206	0	0	3,942	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,071,461	99,269	129,758	694,420	54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	511,912	10,368	13,553	65,917	56.00
57.00 05700	CT SCAN	806,586	11,804	15,429	119,990	57.00
58.00 05800	MRI	415,647	17,068	22,311	60,268	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	3,325,163	51,154	66,866	72	60.00
65.00 06500	RESPIRATORY THERAPY	875,119	1,163	1,521	160,126	65.00
66.00 06600	PHYSICAL THERAPY	1,735,263	26,316	34,399	372,382	66.00
67.00 06700	OCCUPATIONAL THERAPY	125,044	0	0	29,098	67.00
68.00 06800	SPEECH PATHOLOGY	61,021	0	0	14,251	68.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01 07001	SLEEP LAB/NEUROLOGY	430,499	26,214	34,265	95,562	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,130,074	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	3,481,866	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	3,941,765	0	0	0	73.00
76.00 03140	CARDIOLOGY	354,210	67,365	88,056	77,380	76.00
76.01 03950	WOUND CARE	696,176	0	0	63,507	76.01
76.97 07697	CARDIAC REHABILITATION	329,440	29,891	39,072	74,513	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	235,594	0	0	18,597	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	WOMENS CENTER	0	0	0	0	90.01
90.02 09002	PSYCH SERVICES	0	0	0	0	90.02
90.03 09003	OP BEHAVIORAL HEALTH	940,879	126,187	164,945	209,104	90.03
90.04 09004	DIABETES CENTER	107,866	0	0	26,899	90.04
91.00 09100	EMERGENCY	3,782,931	89,860	117,459	723,761	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	109,831,703	2,779,204	3,632,815	10,552,167	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,581	13,831	0	190.00
190.02 19002	CRISIS PROGRAM	1,366,003	16,134	21,090	302,443	190.02
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	18,487	24,165	0	192.00
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	111,197,706	2,824,406	3,691,901	10,854,610	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140176

Period: 07/01/2012 To 06/30/2013

Worksheet B Part I Date/Time Prepared: 11/26/2013 3:22 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500	23,075,668					5.00
6.00	00600	738,734	3,559,837				6.00
7.00	00700	680,683	19,535	3,299,633			7.00
8.00	00800	122,561	13,608	12,683	616,892		8.00
9.00	00900	538,544	60,432	56,324	0	2,711,910	9.00
10.00	01000	435,290	219,276	204,369	0	171,555	10.00
11.00	01100	238,448	0	0	0	0	11.00
13.00	01300	395,001	13,573	12,650	0	10,619	13.00
14.00	01400	336,339	125,825	117,271	0	98,442	14.00
15.00	01500	908,256	34,523	32,176	0	27,010	15.00
16.00	01600	515,669	71,122	66,287	0	55,644	16.00
17.00	01700	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	3,132,307	683,236	636,791	158,620	534,548	30.00
31.00	03100	691,319	132,754	123,730	26,341	103,863	31.00
40.00	04000	967,740	201,997	188,265	13,061	158,037	40.00
43.00	04300	315,550	22,311	20,794	15,194	17,455	43.00
44.00	04400	554,080	249,626	232,657	30,931	195,301	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,188,551	442,920	412,811	144,295	346,529	50.00
52.00	05200	488,848	0	0	26,707	0	52.00
53.00	05300	80,953	0	0	0	0	53.00
54.00	05400	1,569,827	209,320	195,091	44,309	163,766	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	157,574	21,863	20,377	0	17,105	56.00
57.00	05700	249,764	24,889	23,197	0	19,473	57.00
58.00	05800	134,935	35,991	33,544	0	28,158	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	901,651	107,865	100,533	0	84,391	60.00
65.00	06500	271,792	2,453	2,286	0	1,919	65.00
66.00	06600	567,807	55,490	51,718	0	43,414	66.00
67.00	06700	40,364	0	0	0	0	67.00
68.00	06800	19,711	0	0	0	0	68.00
70.00	07000	0	0	0	0	0	70.00
70.01	07001	153,591	55,276	51,518	0	43,246	70.01
71.00	07100	1,081,501	0	0	0	0	71.00
72.00	07200	911,761	0	0	0	0	72.00
73.00	07300	1,032,191	0	0	0	0	73.00
76.00	03140	153,715	142,048	132,391	34,164	111,134	76.00
76.01	03950	198,931	0	0	0	0	76.01
76.97	07697	123,838	63,029	58,744	31,902	49,312	76.97
76.98	07698	66,562	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	377,370	266,082	247,994	0	208,175	90.03
90.04	09004	35,290	0	0	0	0	90.04
91.00	09100	1,234,411	189,480	176,599	91,368	148,244	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		22,611,459	3,464,524	3,210,800	616,892	2,637,340	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	6,393	22,311	20,794	0	17,455	190.00
190.02	19002	446,647	34,021	31,708	0	26,617	190.02
191.00	19100	0	0	0	0	0	191.00
192.00	19200	11,169	38,981	36,331	0	30,498	192.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		23,075,668	3,559,837	3,299,633	616,892	2,711,910	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS								
1.00	00100						1.00	
2.00	00200						2.00	
4.00	00400						4.00	
5.00	00500						5.00	
6.00	00600						6.00	
7.00	00700						7.00	
8.00	00800						8.00	
9.00	00900						9.00	
10.00	01000	2,692,790					10.00	
11.00	01100	0	1,149,043				11.00	
13.00	01300	0	36,394	1,976,680			13.00	
14.00	01400	0	13,543	0	1,975,842		14.00	
15.00	01500	0	50,551	0	0	4,520,994	15.00	
16.00	01600	0	59,839	0	0	0	16.00	
17.00	01700	0	0	0	0	0	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	1,585,180	268,096	672,074	0	0	30.00	
31.00	03100	200,610	48,403	121,337	0	0	31.00	
40.00	04000	637,716	81,237	203,648	0	0	40.00	
43.00	04300	0	20,683	51,848	0	0	43.00	
44.00	04400	269,284	17,982	45,078	0	0	44.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	0	137,598	344,934	0	0	50.00	
52.00	05200	0	32,589	81,695	0	0	52.00	
53.00	05300	0	880	2,205	0	0	53.00	
54.00	05400	0	86,188	0	0	0	54.00	
55.00	05500	0	0	0	0	0	55.00	
56.00	05600	0	6,158	0	0	0	56.00	
57.00	05700	0	12,888	0	0	0	57.00	
58.00	05800	0	5,728	0	0	0	58.00	
59.00	05900	0	0	0	0	0	59.00	
60.00	06000	0	20	0	0	0	60.00	
65.00	06500	0	21,399	53,643	0	0	65.00	
66.00	06600	0	44,250	0	0	0	66.00	
67.00	06700	0	2,946	0	0	0	67.00	
68.00	06800	0	1,412	0	0	0	68.00	
70.00	07000	0	0	0	0	0	70.00	
70.01	07001	0	11,865	29,745	0	0	70.01	
71.00	07100	0	0	0	1,072,051	0	71.00	
72.00	07200	0	0	0	903,791	0	72.00	
73.00	07300	0	0	0	0	4,520,994	73.00	
76.00	03140	0	10,106	25,334	0	0	76.00	
76.01	03950	0	8,715	21,847	0	0	76.01	
76.97	07697	0	9,042	22,667	0	0	76.97	
76.98	07698	0	2,578	6,462	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	0	0	0	0	0	90.00	
90.01	09001	0	0	0	0	0	90.01	
90.02	09002	0	0	0	0	0	90.02	
90.03	09003	0	31,587	79,182	0	0	90.03	
90.04	09004	0	3,273	0	0	0	90.04	
91.00	09100	0	85,758	214,981	0	0	91.00	
92.00	09200	0	0	0	0	0	92.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	0	0	0	0	0	113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)		2,692,790	1,111,708	1,976,680	1,975,842	4,520,994	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	0	0	0	0	0	190.00	
190.02	19002	0	37,335	0	0	0	190.02	
191.00	19100	0	0	0	0	0	191.00	
192.00	19200	0	0	0	0	0	192.00	
200.00	Cross Foot Adjustments		0	0	0	0	200.00	
201.00	Negative Cost Centers		0	0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)		2,692,790	1,149,043	1,976,680	1,975,842	4,520,994	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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	2,737,817				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	240,355	0	19,872,859	0	19,872,859
31.00	03100	INTENSIVE CARE UNIT	51,053	0	4,139,441	0	4,139,441
40.00	04000	SUBPROVIDER - IPF	82,712	0	6,230,051	0	6,230,051
43.00	04300	NURSERY	20,263	0	1,689,132	0	1,689,132
44.00	04400	SKILLED NURSING FACILITY	18,761	0	3,729,638	0	3,729,638
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	427,337	0	12,802,689	0	12,802,689
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,619	0	2,532,289	0	2,532,289
53.00	05300	ANESTHESIOLOGY	35,593	0	428,779	0	428,779
54.00	05400	RADIOLOGY-DIAGNOSTIC	291,799	0	8,555,208	0	8,555,208
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	39,332	0	864,159	0	864,159
57.00	05700	CT SCAN	270,031	0	1,554,051	0	1,554,051
58.00	05800	MRI	84,975	0	838,625	0	838,625
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	316,299	0	4,954,014	0	4,954,014
65.00	06500	RESPIRATORY THERAPY	36,827	0	1,428,248	0	1,428,248
66.00	06600	PHYSICAL THERAPY	49,704	0	2,980,743	0	2,980,743
67.00	06700	OCCUPATIONAL THERAPY	4,080	0	201,532	0	201,532
68.00	06800	SPEECH PATHOLOGY	1,502	0	97,897	0	97,897
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	25,304	0	957,085	0	957,085
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	105,381	0	6,389,007	0	6,389,007
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	77,031	0	5,374,449	0	5,374,449
73.00	07300	DRUGS CHARGED TO PATIENTS	276,326	0	9,771,276	0	9,771,276
76.00	03140	CARDIOLOGY	11,604	0	1,207,507	0	1,207,507
76.01	03950	WOUND CARE	16,154	0	1,005,330	0	1,005,330
76.97	07697	CARDIAC REHABILITATION	4,802	0	836,252	0	836,252
76.98	07698	HYPERBARIC OXYGEN THERAPY	12,580	0	342,373	0	342,373
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WOMENS CENTER	0	0	0	0	90.01
90.02	09002	PSYCH SERVICES	0	0	0	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	28,256	0	2,679,761	0	2,679,761
90.04	09004	DIABETES CENTER	1,329	0	174,657	0	174,657
91.00	09100	EMERGENCY	172,808	0	7,027,660	0	7,027,660
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,737,817	0	108,664,712	0	108,664,712
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	91,365	0	91,365
190.02	19002	CRISIS PROGRAM	0	0	2,281,998	0	2,281,998
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	159,631	0	159,631
200.00		Cross Foot Adjustments			0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,737,817	0	111,197,706	0	111,197,706

