

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: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/31/2014 5:04 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/31/2014	Time: 5:04 pm
	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.		
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 SOUTH SHORE HOSPITAL CORPORATION ( 140181 ) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-32,520	29,373	32,406	0	1.00
2.00 Subprovider - IPF	0	54,783	10		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
200.00 Total	0	22,263	29,383	32,406	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: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/31/2014 5:03 pm
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1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00			
1.00	Street: 8012 SOUTH CRANDON AVENUE	PO Box:							1.00
2.00	City: CHI CAGO	State: IL	Zip Code: 60617-1175	County: COOK					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	SOUTH SHORE HOSPITAL CORPORATION	140181	16974	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	SOUTH SHORE HOSPITAL PSYCH UNIT	14S181	16974	4	01/01/2013	N	P	N	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2013	12/31/2013			20.00
21.00	Type of Control (see instructions)					2				21.00

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y			22.01
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2		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
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.	5,085	1,486	0	0	352	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/31/2014 5:03 pm		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	Y	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	
<b>Teaching Hospitals</b>						
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	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140181

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/31/2014 5:03 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/31/2014 5:03 pm																
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))																
		1.00	2.00	3.00																
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010																				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00															
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))														
		1.00	2.00	3.00	4.00	5.00														
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000														
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>									1.00	2.00	3.00	4.00	5.00							
		1.00	2.00	3.00	4.00	5.00														
<b>Inpatient Psychiatric Facility PPS</b>																				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y		70.00														
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	N	0														
<b>Inpatient Rehabilitation Facility PPS</b>																				
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														
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> <td></td> </tr> </tbody> </table>									1.00											
		1.00																		
<b>Long Term Care Hospital PPS</b>																				
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00														
<b>TEFRA Providers</b>																				
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														
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> <td></td> <td></td> </tr> </tbody> </table>									V	XIX			1.00	2.00						
		V	XIX																	
		1.00	2.00																	
<b>Title V and XIX Services</b>																				
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00														
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00														
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00														
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00														
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00														
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	95.00														

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/31/2014 5:03 pm		
		V	XIX			
		1.00	2.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00		
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00		
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	
		1.00	2.00	3.00		
<b>Miscellaneous Cost Reporting Information</b>						
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.			0		
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	1,027,592	0	0		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N		
119.00	DO NOT USE THIS LINE					
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.			N		N
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y		
<b>Transplant Center Information</b>						
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.					

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/31/2014 5:03 pm			
		1.00	2.00				
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y		145.00	
				1.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5					0.00	166.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0		168.00	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			1.00		169.00	
				Begining 1.00	Ending 2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			06/07/2013	09/09/2013	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/31/2014 5:03 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	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	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/31/2014 5:03 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.	Y		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
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
<b>Interest Expense</b>					
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			Y	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
<b>Purchased Services</b>					
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
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	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
<b>Home Office Costs</b>					
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
<b>Cost Report Preparer Contact Information</b>					
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.	TONY		LEONE	
42.00	Enter the employer/company name of the cost report preparer.	LEONE REIMBURSEMENT&CONSULTING, INC.			
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847/275-1023		TONY@LEONE-CONSULTING.COM	

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
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)	04/21/2014	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
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.	CONSULTANT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140181

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2014 5:03 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	114	41,610	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)		114	41,610	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,920	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						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		122	44,530	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	15	5,475		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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)		137				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140181

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2014 5:03 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,175	4,884	20,500			1.00
2.00 HMO and other (see instructions)	202	248				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	13,175	4,884	20,500			7.00
8.00 INTENSIVE CARE UNIT	1,111	537	2,117			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						12.00
13.00 NURSERY		0	0			13.00
14.00 Total (see instructions)	14,286	5,421	22,617	0.00	415.36	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,681	286	2,721	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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	415.36	27.00
28.00 Observation Bed Days		0	166			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140181

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2014 5:03 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,811	905	3,335	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							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		1,811	905	3,335	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0		173	29	283	16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							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
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140181

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/31/2014 5:03 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	19,307,549	0	19,307,549	864,230.00	22.34
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,080,470	22,675	1,103,145	59,211.00	18.63
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		920,092	0	920,092	15,222.00	60.44
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		3,548,967	0	3,548,967		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas	215,059	0	215,059			
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		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	165,377	0	165,377	5,997.00	27.58
27.00	Administrative & General	5.00	3,055,598	-22,675	3,032,923	126,566.00	23.96
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	786,386	0	786,386	46,699.00	16.84
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	433,431	0	433,431	41,971.00	10.33
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	670,107	0	670,107	57,300.00	11.69
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	24,190	0	24,190	2,206.00	10.97
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	753,863	0	753,863	24,228.00	31.12
39.00	Central Services and Supply	14.00	115,136	0	115,136	9,150.00	12.58
40.00	Pharmacy	15.00	0	0	0	0.00	0.00
41.00	Medical Records & Medical Records Library	16.00	358,801	0	358,801	20,719.00	17.32

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140181

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/31/2014 5:03 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	92,659	0	92,659	4,222.00	21.95	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: 140181

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/31/2014 5:03 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	19,307,549	0	19,307,549	864,230.00	22.34	1.00
2.00	Excluded area salaries (see instructions)	1,080,470	22,675	1,103,145	59,211.00	18.63	2.00
3.00	Subtotal salaries (line 1 minus line 2)	18,227,079	-22,675	18,204,404	805,019.00	22.61	3.00
4.00	Subtotal other wages & related costs (see inst.)	920,092	0	920,092	15,222.00	60.44	4.00
5.00	Subtotal wage-related costs (see inst.)	3,548,967	0	3,548,967	0.00	19.50	5.00
6.00	Total (sum of lines 3 thru 5)	22,696,138	-22,675	22,673,463	820,241.00	27.64	6.00
7.00	Total overhead cost (see instructions)	6,455,548	-22,675	6,432,873	339,058.00	18.97	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/31/2014 5:03 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			285,680 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
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			1,502,473 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			28,352 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			21,484 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)			110,360 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			160,878 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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			1,431,726 17.00
18.00	Medicare Taxes - Employers Portion Only			223,073 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
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			0 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			3,764,026 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140181

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/31/2014 5:03 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/31/2014 5:03 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.381968	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		8,569,099	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		31,512,099	6.00	
7.00	Medicaid cost (line 1 times line 6)		12,036,613	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)		3,467,514	8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
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	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
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	
<b>Uncompensated care (see instructions for each line)</b>					
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)		3,467,514	19.00	
			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	6,409,262	0	6,409,262	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,448,133	0	2,448,133	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,448,133	0	2,448,133	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		3,013,732	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		611,388	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		2,402,344	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		917,619	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,365,752	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,833,266	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140181

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

Worksheet A  
Date/Time Prepared:  
5/31/2014 5:03 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		690,799	690,799	0	690,799	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		834,694	834,694	0	834,694	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	165,377	5,947,505	6,112,882	-1,346,975	4,765,907	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,055,598	4,840,013	7,895,611	1,280,971	9,176,582	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	786,386	941,724	1,728,110	0	1,728,110	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	433,431	196,772	630,203	0	630,203	9.00
10.00	01000	DIETARY	670,107	410,091	1,080,198	0	1,080,198	10.00
11.00	01100	CAFETERIA	24,190	211,669	235,859	0	235,859	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	753,863	107,768	861,631	-4,197	857,434	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	115,136	122,166	237,302	-75,456	161,846	14.00
15.00	01500	PHARMACY	0	3,043,319	3,043,319	-620,671	2,422,648	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	358,801	208,891	567,692	0	567,692	16.00
17.00	01700	SOCIAL SERVICE	92,659	13,464	106,123	0	106,123	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	5,516,746	1,418,097	6,934,843	-195,769	6,739,074	30.00
31.00	03100	INTENSIVE CARE UNIT	1,360,415	296,355	1,656,770	-50,715	1,606,055	31.00
40.00	04000	SUBPROVIDER - I/PF	856,883	726,447	1,583,330	-10,289	1,573,041	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	727,434	834,637	1,562,071	-482,439	1,079,632	50.00
51.00	05100	RECOVERY ROOM	241,398	40,107	281,505	-6,388	275,117	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	35,675	457,235	492,910	-29,672	463,238	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	412,430	504,348	916,778	-9,112	907,666	54.00
54.01	03630	ULTRA SOUND	134,638	18,891	153,529	-2,007	151,522	54.01
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	198,876	174,212	373,088	-8,515	364,573	57.00
58.00	05800	MRI	0	87,207	87,207	-432	86,775	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	906,338	1,124,316	2,030,654	-392,459	1,638,195	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	47,359	336,865	384,224	-35,538	348,686	63.00
65.00	06500	RESPIRATORY THERAPY	504,847	254,498	759,345	-104,428	654,917	65.00
66.00	06600	PHYSICAL THERAPY	208,859	58,781	267,640	-23,354	244,286	66.00
68.00	06800	SPEECH PATHOLOGY	0	41,442	41,442	0	41,442	68.00
69.00	06900	ELECTROCARDIOLOGY	126,712	125,735	252,447	-6,245	246,202	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,130	5,130	0	5,130	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,646,179	1,646,179	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	150,582	150,582	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	470,758	470,758	73.00
74.00	07400	RENAL DIALYSIS	0	372,372	372,372	-3,051	369,321	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.01	03022	ULTRA SOUND	0	0	0	0	0	76.01
76.05	03026	PATIENT EDUCATION	0	0	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND CARE	14,348	35,378	49,726	-4,319	45,407	90.01
91.00	09100	EMERGENCY	1,335,456	1,232,246	2,567,702	-165,620	2,402,082	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,083,962	25,713,174	44,797,136	-29,161	44,767,975	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES-CLINICS	223,587	222,727	446,314	-12,167	434,147	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	FUND RAISING	0	0	0	24,410	24,410	194.01
194.02	07952	MARKETING OTHER	0	0	0	16,918	16,918	194.02
194.03	07953	RENTAL SPACE TO PROVIDERS	0	0	0	0	0	194.03
194.04	07954	PHARMACY-RENTAL SPACE	0	0	0	0	0	194.04
200.00		TOTAL (SUM OF LINES 118-199)	19,307,549	25,935,901	45,243,450	0	45,243,450	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140181

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

Worksheet A  
Date/Time Prepared:  
5/31/2014 5:03 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-2,721	688,078	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	834,694	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,073,136	2,692,771	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-248,528	8,928,054	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-62,056	1,666,054	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	0	630,203	9.00
10.00	01000	DIETARY	0	1,080,198	10.00
11.00	01100	CAFETERIA	-167,234	68,625	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-2,221	855,213	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	161,846	14.00
15.00	01500	PHARMACY	0	2,422,648	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-36,267	531,425	16.00
17.00	01700	SOCIAL SERVICE	0	106,123	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-472,645	6,266,429	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,606,055	31.00
40.00	04000	SUBPROVIDER - I PF	0	1,573,041	40.00
43.00	04300	NURSERY	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-136,248	943,384	50.00
51.00	05100	RECOVERY ROOM	0	275,117	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-242,800	220,438	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-36,000	871,666	54.00
54.01	03630	ULTRA SOUND	0	151,522	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	364,573	57.00
58.00	05800	MRI	0	86,775	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-2,600	1,635,595	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	348,686	63.00
65.00	06500	RESPIRATORY THERAPY	0	654,917	65.00
66.00	06600	PHYSICAL THERAPY	0	244,286	66.00
68.00	06800	SPEECH PATHOLOGY	0	41,442	68.00
69.00	06900	ELECTROCARDIOLOGY	0	246,202	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,130	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,646,179	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	150,582	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	470,758	73.00
74.00	07400	RENAL DIALYSIS	0	369,321	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTER	0	0	76.00
76.01	03022	ULTRA SOUND	0	0	76.01
76.05	03026	PATIENT EDUCATION	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WOUND CARE	-30,000	15,407	90.01
91.00	09100	EMERGENCY	-20,138	2,381,944	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-3,532,594	41,235,381	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES-CLINICS	0	434,147	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	FUND RAISING	0	24,410	194.01
194.02	07952	MARKETING OTHER	0	16,918	194.02
194.03	07953	RENTAL SPACE TO PROVIDERS	0	0	194.03
194.04	07954	PHARMACY-RENTAL SPACE	0	0	194.04
200.00		TOTAL (SUM OF LINES 118-199)	-3,532,594	41,710,856	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - MEDICAL SUPPLIES SOLD TO PATIENTS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,796,761	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
TOTALS			0	1,796,761	
<b>B - FUNDRAISING</b>					
1.00	FUND RAISING	194.01	22,675	1,735	1.00
TOTALS			22,675	1,735	
<b>C - MARKETING</b>					
1.00	MARKETING OTHER	194.02	0	16,918	1.00
TOTALS			0	16,918	
<b>D - NON BENEFITS TO A &amp; G</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,346,975	1.00
TOTALS			0	1,346,975	
<b>E - DRUGS CHARGED TO</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	470,758	1.00
TOTALS			0	470,758	
<b>F - COST OF IMPLANTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	150,582	1.00
TOTALS			0	150,582	
500.00	Grand Total: Increases		22,675	3,783,729	500.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - MEDICAL SUPPLIES SOLD TO PATIENTS</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	24,676	0	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	4,197	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	75,456	0	3.00	
4.00	PHARMACY	15.00	0	149,913	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	195,769	0	5.00	
6.00	INTENSIVE CARE UNIT	31.00	0	50,715	0	6.00	
7.00	SUBPROVIDER - IPF	40.00	0	10,289	0	7.00	
8.00	OPERATING ROOM	50.00	0	482,439	0	8.00	
9.00	RECOVERY ROOM	51.00	0	6,388	0	9.00	
10.00	ANESTHESIOLOGY	53.00	0	29,672	0	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,112	0	11.00	
12.00	ULTRA SOUND	54.01	0	2,007	0	12.00	
13.00	CT SCAN	57.00	0	8,515	0	13.00	
14.00	MRI	58.00	0	432	0	14.00	
15.00	LABORATORY	60.00	0	392,459	0	15.00	
16.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	35,538	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	0	104,428	0	17.00	
18.00	PHYSICAL THERAPY	66.00	0	23,354	0	18.00	
19.00	ELECTROCARDIOLOGY	69.00	0	6,245	0	19.00	
20.00	RENAL DIALYSIS	74.00	0	3,051	0	20.00	
21.00	WOUND CARE	90.01	0	4,319	0	21.00	
22.00	EMERGENCY	91.00	0	165,620	0	22.00	
23.00	PHYSICIANS' PRIVATE OFFICES-CLINICS	192.01	0	12,167	0	23.00	
	TOTALS		0	1,796,761			
<b>B - FUNDRAISING</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	22,675	1,735	0	1.00	
	TOTALS		22,675	1,735			
<b>C - MARKETING</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	16,918	0	1.00	
	TOTALS		0	16,918			
<b>D - NON BENEFITS TO A &amp; G</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,346,975	0	1.00	
	TOTALS		0	1,346,975			
<b>E - DRUGS CHARGED T</b>							
1.00	PHARMACY	15.00	0	470,758	0	1.00	
	TOTALS		0	470,758			
<b>F - COST OF IMPLANTS</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	150,582	0	1.00	
	TOTALS		0	150,582			
500.00	Grand Total: Decreases		22,675	3,783,729		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140181

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,474,846	0	0	0	1.00
2.00	Land Improvements	1,100,271	0	0	0	2.00
3.00	Buildings and Fixtures	17,205,429	425,130	0	425,130	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	9,863,708	0	0	0	5.00
6.00	Movable Equipment	20,147,517	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	49,791,771	425,130	0	425,130	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	49,791,771	425,130	0	425,130	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,474,846	0			1.00
2.00	Land Improvements	1,100,271	768,215			2.00
3.00	Buildings and Fixtures	17,630,559	5,303,024			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	9,863,708	8,180,277			5.00
6.00	Movable Equipment	20,147,517	15,296,617			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	50,216,901	29,548,133			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	50,216,901	29,548,133			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140181