Provider CCN: 140176

Period:
 From 07/01/2012
 To 06/30/2013

Worksheet Non-CMS W
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Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	1	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	2	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	3	MEALS SERVED	10.00
11.00	CAFETERIA	4	FTE	11.00
13.00	NURSING ADMINISTRATION	13	NURSING HOURS/FTES	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS	14.00
15.00	PHARMACY	15	COSTED REQUIS	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00
17.00	SOCIAL SERVICE	16	TIME SPENT	17.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
11/26/2013 3:22 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	1,023,052	759,060	992,196	2,774,308	5.00
6.00 00600	MAINTENANCE & REPAIRS	19,200	377,118	492,948	889,266	6.00
7.00 00700	OPERATION OF PLANT	0	9,264	12,110	21,374	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	6,454	8,436	14,890	8.00
9.00 00900	HOUSEKEEPING	0	28,660	37,462	66,122	9.00
10.00 01000	DIETARY	2,255	103,990	135,930	242,175	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	6,437	8,414	14,851	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	221,890	59,672	77,999	359,561	14.00
15.00 01500	PHARMACY	422,058	16,372	21,401	459,831	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	33,729	44,089	77,818	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	6,043	324,020	423,540	753,603	30.00
31.00 03100	INTENSIVE CARE UNIT	2,245	62,958	82,295	147,498	31.00
40.00 04000	SUBPROVIDER - IPF	143	95,795	125,218	221,156	40.00
43.00 04300	NURSERY	0	10,581	13,831	24,412	43.00
44.00 04400	SKILLED NURSING FACILITY	2,087	118,383	154,744	275,214	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	135,352	210,052	274,568	619,972	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	1,209	0	0	1,209	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,133,934	99,269	129,758	1,362,961	54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	10,368	13,553	23,921	56.00
57.00 05700	CT SCAN	370	11,804	15,429	27,603	57.00
58.00 05800	MRI	816	17,068	22,311	40,195	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	51,154	66,866	118,020	60.00
65.00 06500	RESPIRATORY THERAPY	30,972	1,163	1,521	33,656	65.00
66.00 06600	PHYSICAL THERAPY	271,037	26,316	34,399	331,752	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01 07001	SLEEP LAB/NEUROLOGY	1,236	26,214	34,265	61,715	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03140	CARDIOLOGY	400	67,365	88,056	155,821	76.00
76.01 03950	WOUND CARE	100,323	0	0	100,323	76.01
76.97 07697	CARDIAC REHABILITATION	0	29,891	39,072	68,963	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	28,804	0	0	28,804	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	WOMENS CENTER	0	0	0	0	90.01
90.02 09002	PSYCH SERVICES	75	0	0	75	90.02
90.03 09003	OP BEHAVIORAL HEALTH	0	126,187	164,945	291,132	90.03
90.04 09004	DIABETES CENTER	121	0	0	121	90.04
91.00 09100	EMERGENCY	37,749	89,860	117,459	245,068	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,441,371	2,779,204	3,632,815	9,853,390	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,581	13,831	24,412	190.00
190.02 19002	CRISIS PROGRAM	0	16,134	21,090	37,224	190.02
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	18,487	24,165	42,652	192.00
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,441,371	2,824,406	3,691,901	9,957,678	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
11/26/2013 3:22 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,774,308				5.00
6.00	00600	MAINTENANCE & REPAIRS	88,817	978,083			6.00
7.00	00700	OPERATION OF PLANT	81,837	5,367	108,578		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	14,735	3,739	417	33,781	8.00
9.00	00900	HOUSEKEEPING	64,748	16,604	1,853	0	149,327
10.00	01000	DIETARY	52,334	60,247	6,725	0	9,446
11.00	01100	CAFETERIA	28,668	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	47,490	3,729	416	0	585
14.00	01400	CENTRAL SERVICES & SUPPLY	40,437	34,571	3,859	0	5,421
15.00	01500	PHARMACY	109,198	9,485	1,059	0	1,487
16.00	01600	MEDICAL RECORDS & LIBRARY	61,998	19,541	2,181	0	3,064
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	376,550	187,724	20,956	8,687	29,434
31.00	03100	INTENSIVE CARE UNIT	83,116	36,475	4,071	1,442	5,719
40.00	04000	SUBPROVIDER - IPF	116,350	55,500	6,195	715	8,702
43.00	04300	NURSERY	37,938	6,130	684	832	961
44.00	04400	SKILLED NURSING FACILITY	66,616	68,586	7,656	1,694	10,754
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	263,126	121,695	13,584	7,902	19,081
52.00	05200	DELIVERY ROOM & LABOR ROOM	58,773	0	0	1,462	0
53.00	05300	ANESTHESIOLOGY	9,733	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	188,738	57,512	6,420	2,426	9,018
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	18,945	6,007	671	0	942
57.00	05700	CT SCAN	30,029	6,838	763	0	1,072
58.00	05800	MRI	16,223	9,889	1,104	0	1,550
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	108,404	29,636	3,308	0	4,647
65.00	06500	RESPIRATORY THERAPY	32,677	674	75	0	106
66.00	06600	PHYSICAL THERAPY	68,266	15,246	1,702	0	2,391
67.00	06700	OCCUPATIONAL THERAPY	4,853	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	2,370	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
70.01	07001	SLEEP LAB/NEUROLOGY	18,466	15,187	1,695	0	2,381
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	130,027	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	109,620	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	124,099	0	0	0	0
76.00	03140	CARDIOLOGY	18,481	39,028	4,356	1,871	6,119
76.01	03950	WOUND CARE	23,917	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	14,889	17,317	1,933	1,747	2,715
76.98	07698	HYPERBARIC OXYGEN THERAPY	8,003	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	WOMENS CENTER	0	0	0	0	0
90.02	09002	PSYCH SERVICES	0	0	0	0	0
90.03	09003	OP BEHAVIORAL HEALTH	45,371	73,107	8,161	0	11,463
90.04	09004	DIABETES CENTER	4,243	0	0	0	0
91.00	09100	EMERGENCY	148,411	52,061	5,811	5,003	8,163
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,718,496	951,895	105,655	33,781	145,221
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	769	6,130	684	0	961
190.02	19002	CRISIS PROGRAM	53,700	9,348	1,043	0	1,466
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,343	10,710	1,196	0	1,679
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	2,774,308	978,083	108,578	33,781	149,327