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	690,799	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	834,694	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,525,493	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	690,799				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	834,694				2.00
3.00	Total (sum of lines 1-2)	0	1,525,493				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140181

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
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Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	20,205,688	0	20,205,688	0.395422	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	30,893,297	0	30,893,297	0.604578	0	2.00
3.00	Total (sum of lines 1-2)	51,098,985	0	51,098,985	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	690,799	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	834,694	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1,525,493	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	-2,721	0	0	0	688,078	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	834,694	2.00
3.00	Total (sum of lines 1-2)	-2,721	0	0	0	1,522,772	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140181

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

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-2,721	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)	A	-30,000	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,021,654			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-167,234	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others	A	-62,056	OPERATION OF PLANT	7.00	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	-36,267	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	*** Cost Center Deleted ***	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 OFFSET A & G MISC INCOME	B	-138,050	ADMINISTRATIVE & GENERAL	5.00	0	33.00
34.00 OTHER ADJUSTMENTS-(BAD DEBT)	A	-2,073,136	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.00

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Worksheet A-8

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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
35.00 OTHER ADJUSTMENTS (DONATIONS)	A	-1,476	ADMINISTRATIVE & GENERAL	5.00	0	35.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-3,532,594				50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140181

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

Worksheet A-8-2

Date/Time Prepared: 5/31/2014 5:03 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	91.00 EMERGENCY	484,000	0	484,000	177,200	8,760	1.00
2.00	5.00 ADMINISTRATIVE & GENERAL	20,000	0	20,000	177,200	200	2.00
3.00	5.00 ADMINISTRATIVE & GENERAL	156,198	0	156,198	177,200	1,562	3.00
4.00	30.00 ADULTS & PEDIATRICS	442,645	442,645	0	0	0	4.00
5.00	31.00 INTENSIVE CARE UNIT	105,704	0	105,704	177,200	2,080	5.00
6.00	30.00 ADULTS & PEDIATRICS	30,000	30,000	0	0	0	6.00
7.00	30.00 ADULTS & PEDIATRICS	45,000	0	45,000	200,300	2,080	7.00
8.00	40.00 SUBPROVIDER - IPF	163,879	0	163,879	177,200	2,080	8.00
9.00	5.00 ADMINISTRATIVE & GENERAL	20,000	0	20,000	177,200	200	9.00
10.00	50.00 OPERATING ROOM	136,248	136,248	0	0	0	10.00
11.00	53.00 ANESTHESIOLOGY	420,000	0	420,000	177,200	2,080	11.00
12.00	54.00 RADIOLOGY-DIAGNOSTIC	36,000	36,000	0	0	0	12.00
13.00	69.00 ELECTROCARDIOLOGY	90,000	0	90,000	177,200	1,618	13.00
14.00	90.01 WOUND CARE	30,000	30,000	0	0	0	14.00
15.00	65.00 RESPIRATORY THERAPY	20,001	0	20,001	177,200	416	15.00
16.00	91.00 EMERGENCY	136,000	0	136,000	177,200	1,360	16.00
17.00	5.00 ADMINISTRATIVE & GENERAL	1,125	1,125	0	0	0	17.00
18.00	5.00 ADMINISTRATIVE & GENERAL	48,825	48,825	0	0	0	18.00
19.00	13.00 NURSING ADMINISTRATION	15,000	0	15,000	177,200	150	19.00
20.00	60.00 LABORATORY	179,800	0	179,800	177,200	2,080	20.00
200.00		2,580,425	724,843	1,855,582		24,666	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	91.00 EMERGENCY	746,285	37,314	0	0	0	1.00
2.00	5.00 ADMINISTRATIVE & GENERAL	17,038	852	0	0	0	2.00
3.00	5.00 ADMINISTRATIVE & GENERAL	133,070	6,654	0	0	0	3.00
4.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	31.00 INTENSIVE CARE UNIT	177,200	8,860	0	0	0	5.00
6.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	6.00
7.00	30.00 ADULTS & PEDIATRICS	200,300	10,015	0	0	0	7.00
8.00	40.00 SUBPROVIDER - IPF	177,200	8,860	0	0	0	8.00
9.00	5.00 ADMINISTRATIVE & GENERAL	17,038	852	0	0	0	9.00
10.00	50.00 OPERATING ROOM	0	0	0	0	0	10.00
11.00	53.00 ANESTHESIOLOGY	177,200	8,860	0	0	0	11.00
12.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	12.00
13.00	69.00 ELECTROCARDIOLOGY	137,841	6,892	0	0	0	13.00
14.00	90.01 WOUND CARE	0	0	0	0	0	14.00
15.00	65.00 RESPIRATORY THERAPY	35,440	1,772	0	0	0	15.00
16.00	91.00 EMERGENCY	115,862	5,793	0	0	0	16.00
17.00	5.00 ADMINISTRATIVE & GENERAL	0	0	0	0	0	17.00
18.00	5.00 ADMINISTRATIVE & GENERAL	0	0	0	0	0	18.00
19.00	13.00 NURSING ADMINISTRATION	12,779	639	0	0	0	19.00
20.00	60.00 LABORATORY	177,200	8,860	0	0	0	20.00
200.00		2,124,453	106,223	0	0	0	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
1.00	2.00	15.00	16.00	17.00	18.00	
1.00	91.00 EMERGENCY	0	746,285	0	0	1.00
2.00	5.00 ADMINISTRATIVE & GENERAL	0	17,038	2,962	2,962	2.00
3.00	5.00 ADMINISTRATIVE & GENERAL	0	133,070	23,128	23,128	3.00
4.00	30.00 ADULTS & PEDIATRICS	0	0	0	442,645	4.00
5.00	31.00 INTENSIVE CARE UNIT	0	177,200	0	0	5.00
6.00	30.00 ADULTS & PEDIATRICS	0	0	0	30,000	6.00
7.00	30.00 ADULTS & PEDIATRICS	0	200,300	0	0	7.00
8.00	40.00 SUBPROVIDER - IPF	0	177,200	0	0	8.00
9.00	5.00 ADMINISTRATIVE & GENERAL	0	17,038	2,962	2,962	9.00
10.00	50.00 OPERATING ROOM	0	0	0	136,248	10.00
11.00	53.00 ANESTHESIOLOGY	0	177,200	242,800	242,800	11.00
12.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	36,000	12.00
13.00	69.00 ELECTROCARDIOLOGY	0	137,841	0	0	13.00
14.00	90.01 WOUND CARE	0	0	0	30,000	14.00
15.00	65.00 RESPIRATORY THERAPY	0	35,440	0	0	15.00
16.00	91.00 EMERGENCY	0	115,862	20,138	20,138	16.00
17.00	5.00 ADMINISTRATIVE & GENERAL	0	0	0	1,125	17.00
18.00	5.00 ADMINISTRATIVE & GENERAL	0	0	0	48,825	18.00
19.00	13.00 NURSING ADMINISTRATION	0	12,779	2,221	2,221	19.00
20.00	60.00 LABORATORY	0	177,200	2,600	2,600	20.00
200.00		0	2,124,453	296,811	1,021,654	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140181

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2014 5: 03 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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	688,078	688,078			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	834,694		834,694		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,692,771	1,700	0	2,694,471	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	8,928,054	69,259	395,365	426,917	9,819,595
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	1,666,054	49,408	4,367	110,692	1,830,521
8.00 00800	LAUNDRY & LINEN SERVICE	0	4,949	0	0	8.00
9.00 00900	HOUSEKEEPING	630,203	15,864	0	61,010	707,077
10.00 01000	DIETARY	1,080,198	15,130	350	94,325	1,190,003
11.00 01100	CAFETERIA	68,625	14,027	733	3,405	86,790
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	855,213	5,839	10,608	106,115	977,775
14.00 01400	CENTRAL SERVICES & SUPPLY	161,846	8,774	2,039	16,207	188,866
15.00 01500	PHARMACY	2,422,648	8,375	2,638	0	2,433,661
16.00 01600	MEDICAL RECORDS & LIBRARY	531,425	3,239	2,321	50,505	587,490
17.00 01700	SOCIAL SERVICE	106,123	693	0	13,043	119,859
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	6,266,429	238,900	32,549	776,543	7,314,421
31.00 03100	INTENSIVE CARE UNIT	1,606,055	21,329	25,665	191,493	1,844,542
40.00 04000	SUBPROVIDER - IPF	1,573,041	48,456	13,052	120,616	1,755,165
43.00 04300	NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	943,384	44,444	90,217	102,394	1,180,439
51.00 05100	RECOVERY ROOM	275,117	3,137	0	33,979	312,233
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	220,438	2,095	25,691	5,022	253,246
54.00 05400	RADIOLOGY-DIAGNOSTIC	871,666	29,486	164,794	58,054	1,124,000
54.01 03630	ULTRA SOUND	151,522	1,619	18,337	18,952	190,430
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	364,573	2,980	935	27,994	396,482
58.00 05800	MRI	86,775	0	0	0	86,775
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	1,635,595	21,253	2,020	127,577	1,786,445
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	348,686	1,569	751	6,666	357,672
65.00 06500	RESPIRATORY THERAPY	654,917	12,600	16,980	71,063	755,560
66.00 06600	PHYSICAL THERAPY	244,286	16,172	887	29,399	290,744
68.00 06800	SPEECH PATHOLOGY	41,442	0	0	0	41,442
69.00 06900	ELECTROCARDIOLOGY	246,202	5,192	15,607	17,836	284,837
70.00 07000	ELECTROENCEPHALOGRAPHY	5,130	2,110	0	0	7,240
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,646,179	0	0	0	1,646,179
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	150,582	0	0	0	150,582
73.00 07300	DRUGS CHARGED TO PATIENTS	470,758	0	0	0	470,758
74.00 07400	RENAL DIALYSIS	369,321	1,442	0	0	370,763
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03020	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00
76.01 03022	ULTRA SOUND	0	0	0	0	76.01
76.05 03026	PATIENT EDUCATION	0	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	WOUND CARE	15,407	1,457	0	2,020	18,884
91.00 09100	EMERGENCY	2,381,944	35,973	3,695	187,980	2,609,592
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	41,235,381	687,471	829,601	2,659,807	41,195,017
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	607	0	0	607
192.01 19201	PHYSICIANS' PRIVATE OFFICES-CLINICS	434,147	0	5,093	31,472	470,712
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01 07951	FUND RAISING	24,410	0	0	3,192	27,602
194.02 07952	MARKETING OTHER	16,918	0	0	0	16,918
194.03 07953	RENTAL SPACE TO PROVIDERS	0	0	0	0	194.03
194.04 07954	PHARMACY-RENTAL SPACE	0	0	0	0	194.04
200.00	Cross Foot Adjustments	0	0	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140181

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2014 5:03 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	
201.00   Negative Cost Centers		0	0	0		201.00
202.00   TOTAL (sum lines 118-201)	41,710,856	688,078	834,694	2,694,471	41,710,856	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140181

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2014 5:03 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	
<b>GENERAL SERVICE COST CENTERS</b>								
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	9,819,595					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	563,634	0	2,394,155			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,524	0	20,870	27,343		8.00
9.00	00900	HOUSEKEEPING	217,715	0	66,900	690	992,382	9.00
10.00	01000	DIETARY	366,413	0	63,806	0	0	10.00
11.00	01100	CAFETERIA	26,723	0	59,154	0	13,879	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	301,066	0	24,626	0	6,940	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	58,154	0	37,003	6,456	27,759	14.00
15.00	01500	PHARMACY	749,346	0	35,317	0	13,879	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	180,893	0	13,657	0	31,229	16.00
17.00	01700	SOCIAL SERVICE	36,906	0	2,924	0	3,470	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,252,165	0	1,007,495	9,365	364,337	30.00
31.00	03100	INTENSIVE CARE UNIT	567,951	0	89,947	3,327	83,277	31.00
40.00	04000	SUBPROVIDER - IPF	540,431	0	204,350	2,363	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	363,468	0	187,427	813	111,036	50.00
51.00	05100	RECOVERY ROOM	96,139	0	13,231	1,009	13,879	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	77,977	0	8,835	0	76,337	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	346,090	0	124,347	385	0	54.00
54.01	03630	ULTRA SOUND	58,635	0	6,829	0	0	54.01
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	122,080	0	12,569	0	6,940	57.00
58.00	05800	MRI	26,719	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	550,062	0	89,627	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	110,130	0	6,615	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	232,644	0	53,136	0	17,349	65.00
66.00	06600	PHYSICAL THERAPY	89,523	0	68,202	749	17,349	66.00
68.00	06800	SPEECH PATHOLOGY	12,760	0	0	59	0	68.00
69.00	06900	ELECTROCARDIOLOGY	87,704	0	21,895	0	24,289	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,229	0	8,899	0	6,940	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	506,873	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	46,366	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	144,951	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	114,161	0	6,082	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.01	03022	ULTRA SOUND	0	0	0	0	0	76.01
76.05	03026	PATIENT EDUCATION	0	0	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND CARE	5,815	0	6,146	0	0	90.01
91.00	09100	EMERGENCY	803,517	0	151,705	2,127	152,674	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,660,764	0	2,391,594	27,343	971,563	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	187	0	2,561	0	13,879	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES-CLINICS	144,936	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	FUND RAISING	8,499	0	0	0	3,470	194.01
194.02	07952	MARKETING OTHER	5,209	0	0	0	3,470	194.02
194.03	07953	RENTAL SPACE TO PROVIDERS	0	0	0	0	0	194.03
194.04	07954	PHARMACY-RENTAL SPACE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	9,819,595	0	2,394,155	27,343	992,382	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140181

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2014 5:03 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	1,620,222					10.00
11.00	01100	CAFETERIA	0	186,546				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	7,738	0	1,318,145		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,927	0	0	321,165	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,626	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,351	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,320,979	75,240	0	811,924	0	30.00
31.00	03100	INTENSIVE CARE UNIT	125,308	11,210	0	120,921	0	31.00
40.00	04000	SUBPROVIDER - I/PF	173,935	12,102	0	130,624	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	8,556	0	92,291	0	50.00
51.00	05100	RECOVERY ROOM	0	2,042	0	22,045	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	645	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,349	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	1,078	0	0	0	54.01
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	2,442	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	15,575	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	645	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	7,864	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,034	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,382	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	321,165	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.01	03022	ULTRA SOUND	0	0	0	0	0	76.01
76.05	03026	PATIENT EDUCATION	0	0	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND CARE	0	160	0	0	0	90.01
91.00	09100	EMERGENCY	0	13,007	0	140,340	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,620,222	179,973	0	1,318,145	321,165	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,560	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES-CLINICS	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	FUND RAISING	0	13	0	0	0	194.01
194.02	07952	MARKETING OTHER	0	0	0	0	0	194.02
194.03	07953	RENTAL SPACE TO PROVIDERS	0	0	0	0	0	194.03
194.04	07954	PHARMACY-RENTAL SPACE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,620,222	186,546	0	1,318,145	321,165	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140181

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2014 5:03 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		15.00	16.00	17.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	3,232,203					15.00
16.00	01600		819,895				16.00
17.00	01700			164,510			17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000		497,193	111,675	13,764,794		30.00
31.00	03100		50,932	16,550	2,913,965		31.00
40.00	04000		65,467	14,719	2,899,156		40.00
43.00	04300						43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000		50,013	17,795	2,011,838		50.00
51.00	05100			3,771	464,349		51.00
52.00	05200						52.00
53.00	05300				417,040		53.00
54.00	05400				1,600,171		54.00
54.01	03630				256,972		54.01
55.00	05500						55.00
56.00	05600						56.00
57.00	05700				540,513		57.00
58.00	05800				113,494		58.00
59.00	05900						59.00
60.00	06000				2,441,709		60.00
63.00	06300				475,062		63.00
65.00	06500				1,066,553		65.00
66.00	06600				469,601		66.00
68.00	06800				54,261		68.00
69.00	06900				421,107		69.00
70.00	07000				25,308		70.00
71.00	07100				2,474,217		71.00
72.00	07200				196,948		72.00
73.00	07300	3,224,504			3,840,213		73.00
74.00	07400				491,006		74.00
75.00	07500						75.00
76.00	03020						76.00
76.01	03022						76.01
76.05	03026						76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000						90.00
90.01	09001				31,005		90.01
91.00	09100		156,290		4,029,252		91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		3,224,504	819,895	164,510	40,998,534		118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000						190.00
191.00	19100						191.00
192.00	19200				23,794		192.00
192.01	19201	7,699			623,347		192.01
193.00	19300						193.00
194.00	07950						194.00
194.01	07951				39,584		194.01
194.02	07952				25,597		194.02
194.03	07953						194.03
194.04	07954						194.04
200.00							200.00
201.00							201.00
202.00		3,232,203	819,895	164,510	41,710,856		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140181