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140176	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/26/2013 3:22 pm
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS								
1.00	00100						1.00	
2.00	00200						2.00	
4.00	00400						4.00	
5.00	00500						5.00	
6.00	00600						6.00	
7.00	00700						7.00	
8.00	00800						8.00	
9.00	00900						9.00	
10.00	01000	370,927					10.00	
11.00	01100	0	28,668				11.00	
13.00	01300	0	908	67,979			13.00	
14.00	01400	0	338	0	444,187		14.00	
15.00	01500	0	1,261	0	0	582,321	15.00	
16.00	01600	0	1,493	0	0	0	16.00	
17.00	01700	0	0	0	0	0	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	218,356	6,688	23,113	0	0	30.00	
31.00	03100	27,634	1,208	4,173	0	0	31.00	
40.00	04000	87,844	2,027	7,004	0	0	40.00	
43.00	04300	0	516	1,783	0	0	43.00	
44.00	04400	37,093	449	1,550	0	0	44.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	0	3,433	11,862	0	0	50.00	
52.00	05200	0	813	2,810	0	0	52.00	
53.00	05300	0	22	76	0	0	53.00	
54.00	05400	0	2,150	0	0	0	54.00	
55.00	05500	0	0	0	0	0	55.00	
56.00	05600	0	154	0	0	0	56.00	
57.00	05700	0	322	0	0	0	57.00	
58.00	05800	0	143	0	0	0	58.00	
59.00	05900	0	0	0	0	0	59.00	
60.00	06000	0	1	0	0	0	60.00	
65.00	06500	0	534	1,845	0	0	65.00	
66.00	06600	0	1,104	0	0	0	66.00	
67.00	06700	0	73	0	0	0	67.00	
68.00	06800	0	35	0	0	0	68.00	
70.00	07000	0	0	0	0	0	70.00	
70.01	07001	0	296	1,023	0	0	70.01	
71.00	07100	0	0	0	241,006	0	71.00	
72.00	07200	0	0	0	203,181	0	72.00	
73.00	07300	0	0	0	0	582,321	73.00	
76.00	03140	0	252	871	0	0	76.00	
76.01	03950	0	217	751	0	0	76.01	
76.97	07697	0	226	780	0	0	76.97	
76.98	07698	0	64	222	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	0	0	0	0	0	90.00	
90.01	09001	0	0	0	0	0	90.01	
90.02	09002	0	0	0	0	0	90.02	
90.03	09003	0	788	2,723	0	0	90.03	
90.04	09004	0	82	0	0	0	90.04	
91.00	09100	0	2,140	7,393	0	0	91.00	
92.00	09200	0	0	0	0	0	92.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	0	0	0	0	0	113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)		370,927	27,737	67,979	444,187	582,321	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	0	0	0	0	0	190.00	
190.02	19002	0	931	0	0	0	190.02	
191.00	19100	0	0	0	0	0	191.00	
192.00	19200	0	0	0	0	0	192.00	
200.00	Cross Foot Adjustments		0	0	0	0	200.00	
201.00	Negative Cost Centers		0	0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)		370,927	28,668	67,979	444,187	582,321	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
11/26/2013 3:22 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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	166,095				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,585	0	1,639,696	0	1,639,696
31.00	03100	INTENSIVE CARE UNIT	3,098	0	314,434	0	314,434
40.00	04000	SUBPROVIDER - IPF	5,019	0	510,512	0	510,512
43.00	04300	NURSERY	1,230	0	74,486	0	74,486
44.00	04400	SKILLED NURSING FACILITY	1,138	0	470,750	0	470,750
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,897	0	1,086,552	0	1,086,552
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,161	0	66,019	0	66,019
53.00	05300	ANESTHESIOLOGY	2,160	0	13,200	0	13,200
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,706	0	1,646,931	0	1,646,931
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	2,387	0	53,027	0	53,027
57.00	05700	CT SCAN	16,385	0	83,012	0	83,012
58.00	05800	MRI	5,156	0	74,260	0	74,260
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	19,193	0	283,209	0	283,209
65.00	06500	RESPIRATORY THERAPY	2,235	0	71,802	0	71,802
66.00	06600	PHYSICAL THERAPY	3,016	0	423,477	0	423,477
67.00	06700	OCCUPATIONAL THERAPY	248	0	5,174	0	5,174
68.00	06800	SPEECH PATHOLOGY	91	0	2,496	0	2,496
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
70.01	07001	SLEEP LAB/NEUROLOGY	1,535	0	102,298	0	102,298
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,394	0	377,427	0	377,427
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,674	0	317,475	0	317,475
73.00	07300	DRUGS CHARGED TO PATIENTS	16,767	0	723,187	0	723,187
76.00	03140	CARDIOLOGY	704	0	227,503	0	227,503
76.01	03950	WOUND CARE	980	0	126,188	0	126,188
76.97	07697	CARDIAC REHABILITATION	291	0	108,861	0	108,861
76.98	07698	HYPERBARIC OXYGEN THERAPY	763	0	37,856	0	37,856
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	WOMENS CENTER	0	0	0	0	0
90.02	09002	PSYCH SERVICES	0	0	75	0	75
90.03	09003	OP BEHAVIORAL HEALTH	1,715	0	434,460	0	434,460
90.04	09004	DIABETES CENTER	81	0	4,527	0	4,527
91.00	09100	EMERGENCY	10,486	0	484,536	0	484,536
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	166,095	0	9,763,430	0	9,763,430
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	32,956	0	32,956
190.02	19002	CRISIS PROGRAM	0	0	103,712	0	103,712
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	57,580	0	57,580
200.00		Cross Foot Adjustments			0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	166,095	0	9,957,678	0	9,957,678

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/26/2013 3:22 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	332,606				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		332,606			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	45,487,649		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	89,388	89,388	2,244,627	-23,075,668	5.00
6.00 00600	MAINTENANCE & REPAIRS	44,410	44,410	878,953	0	6.00
7.00 00700	OPERATION OF PLANT	1,091	1,091	967,042	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	760	760	89,763	0	8.00
9.00 00900	HOUSEKEEPING	3,375	3,375	1,050,553	0	9.00
10.00 01000	DIETARY	12,246	12,246	619,143	0	10.00
11.00 01100	CAFETERIA	0	0	724,865	0	11.00
13.00 01300	NURSING ADMINISTRATION	758	758	1,136,836	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,027	7,027	239,649	0	14.00
15.00 01500	PHARMACY	1,928	1,928	2,264,405	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,972	3,972	1,464,822	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	38,157	38,157	8,723,796	0	30.00
31.00 03100	INTENSIVE CARE UNIT	7,414	7,414	1,824,859	0	31.00
40.00 04000	SUBPROVIDER - IPF	11,281	11,281	2,701,390	0	40.00
43.00 04300	NURSERY	1,246	1,246	779,596	0	43.00
44.00 04400	SKILLED NURSING FACILITY	13,941	13,941	595,372	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	24,736	24,736	4,913,698	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	1,226,101	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	16,519	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,690	11,690	2,910,051	0	54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	1,221	1,221	276,232	0	56.00
57.00 05700	CT SCAN	1,390	1,390	502,834	0	57.00
58.00 05800	MRI	2,010	2,010	252,561	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	6,024	6,024	302	0	60.00
65.00 06500	RESPIRATORY THERAPY	137	137	671,027	0	65.00
66.00 06600	PHYSICAL THERAPY	3,099	3,099	1,560,511	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	121,937	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	59,721	0	68.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01 07001	SLEEP LAB/NEUROLOGY	3,087	3,087	400,464	0	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03140	CARDIOLOGY	7,933	7,933	324,269	0	76.00
76.01 03950	WOUND CARE	0	0	266,134	0	76.01
76.97 07697	CARDIAC REHABILITATION	3,520	3,520	312,255	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	77,931	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	WOMENS CENTER	0	0	0	0	90.01
90.02 09002	PSYCH SERVICES	0	0	0	0	90.02
90.03 09003	OP BEHAVIORAL HEALTH	14,860	14,860	876,274	0	90.03
90.04 09004	DIABETES CENTER	0	0	112,723	0	90.04
91.00 09100	EMERGENCY	10,582	10,582	3,033,008	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	327,283	327,283	44,220,223	-23,075,668	86,349,304
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,246	1,246	0	0	24,412
190.02 19002	CRISIS PROGRAM	1,900	1,900	1,267,426	0	1,705,670
191.00 19100	RESEARCH	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	2,177	2,177	0	0	42,652
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)	2,824,406	3,691,901	10,854,610		23,075,668
203.00	Unit cost multiplier (Wkst. B, Part I)	8.491747	11.099923	0.238628		0.261860
204.00	Cost to be allocated (per Wkst. B, Part II)			0		2,774,308

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/26/2013 3:22 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
205.00 Unit cost multiplier (Wkst. B, Part II)			4.00 0.000000	5A	5.00 0.031483	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/26/2013 3:22 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	198,808					6.00
7.00	00700	1,091	197,717				7.00
8.00	00800	760	760	615,269			8.00
9.00	00900	3,375	3,375	0	193,582		9.00
10.00	01000	12,246	12,246	0	12,246	198,916	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	758	758	0	758	0	13.00
14.00	01400	7,027	7,027	0	7,027	0	14.00
15.00	01500	1,928	1,928	0	1,928	0	15.00
16.00	01600	3,972	3,972	0	3,972	0	16.00
17.00	01700	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	38,157	38,157	158,202	38,157	117,097	30.00
31.00	03100	7,414	7,414	26,272	7,414	14,819	31.00
40.00	04000	11,281	11,281	13,027	11,281	47,108	40.00
43.00	04300	1,246	1,246	15,154	1,246	0	43.00
44.00	04400	13,941	13,941	30,850	13,941	19,892	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	24,736	24,736	143,915	24,736	0	50.00
52.00	05200	0	0	26,637	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	11,690	11,690	44,192	11,690	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	1,221	1,221	0	1,221	0	56.00
57.00	05700	1,390	1,390	0	1,390	0	57.00
58.00	05800	2,010	2,010	0	2,010	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	6,024	6,024	0	6,024	0	60.00
65.00	06500	137	137	0	137	0	65.00
66.00	06600	3,099	3,099	0	3,099	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
70.00	07000	0	0	0	0	0	70.00
70.01	07001	3,087	3,087	0	3,087	0	70.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03140	7,933	7,933	34,074	7,933	0	76.00
76.01	03950	0	0	0	0	0	76.01
76.97	07697	3,520	3,520	31,818	3,520	0	76.97
76.98	07698	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	14,860	14,860	0	14,860	0	90.03
90.04	09004	0	0	0	0	0	90.04
91.00	09100	10,582	10,582	91,128	10,582	0	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		193,485	192,394	615,269	188,259	198,916	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,246	1,246	0	1,246	0	190.00
190.02	19002	1,900	1,900	0	1,900	0	190.02
191.00	19100	0	0	0	0	0	191.00
192.00	19200	2,177	2,177	0	2,177	0	192.00
200.00							200.00
201.00							201.00
202.00		3,559,837	3,299,633	616,892	2,711,910	2,692,790	202.00
203.00		17.905904	16.688666	1.002638	14.009102	13.537322	203.00
204.00		978,083	108,578	33,781	149,327	370,927	204.00
205.00		4.919737	0.549159	0.054904	0.771389	1.864742	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1
Date/Time Prepared:
11/26/2013 3:22 pm