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2014 5:03 pm

Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
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
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	13,764,794
31.00	03100	INTENSIVE CARE UNIT	2,913,965
40.00	04000	SUBPROVIDER - I/PF	2,899,156
43.00	04300	NURSERY	0
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	2,011,838
51.00	05100	RECOVERY ROOM	464,349
52.00	05200	DELIVERY ROOM & LABOR ROOM	0
53.00	05300	ANESTHESIOLOGY	417,040
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,600,171
54.01	03630	ULTRA SOUND	256,972
55.00	05500	RADIOLOGY-THERAPEUTIC	0
56.00	05600	RADIOISOTOPE	0
57.00	05700	CT SCAN	540,513
58.00	05800	MRI	113,494
59.00	05900	CARDIAC CATHETERIZATION	0
60.00	06000	LABORATORY	2,441,709
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	475,062
65.00	06500	RESPIRATORY THERAPY	1,066,553
66.00	06600	PHYSICAL THERAPY	469,601
68.00	06800	SPEECH PATHOLOGY	54,261
69.00	06900	ELECTROCARDIOLOGY	421,107
70.00	07000	ELECTROENCEPHALOGRAPHY	25,308
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,474,217
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	196,948
73.00	07300	DRUGS CHARGED TO PATIENTS	3,840,213
74.00	07400	RENAL DIALYSIS	491,006
75.00	07500	ASC (NON-DISTINCT PART)	0
76.00	03020	OTHER ANCILLARY SERVICE COST CENTER	0
76.01	03022	ULTRA SOUND	0
76.05	03026	PATIENT EDUCATION	0
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000	CLINIC	0
90.01	09001	WOUND CARE	31,005
91.00	09100	EMERGENCY	4,029,252
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300	INTEREST EXPENSE	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	40,998,534
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0
191.00	19100	RESEARCH	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	23,794
192.01	19201	PHYSICIANS' PRIVATE OFFICES-CLINICS	623,347
193.00	19300	NONPAID WORKERS	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0
194.01	07951	FUND RAISING	39,584
194.02	07952	MARKETING OTHER	25,597
194.03	07953	RENTAL SPACE TO PROVIDERS	0
194.04	07954	PHARMACY-RENTAL SPACE	0
200.00		Cross Foot Adjustments	0
201.00		Negative Cost Centers	0
202.00		TOTAL (sum lines 118-201)	41,710,856

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140181

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2014 5:03 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
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	1,700	0	1,700	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	69,259	395,365	464,624	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	49,408	4,367	53,775	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	4,949	0	4,949	8.00
9.00 00900	HOUSEKEEPING	0	15,864	0	15,864	9.00
10.00 01000	DIETARY	0	15,130	350	15,480	10.00
11.00 01100	CAFETERIA	0	14,027	733	14,760	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	5,839	10,608	16,447	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	8,774	2,039	10,813	14.00
15.00 01500	PHARMACY	0	8,375	2,638	11,013	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	3,239	2,321	5,560	16.00
17.00 01700	SOCIAL SERVICE	0	693	0	693	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	238,900	32,549	271,449	30.00
31.00 03100	INTENSIVE CARE UNIT	0	21,329	25,665	46,994	31.00
40.00 04000	SUBPROVIDER - IPF	0	48,456	13,052	61,508	40.00
43.00 04300	NURSERY	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	44,444	90,217	134,661	50.00
51.00 05100	RECOVERY ROOM	0	3,137	0	3,137	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	2,095	25,691	27,786	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	29,486	164,794	194,280	54.00
54.01 03630	ULTRA SOUND	0	1,619	18,337	19,956	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	2,980	935	3,915	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	21,253	2,020	23,273	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	1,569	751	2,320	63.00
65.00 06500	RESPIRATORY THERAPY	0	12,600	16,980	29,580	65.00
66.00 06600	PHYSICAL THERAPY	0	16,172	887	17,059	66.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	5,192	15,607	20,799	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	2,110	0	2,110	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	1,442	0	1,442	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03020	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00
76.01 03022	ULTRA SOUND	0	0	0	0	76.01
76.05 03026	PATIENT EDUCATION	0	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	WOUND CARE	0	1,457	0	1,457	90.01
91.00 09100	EMERGENCY	0	35,973	3,695	39,668	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	687,471	829,601	1,517,072	1,678
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	607	0	607	192.00
192.01 19201	PHYSICIANS' PRIVATE OFFICES-CLINICS	0	0	5,093	5,093	192.01
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01 07951	FUND RAISING	0	0	0	0	194.01
194.02 07952	MARKETING OTHER	0	0	0	0	194.02
194.03 07953	RENTAL SPACE TO PROVIDERS	0	0	0	0	194.03
194.04 07954	PHARMACY-RENTAL SPACE	0	0	0	0	194.04
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140181

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2014 5:03 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
202.00	TOTAL (sum lines 118-201)	0	688,078	834,694	2A	1,522,772	1,700	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140181

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2014 5:03 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	464,894				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	26,684	0	80,529		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	72	0	702	5,723	8.00
9.00	00900	HOUSEKEEPING	10,307	0	2,250	144	28,604
10.00	01000	DIETARY	17,347	0	2,146	0	0
11.00	01100	CAFETERIA	1,265	0	1,990	0	400
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	14,253	0	828	0	200
14.00	01400	CENTRAL SERVICES & SUPPLY	2,753	0	1,245	1,351	800
15.00	01500	PHARMACY	35,475	0	1,188	0	400
16.00	01600	MEDICAL RECORDS & LIBRARY	8,564	0	459	0	900
17.00	01700	SOCIAL SERVICE	1,747	0	98	0	100
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	106,636	0	33,889	1,961	10,503
31.00	03100	INTENSIVE CARE UNIT	26,888	0	3,025	696	2,400
40.00	04000	SUBPROVIDER - IPF	25,585	0	6,873	495	0
43.00	04300	NURSERY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	17,207	0	6,304	170	3,200
51.00	05100	RECOVERY ROOM	4,551	0	445	211	400
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	3,692	0	297	0	2,200
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,385	0	4,182	81	0
54.01	03630	ULTRA SOUND	2,776	0	230	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	5,780	0	423	0	200
58.00	05800	MRI	1,265	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	26,041	0	3,015	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,214	0	223	214	0
65.00	06500	RESPIRATORY THERAPY	11,014	0	1,787	0	500
66.00	06600	PHYSICAL THERAPY	4,238	0	2,294	157	500
68.00	06800	SPEECH PATHOLOGY	604	0	0	12	0
69.00	06900	ELECTROCARDIOLOGY	4,152	0	736	0	700
70.00	07000	ELECTROENCEPHALOGRAPHY	106	0	299	0	200
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,996	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,195	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	6,862	0	0	0	0
74.00	07400	RENAL DIALYSIS	5,405	0	205	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03020	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0
76.01	03022	ULTRA SOUND	0	0	0	0	0
76.05	03026	PATIENT EDUCATION	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	WOUND CARE	275	0	207	0	0
91.00	09100	EMERGENCY	38,040	0	5,103	445	4,401
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	457,374	0	80,443	5,723	28,004
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9	0	86	0	400
192.01	19201	PHYSICIANS' PRIVATE OFFICES-CLINICS	6,862	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	FUND RAISING	402	0	0	0	100
194.02	07952	MARKETING OTHER	247	0	0	0	100
194.03	07953	RENTAL SPACE TO PROVIDERS	0	0	0	0	0
194.04	07954	PHARMACY-RENTAL SPACE	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	464,894	0	80,529	5,723	28,604

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140181

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>								
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	35,033					10.00
11.00	01100	CAFETERIA	0	18,417				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	764	0	32,559		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	289	0	0	17,261	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	654	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	133	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	28,563	7,427	0	20,055	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,709	1,107	0	2,987	0	31.00
40.00	04000	SUBPROVIDER - I/PF	3,761	1,195	0	3,226	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	845	0	2,280	0	50.00
51.00	05100	RECOVERY ROOM	0	202	0	545	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	64	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	528	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	106	0	0	0	54.01
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	241	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	1,538	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	64	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	776	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	300	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	235	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	17,261	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.01	03022	ULTRA SOUND	0	0	0	0	0	76.01
76.05	03026	PATIENT EDUCATION	0	0	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND CARE	0	16	0	0	0	90.01
91.00	09100	EMERGENCY	0	1,284	0	3,466	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	35,033	17,768	0	32,559	17,261	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	648	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES-CLINICS	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	FUND RAISING	0	1	0	0	0	194.01
194.02	07952	MARKETING OTHER	0	0	0	0	0	194.02
194.03	07953	RENTAL SPACE TO PROVIDERS	0	0	0	0	0	194.03
194.04	07954	PHARMACY-RENTAL SPACE	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	35,033	18,417	0	32,559	17,261	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/31/2014 5:03 pm			
Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	15.00	16.00	17.00	24.00	25.00		
<b>GENERAL SERVICE COST CENTERS</b>							
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		
12.00 01200	MAINTENANCE OF PERSONNEL				12.00		
13.00 01300	NURSING ADMINISTRATION				13.00		
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00		
15.00 01500	PHARMACY	48,076			15.00		
16.00 01600	MEDICAL RECORDS & LIBRARY	0	16,169		16.00		
17.00 01700	SOCIAL SERVICE	0	0	2,779	17.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	0	9,806	1,885	492,661	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	1,004	280	88,211	0	31.00
40.00 04000	SUBPROVIDER - IPF	0	1,291	249	104,259	0	40.00
43.00 04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	0	986	301	166,019	0	50.00
51.00 05100	RECOVERY ROOM	0	0	64	9,576	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	34,042	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	215,493	0	54.00
54.01 03630	ULTRA SOUND	0	0	0	23,080	0	54.01
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	10,577	0	57.00
58.00 05800	MRI	0	0	0	1,265	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	53,948	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	7,825	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	43,702	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	24,567	0	66.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	616	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	26,633	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,715	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	41,257	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,195	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	47,961	0	0	54,823	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	7,052	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.01 03022	ULTRA SOUND	0	0	0	0	0	76.01
76.05 03026	PATIENT EDUCATION	0	0	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 09001	WOUND CARE	0	0	0	1,956	0	90.01
91.00 09100	EMERGENCY	0	3,082	0	95,608	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	47,961	16,169	2,779	1,508,080	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100	RESEARCH	0	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,750	0	192.00
192.01 19201	PHYSICIANS' PRIVATE OFFICES-CLINICS	115	0	0	12,090	0	192.01
193.00 19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951	FUND RAISING	0	0	0	505	0	194.01
194.02 07952	MARKETING OTHER	0	0	0	347	0	194.02
194.03 07953	RENTAL SPACE TO PROVIDERS	0	0	0	0	0	194.03
194.04 07954	PHARMACY-RENTAL SPACE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	48,076	16,169	2,779	1,522,772	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/31/2014 5:03 pm
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
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
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	492,661	30.00
31.00	03100 INTENSIVE CARE UNIT	88,211	31.00
40.00	04000 SUBPROVIDER - I/PF	104,259	40.00
43.00	04300 NURSERY	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	166,019	50.00
51.00	05100 RECOVERY ROOM	9,576	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300 ANESTHESIOLOGY	34,042	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	215,493	54.00
54.01	03630 ULTRA SOUND	23,080	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600 RADIOISOTOPE	0	56.00
57.00	05700 CT SCAN	10,577	57.00
58.00	05800 MRI	1,265	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	53,948	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	7,825	63.00
65.00	06500 RESPIRATORY THERAPY	43,702	65.00
66.00	06600 PHYSICAL THERAPY	24,567	66.00
68.00	06800 SPEECH PATHOLOGY	616	68.00
69.00	06900 ELECTROCARDIOLOGY	26,633	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,715	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	41,257	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,195	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	54,823	73.00
74.00	07400 RENAL DIALYSIS	7,052	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTER	0	76.00
76.01	03022 ULTRA SOUND	0	76.01
76.05	03026 PATIENT EDUCATION	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000 CLINIC	0	90.00
90.01	09001 WOUND CARE	1,956	90.01
91.00	09100 EMERGENCY	95,608	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,508,080	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,750	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES-CLINICS	12,090	192.01
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951 FUND RAISING	505	194.01
194.02	07952 MARKETING OTHER	347	194.02
194.03	07953 RENTAL SPACE TO PROVIDERS	0	194.03
194.04	07954 PHARMACY-RENTAL SPACE	0	194.04
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	1,522,772	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140181

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

Worksheet B-1

Date/Time Prepared:  
5/31/2014 5:03 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	CAP REL COSTS-BLDG & FIXT	135,979					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		836,741				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	336	0	19,142,172			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	13,687	396,335	3,032,923	-9,819,595	31,891,261	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	9,764	4,378	786,386	0	1,830,521	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	978	0	0	0	4,949	8.00
9.00 00900	HOUSEKEEPING	3,135	0	433,431	0	707,077	9.00
10.00 01000	DIETARY	2,990	351	670,107	0	1,190,003	10.00
11.00 01100	CAFETERIA	2,772	735	24,190	0	86,790	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	1,154	10,634	753,863	0	977,775	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,734	2,044	115,136	0	188,866	14.00
15.00 01500	PHARMACY	1,655	2,644	0	0	2,433,661	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	640	2,327	358,801	0	587,490	16.00
17.00 01700	SOCIAL SERVICE	137	0	92,659	0	119,859	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	47,212	32,629	5,516,746	0	7,314,421	30.00
31.00 03100	INTENSIVE CARE UNIT	4,215	25,728	1,360,415	0	1,844,542	31.00
40.00 04000	SUBPROVIDER - IPF	9,576	13,084	856,883	0	1,755,165	40.00
43.00 04300	NURSERY	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	8,783	90,438	727,434	0	1,180,439	50.00
51.00 05100	RECOVERY ROOM	620	0	241,398	0	312,233	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	414	25,754	35,675	0	253,246	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,827	165,198	412,430	0	1,124,000	54.00
54.01 03630	ULTRA SOUND	320	18,382	134,638	0	190,430	54.01
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	589	937	198,876	0	396,482	57.00
58.00 05800	MRI	0	0	0	0	86,775	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	4,200	2,025	906,338	0	1,786,445	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	310	753	47,359	0	357,672	63.00
65.00 06500	RESPIRATORY THERAPY	2,490	17,022	504,847	0	755,560	65.00
66.00 06600	PHYSICAL THERAPY	3,196	889	208,859	0	290,744	66.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	41,442	68.00
69.00 06900	ELECTROCARDIOLOGY	1,026	15,645	126,712	0	284,837	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	417	0	0	0	7,240	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,646,179	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	150,582	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	470,758	73.00
74.00 07400	RENAL DIALYSIS	285	0	0	0	370,763	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.01 03022	ULTRA SOUND	0	0	0	0	0	76.01
76.05 03026	PATIENT EDUCATION	0	0	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 09001	WOUND CARE	288	0	14,348	0	18,884	90.01
91.00 09100	EMERGENCY	7,109	3,704	1,335,456	0	2,609,592	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	135,859	831,636	18,895,910	-9,819,595	31,375,422	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100	RESEARCH	0	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	120	0	0	0	607	192.00
192.01 19201	PHYSICIANS' PRIVATE OFFICES-CLINICS	0	5,105	223,587	0	470,712	192.01
193.00 19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951	FUND RAISING	0	0	22,675	0	27,602	194.01
194.02 07952	MARKETING OTHER	0	0	0	0	16,918	194.02
194.03 07953	RENTAL SPACE TO PROVIDERS	0	0	0	0	0	194.03
194.04 07954	PHARMACY-RENTAL SPACE	0	0	0	0	0	194.04
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140181