Cost Center Description			CAFETERIA (FTE)	NURSING ADMINISTRATION (NURSING HOURS/FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	56,167					11.00
13.00	01300	NURSING ADMINISTRATION	1,779	38,544				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	662	0	7,611,938			14.00
15.00	01500	PHARMACY	2,471	0	0	3,941,765		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,925	0	0	0	349,768,905	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	13,105	13,105	0	0	30,704,568	30.00
31.00	03100	INTENSIVE CARE UNIT	2,366	2,366	0	0	6,521,808	31.00
40.00	04000	SUBPROVIDER - IPF	3,971	3,971	0	0	10,566,236	40.00
43.00	04300	NURSERY	1,011	1,011	0	0	2,588,579	43.00
44.00	04400	SKILLED NURSING FACILITY	879	879	0	0	2,396,624	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,726	6,726	0	0	54,612,948	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,593	1,593	0	0	4,550,234	52.00
53.00	05300	ANESTHESIOLOGY	43	43	0	0	4,546,914	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,213	0	0	0	37,276,310	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	301	0	0	0	5,024,468	56.00
57.00	05700	CT SCAN	630	0	0	0	34,495,572	57.00
58.00	05800	MRI	280	0	0	0	10,855,233	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1	0	0	0	40,406,093	60.00
65.00	06500	RESPIRATORY THERAPY	1,046	1,046	0	0	4,704,529	65.00
66.00	06600	PHYSICAL THERAPY	2,163	0	0	0	6,349,498	66.00
67.00	06700	OCCUPATIONAL THERAPY	144	0	0	0	521,171	67.00
68.00	06800	SPEECH PATHOLOGY	69	0	0	0	191,914	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	580	580	0	0	3,232,532	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	4,130,073	0	13,462,007	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	3,481,865	0	9,840,473	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,941,765	35,299,712	73.00
76.00	03140	CARDIOLOGY	494	494	0	0	1,482,326	76.00
76.01	03950	WOUND CARE	426	426	0	0	2,063,619	76.01
76.97	07697	CARDIAC REHABILITATION	442	442	0	0	613,454	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	126	126	0	0	1,607,026	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOMENS CENTER	0	0	0	0	0	90.01
90.02	09002	PSYCH SERVICES	0	0	0	0	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	1,544	1,544	0	0	3,609,599	90.03
90.04	09004	DIABETES CENTER	160	0	0	0	169,791	90.04
91.00	09100	EMERGENCY	4,192	4,192	0	0	22,075,667	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	54,342	38,544	7,611,938	3,941,765	349,768,905	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.02	19002	CRISIS PROGRAM	1,825	0	0	0	0	190.02
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						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,149,043	1,976,680	1,975,842	4,520,994	2,737,817	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	20.457617	51.283728	0.259571	1.146947	0.007828	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	28,668	67,979	444,187	582,321	166,095	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.510406	1.763673	0.058354	0.147731	0.000475	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1
Date/Time Prepared:
11/26/2013 3:22 pm

Cost Center Description		SOCIAL SERVICE	
		(TIME SPENT)	
		17.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
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
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
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03140	CARDIOLOGY	76.00
76.01	03950	WOUND CARE	76.01
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	WOMENS CENTER	90.01
90.02	09002	PSYCH SERVICES	90.02
90.03	09003	OP BEHAVIORAL HEALTH	90.03
90.04	09004	DIABETES CENTER	90.04
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
190.02	19002	CRISIS PROGRAM	190.02
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
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)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000
204.00		Cost to be allocated (per Wkst. B, Part II)	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140176		Period: From 07/01/2012 To 06/30/2013		Worksheet C Part I Date/Time Prepared: 11/26/2013 3:22 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		19,872,859	0	19,872,859	30.00	
31.00	03100 INTENSIVE CARE UNIT		4,139,441	0	4,139,441	31.00	
40.00	04000 SUBPROVIDER - IPF		6,230,051	32,814	6,262,865	40.00	
43.00	04300 NURSERY		1,689,132	0	1,689,132	43.00	
44.00	04400 SKILLED NURSING FACILITY		3,729,638	0	3,729,638	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		12,802,689	20,000	12,822,689	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,532,289	0	2,532,289	52.00	
53.00	05300 ANESTHESIOLOGY		428,779	0	428,779	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		8,555,208	60,222	8,615,430	54.00	
55.00	05500 RADIOLOGY - THERAPEUTIC		0	0	0	55.00	
56.00	05600 RADIOISOTOPE		864,159	0	864,159	56.00	
57.00	05700 CT SCAN		1,554,051	0	1,554,051	57.00	
58.00	05800 MRI		838,625	0	838,625	58.00	
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	06000 LABORATORY		4,954,014	0	4,954,014	60.00	
65.00	06500 RESPIRATORY THERAPY	0	1,428,248	0	1,428,248	65.00	
66.00	06600 PHYSICAL THERAPY	0	2,980,743	10,912	2,991,655	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	201,532	0	201,532	67.00	
68.00	06800 SPEECH PATHOLOGY	0	97,897	0	97,897	68.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0	70.00	
70.01	07001 SLEEP LAB/NEUROLOGY		957,085	0	957,085	70.01	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		6,389,007	0	6,389,007	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		5,374,449	0	5,374,449	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		9,771,276	0	9,771,276	73.00	
76.00	03140 RADIOLOGY		1,207,507	0	1,207,507	76.00	
76.01	03950 WOUND CARE		1,005,330	10,318	1,015,648	76.01	
76.97	07697 CARDIAC REHABILITATION		836,252	24,974	861,226	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY		342,373	0	342,373	76.98	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		0	0	0	90.00	
90.01	09001 WOMENS CENTER		0	0	0	90.01	
90.02	09002 PSYCH SERVICES		0	0	0	90.02	
90.03	09003 OP BEHAVIORAL HEALTH		2,679,761	10,960	2,690,721	90.03	
90.04	09004 DIABETES CENTER		174,657	0	174,657	90.04	
91.00	09100 EMERGENCY		7,027,660	18,381	7,046,041	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		2,133,992	0	2,133,992	92.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE		0	0	0	113.00	
200.00	Subtotal (see instructions)		110,798,704	188,581	110,987,285	200.00	
201.00	Less Observation Beds		2,133,992	0	2,133,992	201.00	
202.00	Total (see instructions)		108,664,712	188,581	108,853,293	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
11/26/2013 3:22 pm

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,671,861		27,671,861		30.00
31.00	03100	INTENSIVE CARE UNIT	6,521,808		6,521,808		31.00
40.00	04000	SUBPROVIDER - IPF	10,566,236		10,566,236		40.00
43.00	04300	NURSERY	2,588,579		2,588,579		43.00
44.00	04400	SKILLED NURSING FACILITY	2,396,624		2,396,624		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,620,540	38,992,408	54,612,948	0.234426	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,044,087	506,147	4,550,234	0.556518	52.00
53.00	05300	ANESTHESIOLOGY	1,812,524	2,734,390	4,546,914	0.094301	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,299,363	30,976,947	37,276,310	0.229508	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,134,405	3,890,063	5,024,468	0.171990	56.00
57.00	05700	CT SCAN	9,081,256	25,414,316	34,495,572	0.045051	57.00
58.00	05800	MRI	2,607,432	8,247,801	10,855,233	0.077255	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	19,411,261	20,994,832	40,406,093	0.122606	60.00
65.00	06500	RESPIRATORY THERAPY	4,015,933	688,596	4,704,529	0.303590	65.00
66.00	06600	PHYSICAL THERAPY	2,387,232	3,962,266	6,349,498	0.469445	66.00
67.00	06700	OCCUPATIONAL THERAPY	499,158	22,013	521,171	0.386691	67.00
68.00	06800	SPEECH PATHOLOGY	184,003	7,911	191,914	0.510109	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	155,638	3,076,894	3,232,532	0.296079	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,690,121	4,771,886	13,462,007	0.474595	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,366,183	2,474,290	9,840,473	0.546158	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,547,772	15,751,940	35,299,712	0.276809	73.00
76.00	03140	CARDIOLOGY	257,082	1,225,244	1,482,326	0.814603	76.00
76.01	03950	WOUND CARE	12,247	2,051,372	2,063,619	0.487168	76.01
76.97	07697	CARDIAC REHABILITATION	1,082	612,372	613,454	1.363186	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,366	1,602,660	1,607,026	0.213048	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	WOMENS CENTER	0	0	0	0.000000	90.01
90.02	09002	PSYCH SERVICES	0	0	0	0.000000	90.02
90.03	09003	OP BEHAVIORAL HEALTH	6,421	3,603,178	3,609,599	0.742399	90.03
90.04	09004	DIABETES CENTER	0	169,791	169,791	1.028659	90.04
91.00	09100	EMERGENCY	6,094,010	15,981,657	22,075,667	0.318344	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,032,707	3,032,707	0.703659	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	158,977,224	190,791,681	349,768,905		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	158,977,224	190,791,681	349,768,905		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
11/26/2013 3:22 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
40.00	04000 SUBPROVIDER - IPF				40.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.234792			50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.556518			52.00
53.00	05300 ANESTHESIOLOGY	0.094301			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.231123			54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.171990			56.00
57.00	05700 CT SCAN	0.045051			57.00
58.00	05800 MRI	0.077255			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.122606			60.00
65.00	06500 RESPIRATORY THERAPY	0.303590			65.00
66.00	06600 PHYSICAL THERAPY	0.471164			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.386691			67.00
68.00	06800 SPEECH PATHOLOGY	0.510109			68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0.296079			70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.474595			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.546158			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.276809			73.00
76.00	03140 CARDIOLOGY	0.814603			76.00
76.01	03950 WOUND CARE	0.492168			76.01
76.97	07697 CARDIAC REHABILITATION	1.403897			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.213048			76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 WOMENS CENTER	0.000000			90.01
90.02	09002 PSYCH SERVICES	0.000000			90.02
90.03	09003 OP BEHAVIORAL HEALTH	0.745435			90.03
90.04	09004 DIABETES CENTER	1.028659			90.04
91.00	09100 EMERGENCY	0.319177			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.703659			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
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: 140176		Period: From 07/01/2012 To 06/30/2013		Worksheet C Part I Date/Time Prepared: 11/26/2013 3:22 pm	
		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		19,872,859	0	0	30.00	
31.00	03100 INTENSIVE CARE UNIT		4,139,441	0	0	31.00	
40.00	04000 SUBPROVIDER - IPF		6,230,051	0	0	40.00	
43.00	04300 NURSERY		1,689,132	0	0	43.00	
44.00	04400 SKILLED NURSING FACILITY		3,729,638	0	0	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		12,802,689	0	0	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,532,289	0	0	52.00	
53.00	05300 ANESTHESIOLOGY		428,779	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		8,555,208	0	0	54.00	
55.00	05500 RADIOLOGY - THERAPEUTIC		0	0	0	55.00	
56.00	05600 RADIOISOTOPE		864,159	0	0	56.00	
57.00	05700 CT SCAN		1,554,051	0	0	57.00	
58.00	05800 MRI		838,625	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	06000 LABORATORY		4,954,014	0	0	60.00	
65.00	06500 RESPIRATORY THERAPY	0	1,428,248	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	0	2,980,743	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	201,532	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0	97,897	0	0	68.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0	70.00	
70.01	07001 SLEEP LAB/NEUROLOGY		957,085	0	0	70.01	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		6,389,007	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		5,374,449	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		9,771,276	0	0	73.00	
76.00	03140 RADIOLOGY		1,207,507	0	0	76.00	
76.01	03950 WOUND CARE		1,005,330	0	0	76.01	
76.97	07697 CARDIAC REHABILITATION		836,252	0	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY		342,373	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		0	0	0	90.00	
90.01	09001 WOMENS CENTER		0	0	0	90.01	
90.02	09002 PSYCH SERVICES		0	0	0	90.02	
90.03	09003 OP BEHAVIORAL HEALTH		2,679,761	0	0	90.03	
90.04	09004 DIABETES CENTER		174,657	0	0	90.04	
91.00	09100 EMERGENCY		7,027,660	0	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		2,133,992	0	0	92.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)		110,798,704	0	0	200.00	
201.00	Less Observation Beds		2,133,992	0	0	201.00	
202.00	Total (see instructions)		108,664,712	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
11/26/2013 3:22 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,671,861		27,671,861		30.00
31.00	03100	INTENSIVE CARE UNIT	6,521,808		6,521,808		31.00
40.00	04000	SUBPROVIDER - IPF	10,566,236		10,566,236		40.00
43.00	04300	NURSERY	2,588,579		2,588,579		43.00
44.00	04400	SKILLED NURSING FACILITY	2,396,624		2,396,624		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,620,540	38,992,408	54,612,948	0.234426	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,044,087	506,147	4,550,234	0.556518	52.00
53.00	05300	ANESTHESIOLOGY	1,812,524	2,734,390	4,546,914	0.094301	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,299,363	30,976,947	37,276,310	0.229508	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,134,405	3,890,063	5,024,468	0.171990	56.00
57.00	05700	CT SCAN	9,081,256	25,414,316	34,495,572	0.045051	57.00
58.00	05800	MRI	2,607,432	8,247,801	10,855,233	0.077255	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	19,411,261	20,994,832	40,406,093	0.122606	60.00
65.00	06500	RESPIRATORY THERAPY	4,015,933	688,596	4,704,529	0.303590	65.00
66.00	06600	PHYSICAL THERAPY	2,387,232	3,962,266	6,349,498	0.469445	66.00
67.00	06700	OCCUPATIONAL THERAPY	499,158	22,013	521,171	0.386691	67.00
68.00	06800	SPEECH PATHOLOGY	184,003	7,911	191,914	0.510109	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	155,638	3,076,894	3,232,532	0.296079	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,690,121	4,771,886	13,462,007	0.474595	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,366,183	2,474,290	9,840,473	0.546158	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,547,772	15,751,940	35,299,712	0.276809	73.00
76.00	03140	CARDIOLOGY	257,082	1,225,244	1,482,326	0.814603	76.00
76.01	03950	WOUND CARE	12,247	2,051,372	2,063,619	0.487168	76.01
76.97	07697	CARDIAC REHABILITATION	1,082	612,372	613,454	1.363186	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,366	1,602,660	1,607,026	0.213048	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	WOMENS CENTER	0	0	0	0.000000	90.01
90.02	09002	PSYCH SERVICES	0	0	0	0.000000	90.02
90.03	09003	OP BEHAVIORAL HEALTH	6,421	3,603,178	3,609,599	0.742399	90.03
90.04	09004	DIABETES CENTER	0	169,791	169,791	1.028659	90.04
91.00	09100	EMERGENCY	6,094,010	15,981,657	22,075,667	0.318344	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,032,707	3,032,707	0.703659	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	158,977,224	190,791,681	349,768,905		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	158,977,224	190,791,681	349,768,905		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
11/26/2013 3:22 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
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0.000000			70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	03140 RADIOLOGY	0.000000			76.00
76.01	03950 WOUND CARE	0.000000			76.01
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000			76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 WOMENS CENTER	0.000000			90.01
90.02	09002 PSYCH SERVICES	0.000000			90.02
90.03	09003 OP BEHAVIORAL HEALTH	0.000000			90.03
90.04	09004 DIABETES CENTER	0.000000			90.04
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
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: 140176	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part I Date/Time Prepared: 11/26/2013 3:22 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,639,696	0	1,639,696	19,398	84.53	30.00
31.00	INTENSIVE CARE UNIT	314,434	0	314,434	2,226	141.26	31.00
40.00	SUBPROVIDER - IPF	510,512	0	510,512	7,076	72.15	40.00
43.00	NURSERY	74,486		74,486	2,087	35.69	43.00
44.00	SKILLED NURSING FACILITY	470,750		470,750	2,988	157.55	44.00
200.00	Total (lines 30-199)	3,009,878		3,009,878	33,775		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	8,578	725,098	30.00
31.00	INTENSIVE CARE UNIT	1,443	203,838	31.00
40.00	SUBPROVIDER - IPF	1,694	122,222	40.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	2,006	316,045	44.00
200.00	Total (lines 30-199)	13,721	1,367,203	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet D
Part II
Date/Time Prepared:
11/26/2013 3:22 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,086,552	54,612,948	0.019896	6,405,140	127,437	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	66,019	4,550,234	0.014509	0	0	52.00
53.00	05300	ANESTHESIOLOGY	13,200	4,546,914	0.002903	684,930	1,988	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,646,931	37,276,310	0.044182	3,854,100	170,282	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	53,027	5,024,468	0.010554	712,100	7,516	56.00
57.00	05700	CT SCAN	83,012	34,495,572	0.002406	4,836,793	11,637	57.00
58.00	05800	MRI	74,260	10,855,233	0.006841	1,443,257	9,873	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	283,209	40,406,093	0.007009	9,836,100	68,941	60.00
65.00	06500	RESPIRATORY THERAPY	71,802	4,704,529	0.015262	2,613,004	39,880	65.00
66.00	06600	PHYSICAL THERAPY	423,477	6,349,498	0.066695	767,339	51,178	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,174	521,171	0.009928	324,365	3,220	67.00
68.00	06800	SPEECH PATHOLOGY	2,496	191,914	0.013006	144,951	1,885	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	102,298	3,232,532	0.031646	95,974	3,037	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	377,427	13,462,007	0.028036	3,554,364	99,650	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	317,475	9,840,473	0.032262	3,754,910	121,141	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	723,187	35,299,712	0.020487	9,230,678	189,109	73.00
76.00	03140	CARDIOLOGY	227,503	1,482,326	0.153477	165,705	25,432	76.00
76.01	03950	WOUND CARE	126,188	2,063,619	0.061149	12,222	747	76.01
76.97	07697	CARDIAC REHABILITATION	108,861	613,454	0.177456	1,082	192	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	37,856	1,607,026	0.023557	4,319	102	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	WOMENS CENTER	0	0	0.000000	0	0	90.01
90.02	09002	PSYCH SERVICES	75	0	0.000000	0	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	434,460	3,609,599	0.120362	1,233	148	90.03
90.04	09004	DIABETES CENTER	4,527	169,791	0.026662	0	0	90.04
91.00	09100	EMERGENCY	484,536	22,075,667	0.021949	3,147,419	69,083	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	176,074	3,032,707	0.058058	0	0	92.00
200.00		Total (lines 50-199)	6,929,626	300,023,797		51,589,985	1,002,478	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140176	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part III Date/Time Prepared: 11/26/2013 3:22 pm
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Cost Center Description			Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00	
43.00	04300	NURSERY	0	0	0	0	0 43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00	
200.00		Total (lines 30-199)	0	0	0	0	0 200.00	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,398	0.00	8,578	0	0 30.00	
31.00	03100	INTENSIVE CARE UNIT	2,226	0.00	1,443	0	0 31.00	
40.00	04000	SUBPROVIDER - IPF	7,076	0.00	1,694	0	0 40.00	
43.00	04300	NURSERY	2,087	0.00	0	0	0 43.00	
44.00	04400	SKILLED NURSING FACILITY	2,988	0.00	2,006	0	0 44.00	
200.00		Total (lines 30-199)	33,775		13,721	0	0 200.00	
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
			12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00			
40.00	04000	SUBPROVIDER - IPF	0	0	40.00			
43.00	04300	NURSERY	0	0	43.00			
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00			
200.00		Total (lines 30-199)	0	0	200.00			