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

Worksheet B-1

Date/Time Prepared:  
5/31/2014 5:03 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	688,078	834,694	2,694,471		9,819,595	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	5.060178	0.997554	0.140761		0.307909	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			1,700		464,894	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000089		0.014577	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140181

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

Worksheet B-1

Date/Time Prepared:  
5/31/2014 5:03 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	0					6.00
7.00	00700		112,192				7.00
8.00	00800		978	441,673			8.00
9.00	00900	0	3,135	11,146	7,150		9.00
10.00	01000	0	2,990	0	0	68,438	10.00
11.00	01100	0	2,772	0	100	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	1,154	0	50	0	13.00
14.00	01400	0	1,734	104,287	200	0	14.00
15.00	01500	0	1,655	0	100	0	15.00
16.00	01600	0	640	0	225	0	16.00
17.00	01700	0	137	0	25	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	47,212	151,289	2,625	55,798	30.00
31.00	03100	0	4,215	53,734	600	5,293	31.00
40.00	04000	0	9,576	38,169	0	7,347	40.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	8,783	13,125	800	0	50.00
51.00	05100	0	620	16,303	100	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	414	0	550	0	53.00
54.00	05400	0	5,827	6,219	0	0	54.00
54.01	03630	0	320	0	0	0	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	589	0	50	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	4,200	0	0	0	60.00
63.00	06300	0	310	0	0	0	63.00
65.00	06500	0	2,490	0	125	0	65.00
66.00	06600	0	3,196	12,092	125	0	66.00
68.00	06800	0	0	954	0	0	68.00
69.00	06900	0	1,026	0	175	0	69.00
70.00	07000	0	417	0	50	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	285	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	0	0	0	0	76.00
76.01	03022	0	0	0	0	0	76.01
76.05	03026	0	0	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	288	0	0	0	90.01
91.00	09100	0	7,109	34,355	1,100	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	0	0	0	0	0	113.00
118.00		0	112,072	441,673	7,000	68,438	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	120	0	100	0	192.00
192.01	19201	0	0	0	0	0	192.01
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	25	0	194.01
194.02	07952	0	0	0	25	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		0	2,394,155	27,343	992,382	1,620,222	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140181

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

Worksheet B-1

Date/Time Prepared:  
5/31/2014 5:03 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	21.339801	0.061908	138.794685	23.674304	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	80,529	5,723	28,604	35,033	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.717778	0.012958	4.000559	0.511894	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140181

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

Worksheet B-1

Date/Time Prepared:  
5/31/2014 5:03 pm

Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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						10.00
11.00	01100	28,039					11.00
12.00	01200	0	0				12.00
13.00	01300	1,163	0	381,900			13.00
14.00	01400	440	0	0	1,796,761		14.00
15.00	01500	0	0	0	0	471,882	15.00
16.00	01600	996	0	0	0	0	16.00
17.00	01700	203	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	11,309	0	235,235	0	0	30.00
31.00	03100	1,685	0	35,034	0	0	31.00
40.00	04000	1,819	0	37,845	0	0	40.00
43.00	04300	0	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,286	0	26,739	0	0	50.00
51.00	05100	307	0	6,387	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	97	0	0	0	0	53.00
54.00	05400	804	0	0	0	0	54.00
54.01	03630	162	0	0	0	0	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	367	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	2,341	0	0	0	0	60.00
63.00	06300	97	0	0	0	0	63.00
65.00	06500	1,182	0	0	0	0	65.00
66.00	06600	456	0	0	0	0	66.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	358	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	1,796,761	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	470,758	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	0	0	0	0	76.00
76.01	03022	0	0	0	0	0	76.01
76.05	03026	0	0	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	24	0	0	0	0	90.01
91.00	09100	1,955	0	40,660	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	0	0	0	0	0	113.00
118.00		27,051	0	381,900	1,796,761	470,758	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	986	0	0	0	0	192.00
192.01	19201	0	0	0	0	1,124	192.01
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	2	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140181

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

Worksheet B-1

Date/Time Prepared:  
5/31/2014 5:03 pm

Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	186,546	0	1,318,145	321,165	3,232,203	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6.653090	0.000000	3.451545	0.178747	6.849600	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	18,417	0	32,559	17,261	48,076	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.656835	0.000000	0.085255	0.009607	0.101881	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140181

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

Worksheet B-1  
Date/Time Prepared:  
5/31/2014 5:03 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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			10.00
11.00	01100			11.00
12.00	01200			12.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600	131,150		16.00
17.00	01700	0	4,493	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	79,531	3,050	30.00
31.00	03100	8,147	452	31.00
40.00	04000	10,472	402	40.00
43.00	04300	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	8,000	486	50.00
51.00	05100	0	103	51.00
52.00	05200	0	0	52.00
53.00	05300	0	0	53.00
54.00	05400	0	0	54.00
54.01	03630	0	0	54.01
55.00	05500	0	0	55.00
56.00	05600	0	0	56.00
57.00	05700	0	0	57.00
58.00	05800	0	0	58.00
59.00	05900	0	0	59.00
60.00	06000	0	0	60.00
63.00	06300	0	0	63.00
65.00	06500	0	0	65.00
66.00	06600	0	0	66.00
68.00	06800	0	0	68.00
69.00	06900	0	0	69.00
70.00	07000	0	0	70.00
71.00	07100	0	0	71.00
72.00	07200	0	0	72.00
73.00	07300	0	0	73.00
74.00	07400	0	0	74.00
75.00	07500	0	0	75.00
76.00	03020	0	0	76.00
76.01	03022	0	0	76.01
76.05	03026	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	0	0	90.00
90.01	09001	0	0	90.01
91.00	09100	25,000	0	91.00
92.00	09200	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	0	0	113.00
118.00		131,150	4,493	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	0	0	190.00
191.00	19100	0	0	191.00
192.00	19200	0	0	192.00
192.01	19201	0	0	192.01
193.00	19300	0	0	193.00
194.00	07950	0	0	194.00
194.01	07951	0	0	194.01
194.02	07952	0	0	194.02
194.03	07953	0	0	194.03
194.04	07954	0	0	194.04
200.00				200.00
201.00				201.00
202.00		819,895	164,510	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140181

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

Worksheet B-1

Date/Time Prepared:  
5/31/2014 5:03 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		16.00	17.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	6.251582	36.614734	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	16,169	2,779	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.123286	0.618518	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140181