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet D
Part IV
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MRI	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
70.01	07001	SLEEP LAB/NEUROLOGY	0	0	0	0	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
76.00	03140	CARDIOLOGY	0	0	0	0	0	76.00	
76.01	03950	WOUND CARE	0	0	0	0	0	76.01	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	WOMENS CENTER	0	0	0	0	0	90.01	
90.02	09002	PSYCH SERVICES	0	0	0	0	0	90.02	
90.03	09003	OP BEHAVIORAL HEALTH	0	0	0	0	0	90.03	
90.04	09004	DIABETES CENTER	0	0	0	0	0	90.04	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
200.00		Total (lines 50-199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140176	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/26/2013 3:22 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	54,612,948	0.000000	0.000000	6,405,140	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	4,550,234	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	4,546,914	0.000000	0.000000	684,930	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	37,276,310	0.000000	0.000000	3,854,100	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	5,024,468	0.000000	0.000000	712,100	56.00
57.00	05700 CT SCAN	0	34,495,572	0.000000	0.000000	4,836,793	57.00
58.00	05800 MRI	0	10,855,233	0.000000	0.000000	1,443,257	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	40,406,093	0.000000	0.000000	9,836,100	60.00
65.00	06500 RESPIRATORY THERAPY	0	4,704,529	0.000000	0.000000	2,613,004	65.00
66.00	06600 PHYSICAL THERAPY	0	6,349,498	0.000000	0.000000	767,339	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	521,171	0.000000	0.000000	324,365	67.00
68.00	06800 SPEECH PATHOLOGY	0	191,914	0.000000	0.000000	144,951	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	3,232,532	0.000000	0.000000	95,974	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,462,007	0.000000	0.000000	3,554,364	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	9,840,473	0.000000	0.000000	3,754,910	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	35,299,712	0.000000	0.000000	9,230,678	73.00
76.00	03140 CARDIOLOGY	0	1,482,326	0.000000	0.000000	165,705	76.00
76.01	03950 WOUND CARE	0	2,063,619	0.000000	0.000000	12,222	76.01
76.97	07697 CARDIAC REHABILITATION	0	613,454	0.000000	0.000000	1,082	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	1,607,026	0.000000	0.000000	4,319	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 WOMENS CENTER	0	0	0.000000	0.000000	0	90.01
90.02	09002 PSYCH SERVICES	0	0	0.000000	0.000000	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	0	3,609,599	0.000000	0.000000	1,233	90.03
90.04	09004 DIABETES CENTER	0	169,791	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	22,075,667	0.000000	0.000000	3,147,419	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	3,032,707	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	300,023,797			51,589,985	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description		Title XVIII			Hospital		PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
		11.00	12.00	13.00	21.00	22.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	10,671,355	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	536,210	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,288,886	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	1,483,478	0	0	0	56.00
57.00	05700	CT SCAN	0	5,944,598	0	0	0	57.00
58.00	05800	MRI	0	2,241,068	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	946,217	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	176,880	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	12,457	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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0	917,746	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	924,964	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	681,578	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,151,312	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	459,627	0	0	0	76.00
76.01	03950	WOUND CARE	0	1,250,896	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	280,178	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	908,573	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOMENS CENTER	0	0	0	0	0	90.01
90.02	09002	PSYCH SERVICES	0	0	0	0	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	0	429,307	0	0	0	90.03
90.04	09004	DIABETES CENTER	0	43,751	0	0	0	90.04
91.00	09100	EMERGENCY	0	2,657,753	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	793,384	0	0	0	92.00
200.00		Total (lines 50-199)	0	45,800,218	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet D
Part IV
Date/Time Prepared:
11/26/2013 3:22 pm

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0			55.00
56.00	05600 RADIOISOTOPE	0	0			56.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MRI	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	0			70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
76.00	03140 CARDIOLOGY	0	0			76.00
76.01	03950 WOUND CARE	0	0			76.01
76.97	07697 CARDIAC REHABILITATION	0	0			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0			76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0			90.00
90.01	09001 WOMENS CENTER	0	0			90.01
90.02	09002 PSYCH SERVICES	0	0			90.02
90.03	09003 OP BEHAVIORAL HEALTH	0	0			90.03
90.04	09004 DIABETES CENTER	0	0			90.04
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00
200.00	Total (Lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140176	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/26/2013 3:22 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	0.234426	10,671,355	0	0	2,501,643	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.556518	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.094301	536,210	0	0	50,565	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.229508	8,288,886	0	0	1,902,366	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.171990	1,483,478	0	0	255,143	56.00
57.00	05700	CT SCAN	0.045051	5,944,598	0	0	267,810	57.00
58.00	05800	MRI	0.077255	2,241,068	0	0	173,134	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.122606	946,217	2,036	0	116,012	60.00
65.00	06500	RESPIRATORY THERAPY	0.303590	176,880	0	0	53,699	65.00
66.00	06600	PHYSICAL THERAPY	0.469445	12,457	0	0	5,848	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.386691	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.510109	0	0	0	0	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.296079	917,746	0	0	271,725	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.474595	924,964	0	0	438,983	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.546158	681,578	24,750	0	372,249	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.276809	6,151,312	0	48,195	1,702,739	73.00
76.00	03140	CARDIOLOGY	0.814603	459,627	0	0	374,414	76.00
76.01	03950	WOUND CARE	0.487168	1,250,896	420	0	609,397	76.01
76.97	07697	CARDIAC REHABILITATION	1.363186	280,178	0	0	381,935	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.213048	908,573	0	0	193,570	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	WOMENS CENTER	0.000000	0	0	0	0	90.01
90.02	09002	PSYCH SERVICES	0.000000	0	0	0	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	0.742399	429,307	0	0	318,717	90.03
90.04	09004	DIABETES CENTER	1.028659	43,751	0	0	45,005	90.04
91.00	09100	EMERGENCY	0.318344	2,657,753	0	0	846,080	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.703659	793,384	0	0	558,272	92.00
200.00		Subtotal (see instructions)		45,800,218	27,206	48,195	11,439,306	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		45,800,218	27,206	48,195	11,439,306	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140176	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/26/2013 3:22 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	250	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	13,517	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	13,341	73.00
76.00	03140 CARDIOLOGY	0	0	76.00
76.01	03950 WOUND CARE	205	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 WOMENS CENTER	0	0	90.01
90.02	09002 PSYCH SERVICES	0	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	0	0	90.03
90.04	09004 DIABETES CENTER	0	0	90.04
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Subtotal (see instructions)	13,972	13,341	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	13,972	13,341	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140176 Component CCN: 14S176		Period: From 07/01/2012 To 06/30/2013		Worksheet D Part II Date/Time Prepared: 11/26/2013 3:22 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,086,552	54,612,948	0.019896	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	66,019	4,550,234	0.014509	0	0	52.00
53.00	05300 ANESTHESIOLOGY	13,200	4,546,914	0.002903	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,646,931	37,276,310	0.044182	6,002	265	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	53,027	5,024,468	0.010554	0	0	56.00
57.00	05700 CT SCAN	83,012	34,495,572	0.002406	23,028	55	57.00
58.00	05800 MRI	74,260	10,855,233	0.006841	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	283,209	40,406,093	0.007009	223,054	1,563	60.00
65.00	06500 RESPIRATORY THERAPY	71,802	4,704,529	0.015262	250	4	65.00
66.00	06600 PHYSICAL THERAPY	423,477	6,349,498	0.066695	1,809	121	66.00
67.00	06700 OCCUPATIONAL THERAPY	5,174	521,171	0.009928	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	2,496	191,914	0.013006	0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	102,298	3,232,532	0.031646	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	377,427	13,462,007	0.028036	1,506	42	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	317,475	9,840,473	0.032262	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	723,187	35,299,712	0.020487	422,478	8,655	73.00
76.00	03140 RADIOLOGY	227,503	1,482,326	0.153477	0	0	76.00
76.01	03950 WOUND CARE	126,188	2,063,619	0.061149	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	108,861	613,454	0.177456	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	37,856	1,607,026	0.023557	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 WOMENS CENTER	0	0	0.000000	0	0	90.01
90.02	09002 PSYCH SERVICES	75	0	0.000000	0	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	434,460	3,609,599	0.120362	4,860	585	90.03
90.04	09004 DIABETES CENTER	4,527	169,791	0.026662	0	0	90.04
91.00	09100 EMERGENCY	484,536	22,075,667	0.021949	62,777	1,378	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	3,032,707	0.000000	0	0	92.00
200.00	Total (lines 50-199)	6,753,552	300,023,797		745,764	12,668	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140176 Component CCN: 14S176	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/26/2013 3:22 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03140 RADIOLOGY	0	0	0	0	0	76.00
76.01	03950 WOUND CARE	0	0	0	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOMENS CENTER	0	0	0	0	0	90.01
90.02	09002 PSYCH SERVICES	0	0	0	0	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	0	0	0	0	0	90.03
90.04	09004 DIABETES CENTER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140176 Component CCN: 14S176	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/26/2013 3:22 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	54,612,948	0.000000	0.000000	0 50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	4,550,234	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	4,546,914	0.000000	0.000000	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	37,276,310	0.000000	0.000000	6,002 54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0.000000	0.000000	0 55.00
56.00 05600 RADIOISOTOPE	0	5,024,468	0.000000	0.000000	0 56.00
57.00 05700 CT SCAN	0	34,495,572	0.000000	0.000000	23,028 57.00
58.00 05800 MRI	0	10,855,233	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	40,406,093	0.000000	0.000000	223,054 60.00
65.00 06500 RESPIRATORY THERAPY	0	4,704,529	0.000000	0.000000	250 65.00
66.00 06600 PHYSICAL THERAPY	0	6,349,498	0.000000	0.000000	1,809 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	521,171	0.000000	0.000000	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	191,914	0.000000	0.000000	0 68.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0 70.00
70.01 07001 SLEEP LAB/NEUROLOGY	0	3,232,532	0.000000	0.000000	0 70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,462,007	0.000000	0.000000	1,506 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	9,840,473	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	35,299,712	0.000000	0.000000	422,478 73.00
76.00 03140 RADIOLOGY	0	1,482,326	0.000000	0.000000	0 76.00
76.01 03950 WOUND CARE	0	2,063,619	0.000000	0.000000	0 76.01
76.97 07697 CARDIAC REHABILITATION	0	613,454	0.000000	0.000000	0 76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	1,607,026	0.000000	0.000000	0 76.98
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0	0.000000	0.000000	0 90.00
90.01 09001 WOMENS CENTER	0	0	0.000000	0.000000	0 90.01
90.02 09002 PSYCH SERVICES	0	0	0.000000	0.000000	0 90.02
90.03 09003 OP BEHAVIORAL HEALTH	0	3,609,599	0.000000	0.000000	4,860 90.03
90.04 09004 DIABETES CENTER	0	169,791	0.000000	0.000000	0 90.04
91.00 09100 EMERGENCY	0	22,075,667	0.000000	0.000000	62,777 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	3,032,707	0.000000	0.000000	0 92.00
200.00 Total (lines 50-199)	0	300,023,797			745,764 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140176 Component CCN: 14S176	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/26/2013 3:22 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 SLEEP LAB/NEUROLOGY	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03140 RADIOLOGY	0	0	0	0	0	76.00
76.01 03950 WOUND CARE	0	0	0	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOMENS CENTER	0	0	0	0	0	90.01
90.02 09002 PSYCH SERVICES	0	0	0	0	0	90.02
90.03 09003 OP BEHAVIORAL HEALTH	0	0	0	0	0	90.03
90.04 09004 DIABETES CENTER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140176 Component CCN: 14S176	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/26/2013 3:22 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03140 CARDIOLOGY	0	0	76.00
76.01	03950 WOUND CARE	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 WOMENS CENTER	0	0	90.01
90.02	09002 PSYCH SERVICES	0	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	0	0	90.03
90.04	09004 DIABETES CENTER	0	0	90.04
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140176 Component CCN: 145788	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/26/2013 3:22 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	0	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03140 CARDIOLOGY	0	0	0	0	0	76.00
76.01	03950 WOUND CARE	0	0	0	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOMENS CENTER	0	0	0	0	0	90.01
90.02	09002 PSYCH SERVICES	0	0	0	0	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	0	0	0	0	0	90.03
90.04	09004 DIABETES CENTER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140176 Component CCN: 145788	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/26/2013 3:22 pm PPS
		Title XVIII	Skilled Nursing Facility

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	54,612,948	0.000000	0.000000	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	4,550,234	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	4,546,914	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	37,276,310	0.000000	0.000000	8,814	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 05600 RADIOISOTOPE	0	5,024,468	0.000000	0.000000	0	56.00
57.00 05700 CT SCAN	0	34,495,572	0.000000	0.000000	0	57.00
58.00 05800 MRI	0	10,855,233	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	40,406,093	0.000000	0.000000	204,300	60.00
65.00 06500 RESPIRATORY THERAPY	0	4,704,529	0.000000	0.000000	0	65.00
66.00 06600 PHYSICAL THERAPY	0	6,349,498	0.000000	0.000000	1,140,180	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	521,171	0.000000	0.000000	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	191,914	0.000000	0.000000	0	68.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
70.01 07001 SLEEP LAB/NEUROLOGY	0	3,232,532	0.000000	0.000000	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	13,462,007	0.000000	0.000000	98,095	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	9,840,473	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	35,299,712	0.000000	0.000000	458,164	73.00
76.00 03140 RADIOLOGY	0	1,482,326	0.000000	0.000000	0	76.00
76.01 03950 WOUND CARE	0	2,063,619	0.000000	0.000000	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	613,454	0.000000	0.000000	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	1,607,026	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 09001 WOMENS CENTER	0	0	0.000000	0.000000	0	90.01
90.02 09002 PSYCH SERVICES	0	0	0.000000	0.000000	0	90.02
90.03 09003 OP BEHAVIORAL HEALTH	0	3,609,599	0.000000	0.000000	0	90.03
90.04 09004 DIABETES CENTER	0	169,791	0.000000	0.000000	0	90.04
91.00 09100 EMERGENCY	0	22,075,667	0.000000	0.000000	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	3,032,707	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	300,023,797			1,909,553	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140176 Component CCN: 145788	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/26/2013 3:22 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 SLEEP LAB/NEUROLOGY	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03140 RADIOLOGY	0	0	0	0	0	76.00
76.01 03950 WOUND CARE	0	0	0	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOMENS CENTER	0	0	0	0	0	90.01
90.02 09002 PSYCH SERVICES	0	0	0	0	0	90.02
90.03 09003 OP BEHAVIORAL HEALTH	0	0	0	0	0	90.03
90.04 09004 DIABETES CENTER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140176 Component CCN: 145788	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/26/2013 3:22 pm PPS
		Title XVIII	Skilled Nursing Facility

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03140 CARDIOLOGY	0	0	76.00
76.01	03950 WOUND CARE	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 WOMENS CENTER	0	0	90.01
90.02	09002 PSYCH SERVICES	0	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	0	0	90.03
90.04	09004 DIABETES CENTER	0	0	90.04
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140176	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/26/2013 3:22 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		19,398	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		19,398	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)		17,315	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)		8,578	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)		19,872,859	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)		19,872,859	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)		19,872,859	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)		1,024.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,787,989	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)		8,787,989	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140176		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 11/26/2013 3:22 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	4,139,441	2,226	1,859.59	1,443	2,683,388		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)					12,941,421		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,412,798		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)					928,936		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,002,478		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,931,414		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					22,481,384		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					2,083		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,024.48		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,133,992		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140176		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/26/2013 3:22 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	1,639,696	19,872,859	0.082509	2,133,992	176,074	90.00
91.00	Nursing School cost	0	19,872,859	0.000000	2,133,992	0	91.00
92.00	Allied health cost	0	19,872,859	0.000000	2,133,992	0	92.00
93.00	All other Medical Education	0	19,872,859	0.000000	2,133,992	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140176 Component CCN: 14S176	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/26/2013 3:22 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			7,076 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			7,076 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)			7,076 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)			1,694 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)			6,262,865 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)			6,262,865 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)			6,262,865 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)			885.09 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,499,342 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)			1,499,342 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140176		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1	
		Component CCN: 14S176				Date/Time Prepared: 11/26/2013 3:22 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					172,021		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,671,363		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)					122,222		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					12,668		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					134,890		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,536,473		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: 140176 Component CCN: 14S176		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/26/2013 3:22 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	510,512	6,262,865	0.081514	0	0	90.00
91.00	Nursing School cost	0	6,262,865	0.000000	0	0	91.00
92.00	Allied health cost	0	6,262,865	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,262,865	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140176 Component CCN: 145788	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/26/2013 3:22 pm
		Title XVIII	Skilled Nursing Facility	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)		2,988	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,988	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)		2,988	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,006	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,729,638	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,729,638	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,729,638	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140176 Component CCN: 145788		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/26/2013 3:22 pm	
		Title XVIII		Skilled Nursing Facility		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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						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)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					3,729,638	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					1,248.21	71.00
72.00	Program routine service cost (line 9 x line 71)					2,503,909	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					2,503,909	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					2,503,909	83.00
84.00	Program inpatient ancillary services (see instructions)					735,702	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					3,239,611	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: 140176 Component CCN: 145788	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/26/2013 3:22 pm
		Title XVIII	Skilled Nursing Facility	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	0	0	0.000000	0	0 90.00
91.00 Nursing School cost	0	0	0.000000	0	0 91.00
92.00 Allied health cost	0	0	0.000000	0	0 92.00
93.00 All other Medical Education	0	0	0.000000	0	0 93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140176	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/26/2013 3:22 pm
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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		14,898,994	30.00
31.00	03100	INTENSIVE CARE UNIT		4,281,127	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.234792	6,405,140	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.556518	0	52.00
53.00	05300	ANESTHESIOLOGY	0.094301	684,930	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.231123	3,854,100	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.171990	712,100	56.00
57.00	05700	CT SCAN	0.045051	4,836,793	57.00
58.00	05800	MRI	0.077255	1,443,257	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.122606	9,836,100	60.00
65.00	06500	RESPIRATORY THERAPY	0.303590	2,613,004	65.00
66.00	06600	PHYSICAL THERAPY	0.471164	767,339	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.386691	324,365	67.00
68.00	06800	SPEECH PATHOLOGY	0.510109	144,951	68.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
70.01	07001	SLEEP LAB/NEUROLOGY	0.296079	95,974	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.474595	3,554,364	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.546158	3,754,910	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.276809	9,230,678	73.00
76.00	03140	CARDIOLOGY	0.814603	165,705	76.00
76.01	03950	WOUND CARE	0.492168	12,222	76.01
76.97	07697	CARDIAC REHABILITATION	1.403897	1,082	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.213048	4,319	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	WOMENS CENTER	0.000000	0	90.01
90.02	09002	PSYCH SERVICES	0.000000	0	90.02
90.03	09003	OP BEHAVIORAL HEALTH	0.745435	1,233	90.03
90.04	09004	DIABETES CENTER	1.028659	0	90.04
91.00	09100	EMERGENCY	0.319177	3,147,419	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.703659	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		51,589,985	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)		51,589,985	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140176 Component CCN: 14S176	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/26/2013 3:22 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		2,509,993		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.234792	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.556518	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.094301	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.231123	6,002	1,387	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.171990	0	0	56.00
57.00	05700 CT SCAN	0.045051	23,028	1,037	57.00
58.00	05800 MRI	0.077255	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.122606	223,054	27,348	60.00
65.00	06500 RESPIRATORY THERAPY	0.303590	250	76	65.00
66.00	06600 PHYSICAL THERAPY	0.471164	1,809	852	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.386691	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.510109	0	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0.296079	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.474595	1,506	715	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.546158	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.276809	422,478	116,946	73.00
76.00	03140 CARDIOLOGY	0.814603	0	0	76.00
76.01	03950 WOUND CARE	0.492168	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	1.403897	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.213048	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 WOMENS CENTER	0.000000	0	0	90.01
90.02	09002 PSYCH SERVICES	0.000000	0	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	0.745435	4,860	3,623	90.03
90.04	09004 DIABETES CENTER	1.028659	0	0	90.04
91.00	09100 EMERGENCY	0.319177	62,777	20,037	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.703659	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		745,764	172,021	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)		745,764		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140176 Component CCN: 145788	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/26/2013 3:22 pm
		Title XVIII	Skilled Nursing Facility	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
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.234426	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.556518	0	52.00
53.00	05300 ANESTHESIOLOGY	0.094301	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.229508	8,814	2,023 54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0.171990	0	56.00
57.00	05700 CT SCAN	0.045051	0	57.00
58.00	05800 MRI	0.077255	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000 LABORATORY	0.122606	204,300	25,048 60.00
65.00	06500 RESPIRATORY THERAPY	0.303590	0	65.00
66.00	06600 PHYSICAL THERAPY	0.469445	1,140,180	535,252 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.386691	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.510109	0	68.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
70.01	07001 SLEEP LAB/NEUROLOGY	0.296079	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.474595	98,095	46,555 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.546158	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.276809	458,164	126,824 73.00
76.00	03140 CARDIOLOGY	0.814603	0	76.00
76.01	03950 WOUND CARE	0.487168	0	76.01
76.97	07697 CARDIAC REHABILITATION	1.363186	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.213048	0	76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000	0	90.00
90.01	09001 WOMENS CENTER	0.000000	0	90.01
90.02	09002 PSYCH SERVICES	0.000000	0	90.02
90.03	09003 OP BEHAVIORAL HEALTH	0.742399	0	90.03
90.04	09004 DIABETES CENTER	1.028659	0	90.04
91.00	09100 EMERGENCY	0.318344	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.703659	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,909,553	735,702 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		1,909,553	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140176	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/26/2013 3:22 pm
		Title XVIII	Hospital	PPS
		0	before 1/1	on/after 1/1
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		18,826,103	1.00
2.00	Outlier payments for discharges. (see instructions)		170,234	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		433,236	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		78.29	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(F)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(F)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.25	30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.15	31.00
32.00	Sum of lines 30 and 31		21.40	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.87	33.00
34.00	Disproportionate share adjustment (see instructions)		1,293,353	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0 41.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140176	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/26/2013 3:22 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 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	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)		20,289,690		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)		20,289,690		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,516,117		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		21,805,807		59.00
60.00	Primary payer payments		16,476		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		21,789,331		61.00
62.00	Deductibles billed to program beneficiaries		2,135,188		62.00
63.00	Coinurance billed to program beneficiaries		24,444		63.00
64.00	Allowable bad debts (see instructions)		264,221		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		184,955		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		217,567		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		19,814,654		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)		-5,028		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-142,887		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume Payment-1 (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low Volume Payment-2 (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		19,666,739		71.00
71.01	Sequestration adjustment (see instructions)		98,334		71.01
72.00	Interim payments		19,586,540		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		-18,135		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140176	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/26/2013 3:22 pm	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
		0	1.00	1.01	
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140176	Period: From 07/01/2012 To 06/30/2013	Worksheet DSH Date/Time Prepared: 11/26/2013 3:22 pm
		Title XVIII	Hospital	PPS

	Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
	1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	2.25	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	19.15	0.00		19.15	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	21.40	0.00		19.15	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban			Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	78.29	0.00		78.29	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	6.87	0.00		0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes			Yes	7.00
8.00	S-2, Line 22	Yes			Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	No			No	9.00
10.00	S-2, Line 45	No			No	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes			Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No			No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS						
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	3,363	0		3,363	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	0	0		0	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0		0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0		0	18.00
18.01	N/A	0	0		0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	675	0		675	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	157	0		157	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	4,195	0		4,195	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	21,628	0		21,628	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	274	0		274	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0		0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0		0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	21,902	0		21,902	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	19.15	0.00		19.15	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140176		Period: From 07/01/2012 To 06/30/2013		Worksheet DSH Date/Time Prepared: 11/26/2013 3:22 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	6.87		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	True	29.00
30.00	Line 28 or 29 as applicable		6.87		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		6.87		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140176	Period: From 07/01/2012 To 06/30/2013	Worksheet DSH Date/Time Prepared: 11/26/2013 3:22 pm
		Title XVIII	Hospital	PPS

		Revised Percentage	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE		6.00	
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	5.20	29.00
30.00	Line 28 or 29 as applicable	5.20	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00	31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140176	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/26/2013 3:22 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		27,313	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		11,439,306	2.00
3.00	PPS payments		9,472,823	3.00
4.00	Outlier payment (see instructions)		26,837	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		27,313	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		75,401	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)		75,401	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)		75,401	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		48,088	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)		27,313	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)		9,499,660	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,302,695	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)		7,224,278	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		7,224,278	30.00
31.00	Primary payer payments		2,403	31.00
32.00	Subtotal (line 30 minus line 31)		7,221,875	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)		309,078	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		216,355	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		261,554	36.00
37.00	Subtotal (see instructions)		7,438,230	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		7,438,230	40.00
40.01	Sequestration adjustment (see instructions)		37,191	40.01
41.00	Interim payments		7,423,983	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-22,944	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0.112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
11/26/2013 3:22 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		19,535,396		7,413,325	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	01/28/2013	51,144	01/28/2013	10,658	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		51,144		10,658	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)		19,586,540		7,423,983	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		80,199		14,247	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		19,666,739		7,438,230	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: 140176
Component CCN: 14S176

Period:
From 07/01/2012
To 06/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
11/26/2013 3:22 pm
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,217,365		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,217,365		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					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		76,745		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,294,110		0	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: 140176
Component CCN: 145788

Period:
From 07/01/2012
To 06/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
11/26/2013 3:22 pm
PPS

Title XVIII

Skilled Nursing
Facility

		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		937,940		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		937,940		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					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		10,093		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		948,033		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140176 Component CCN: 14S176	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part II Date/Time Prepared: 11/26/2013 3:22 pm
		Title XVIIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,358,118 1.00
2.00	Net IPF PPS Outlier Payments			6,276 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			19.386301 9.00
10.00	Indirect Medical Education Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Indirect Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,364,394 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,364,394 16.00
17.00	Primary payer payments			1,010 17.00
18.00	Subtotal (line 16 less line 17).			1,363,384 18.00
19.00	Deductibles			127,348 19.00
20.00	Subtotal (line 18 minus line 19)			1,236,036 20.00
21.00	Coinsurance			13,089 21.00
22.00	Subtotal (line 20 minus line 21)			1,222,947 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			101,662 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			71,163 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			74,077 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,294,110 26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,294,110 31.00
31.01	Sequestration adjustment (see instructions)			6,471 31.01
32.00	Interim payments			1,217,365 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33			70,274 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			6,276 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140176 Component CCN: 145788	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part VI Date/Time Prepared: 11/26/2013 3:22 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		978,138	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		978,138	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		31,968	7.00
8.00	Allowable bad debts (see instructions)		2,661	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		1,863	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		948,033	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		948,033	15.00
15.01	Sequestration adjustment (see instructions)		4,740	15.01
16.00	Interim payments		937,940	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program line 15 minus 15.01, 16 and 17		5,353	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

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

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet G
Date/Time Prepared:
11/26/2013 3:22 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	147,000	0	0	0	1.00
2.00	Temporary investments	2,899,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	18,643,000	0	0	0	4.00
5.00	Other receivable	17,888,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,937,000	0	0	0	7.00
8.00	Prepaid expenses	1,049,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	42,563,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	223,785	0	0	0	12.00
13.00	Land improvements	3,212,830	0	0	0	13.00
14.00	Accumulated depreciation	-1,848,155	0	0	0	14.00
15.00	Buildings	71,456,854	0	0	0	15.00
16.00	Accumulated depreciation	-47,098,949	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	864,704	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	49,405,447	0	0	0	23.00
24.00	Accumulated depreciation	-40,556,745	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	7,685,416	0	0	0	27.00
28.00	Accumulated depreciation	-562,187	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)	42,783,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	35,492,000	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	1,708,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	37,200,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	122,546,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,263,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,883,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	3,446,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	14,592,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	62,482,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,269,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	64,751,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	79,343,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	43,203,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	43,203,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	122,546,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet G-1

Date/Time Prepared:
11/26/2013 3:22 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		34,353,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		8,799,000			2.00
3.00	Total (sum of line 1 and line 2)		43,152,000		0	3.00
4.00	UNRESTRICTED NET ASSETS RELEASED	2,000		0		4.00
5.00	OTHER	158,000		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)		160,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		43,312,000		0	11.00
12.00	CHANGED IN UNREALIZED GAINS	109,000		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)		109,000		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		43,203,000		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	UNRESTRICTED NET ASSETS RELEASED		0			4.00
5.00	OTHER		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	CHANGED IN UNREALIZED GAINS		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: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/26/2013 3:22 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	27,671,861		27,671,861	1.00
2.00	SUBPROVIDER - IPF	10,566,236		10,566,236	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	2,396,624		2,396,624	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)	40,634,721		40,634,721	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,521,808		6,521,808	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)	6,521,808		6,521,808	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	47,156,529		47,156,529	17.00
18.00	Ancillary services	111,623,296	192,988,165	304,611,461	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				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)	158,779,825	192,988,165	351,767,990	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		124,163,639		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)		124,163,639		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140176

Period:
From 07/01/2012
To 06/30/2013

Worksheet G-3

Date/Time Prepared:
11/26/2013 3:22 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	351,767,990	1.00
2.00	Less contractual allowances and discounts on patients' accounts	224,552,920	2.00
3.00	Net patient revenues (line 1 minus line 2)	127,215,070	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	124,163,639	4.00
5.00	Net income from service to patients (line 3 minus line 4)	3,051,431	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	218,534	6.00
7.00	Income from investments	2,614,900	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	2,855,479	24.00
24.01	INTEREST SWAP DERIVATIVE	57,871	24.01
24.02	ROUNDING	785	24.02
25.00	Total other income (sum of lines 6-24)	5,747,569	25.00
26.00	Total (line 5 plus line 25)	8,799,000	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)	8,799,000	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140176	Period: From 07/01/2012 To 06/30/2013	Worksheet L Parts I-III Date/Time Prepared: 11/26/2013 3:22 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,503,181	1.00
2.00	Capital DRG outlier payments		12,936	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		53.54	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,516,117	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