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2014 5:03 pm

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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	13,764,794		13,764,794	0	13,764,794	30.00
31.00	03100 INTENSIVE CARE UNIT	2,913,965		2,913,965	0	2,913,965	31.00
40.00	04000 SUBPROVIDER - IPF	2,899,156		2,899,156	0	2,899,156	40.00
43.00	04300 NURSERY	0		0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	2,011,838		2,011,838	0	2,011,838	50.00
51.00	05100 RECOVERY ROOM	464,349		464,349	0	464,349	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	417,040		417,040	242,800	659,840	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,600,171		1,600,171	0	1,600,171	54.00
54.01	03630 ULTRASOUND	256,972		256,972	0	256,972	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIO SOTOPE	0		0	0	0	56.00
57.00	05700 CT SCAN	540,513		540,513	0	540,513	57.00
58.00	05800 MRI	113,494		113,494	0	113,494	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	2,441,709		2,441,709	2,600	2,444,309	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	475,062		475,062	0	475,062	63.00
65.00	06500 RESPIRATORY THERAPY	1,066,553	0	1,066,553	0	1,066,553	65.00
66.00	06600 PHYSICAL THERAPY	469,601	0	469,601	0	469,601	66.00
68.00	06800 SPEECH PATHOLOGY	54,261	0	54,261	0	54,261	68.00
69.00	06900 ELECTROCARDIOLOGY	421,107		421,107	0	421,107	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	25,308		25,308	0	25,308	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,474,217		2,474,217	0	2,474,217	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	196,948		196,948	0	196,948	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,840,213		3,840,213	0	3,840,213	73.00
74.00	07400 RENAL DIALYSIS	491,006		491,006	0	491,006	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTER	0		0	0	0	76.00
76.01	03022 ULTRASOUND	0		0	0	0	76.01
76.05	03026 PATIENT EDUCATION	0		0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 WOUND CARE	31,005		31,005	0	31,005	90.01
91.00	09100 EMERGENCY	4,029,252		4,029,252	20,138	4,049,390	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	110,566		110,566	0	110,566	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	41,109,100	0	41,109,100	265,538	41,374,638	200.00
201.00	Less Observation Beds	110,566		110,566		110,566	201.00
202.00	Total (see instructions)	40,998,534	0	40,998,534	265,538	41,264,072	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140181

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2014 5:03 pm

		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	23,418,834		23,418,834		30.00
31.00	03100	INTENSIVE CARE UNIT	4,567,418		4,567,418		31.00
40.00	04000	SUBPROVIDER - IPF	2,999,700		2,999,700		40.00
43.00	04300	NURSERY	0		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	3,273,213	973,267	4,246,480	0.473766	50.00
51.00	05100	RECOVERY ROOM	758,591	469,597	1,228,188	0.378076	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,384,525	665,037	2,049,562	0.203478	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,232,143	1,810,655	4,042,798	0.395808	54.00
54.01	03630	ULTRA SOUND	365,780	515,923	881,703	0.291450	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	2,747,833	2,810,175	5,558,008	0.097249	57.00
58.00	05800	MRI	165,022	382,679	547,701	0.207219	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	11,205,517	6,336,587	17,542,104	0.139191	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	672,090	73,504	745,594	0.637159	63.00
65.00	06500	RESPIRATORY THERAPY	5,646,890	470,472	6,117,362	0.174349	65.00
66.00	06600	PHYSICAL THERAPY	2,070,622	237,167	2,307,789	0.203485	66.00
68.00	06800	SPEECH PATHOLOGY	77,464	13,237	90,701	0.598240	68.00
69.00	06900	ELECTROCARDIOLOGY	1,935,124	601,130	2,536,254	0.166035	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	90,800	8,400	99,200	0.255121	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,720,240	1,775,530	10,495,770	0.235735	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	583,184	22,650	605,834	0.325086	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,055,268	756,239	8,811,507	0.435818	73.00
74.00	07400	RENAL DIALYSIS	1,301,037	0	1,301,037	0.377396	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0.000000	76.00
76.01	03022	ULTRA SOUND	0	0	0	0.000000	76.01
76.05	03026	PATIENT EDUCATION	0	0	0	0.000000	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	WOUND CARE	95	29,601	29,696	1.044080	90.01
91.00	09100	EMERGENCY	1,707,775	4,436,112	6,143,887	0.655815	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	967,925	967,925	0.114230	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	83,979,165	23,355,887	107,335,052		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	83,979,165	23,355,887	107,335,052		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/31/2014 5:03 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.473766		50.00
51.00	05100 RECOVERY ROOM	0.378076		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.321942		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.395808		54.00
54.01	03630 ULTRA SOUND	0.291450		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.097249		57.00
58.00	05800 MRI	0.207219		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.139340		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.637159		63.00
65.00	06500 RESPIRATORY THERAPY	0.174349		65.00
66.00	06600 PHYSICAL THERAPY	0.203485		66.00
68.00	06800 SPEECH PATHOLOGY	0.598240		68.00
69.00	06900 ELECTROCARDIOLOGY	0.166035		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.255121		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.235735		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.325086		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.435818		73.00
74.00	07400 RENAL DIALYSIS	0.377396		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTER	0.000000		76.00
76.01	03022 ULTRA SOUND	0.000000		76.01
76.05	03026 PATIENT EDUCATION	0.000000		76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 WOUND CARE	1.044080		90.01
91.00	09100 EMERGENCY	0.659093		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.114230		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
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: 140181

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2014 5:03 pm

		Title XIX		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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	13,764,794	13,764,794	0	13,764,794	30.00	
31.00	03100 INTENSIVE CARE UNIT	2,913,965	2,913,965	0	2,913,965	31.00	
40.00	04000 SUBPROVIDER - I/PF	2,899,156	2,899,156	0	2,899,156	40.00	
43.00	04300 NURSERY	0	0	0	0	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	2,011,838	2,011,838	0	2,011,838	50.00	
51.00	05100 RECOVERY ROOM	464,349	464,349	0	464,349	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	417,040	417,040	242,800	659,840	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,600,171	1,600,171	0	1,600,171	54.00	
54.01	03630 ULTRASOUND	256,972	256,972	0	256,972	54.01	
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
56.00	05600 RADIO SOTOPE	0	0	0	0	56.00	
57.00	05700 CT SCAN	540,513	540,513	0	540,513	57.00	
58.00	05800 MRI	113,494	113,494	0	113,494	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000 LABORATORY	2,441,709	2,441,709	2,600	2,444,309	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	475,062	475,062	0	475,062	63.00	
65.00	06500 RESPIRATORY THERAPY	1,066,553	1,066,553	0	1,066,553	65.00	
66.00	06600 PHYSICAL THERAPY	469,601	469,601	0	469,601	66.00	
68.00	06800 SPEECH PATHOLOGY	54,261	54,261	0	54,261	68.00	
69.00	06900 ELECTROCARDIOLOGY	421,107	421,107	0	421,107	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	25,308	25,308	0	25,308	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,474,217	2,474,217	0	2,474,217	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	196,948	196,948	0	196,948	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	3,840,213	3,840,213	0	3,840,213	73.00	
74.00	07400 RENAL DIALYSIS	491,006	491,006	0	491,006	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00	
76.00	03020 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	76.00	
76.01	03022 ULTRASOUND	0	0	0	0	76.01	
76.05	03026 PATIENT EDUCATION	0	0	0	0	76.05	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	90.00	
90.01	09001 WOUND CARE	31,005	31,005	0	31,005	90.01	
91.00	09100 EMERGENCY	4,029,252	4,029,252	20,138	4,049,390	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	110,566	110,566	0	110,566	92.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE	0	0	0	0	113.00	
200.00	Subtotal (see instructions)	41,109,100	41,109,100	265,538	41,374,638	200.00	
201.00	Less Observation Beds	110,566	110,566	0	110,566	201.00	
202.00	Total (see instructions)	40,998,534	40,998,534	265,538	41,264,072	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140181

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2014 5:03 pm

		Title XIX			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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	24,291,707		24,291,707		30.00
31.00	03100	INTENSIVE CARE UNIT	4,885,802		4,885,802		31.00
40.00	04000	SUBPROVIDER - IPF	44,000		44,000		40.00
43.00	04300	NURSERY	0		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	4,870,650	1,412,545	6,283,195	0.320193	50.00
51.00	05100	RECOVERY ROOM	1,057,792	671,258	1,729,050	0.268557	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,702,461	776,575	2,479,036	0.168227	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	809,288	1,781,484	2,590,772	0.617643	54.00
54.01	03630	ULTRA SOUND	0	0	0	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,714,588	343,214	2,057,802	0.000000	56.00
57.00	05700	CT SCAN	3,537,557	3,156,027	6,693,584	0.080751	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	13,436,626	6,685,067	20,121,693	0.121347	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	715,286	64,292	779,578	0.609384	63.00
65.00	06500	RESPIRATORY THERAPY	11,684,314	606,147	12,290,461	0.086779	65.00
66.00	06600	PHYSICAL THERAPY	1,768,656	278,474	2,047,130	0.229395	66.00
68.00	06800	SPEECH PATHOLOGY	78,334	11,752	90,086	0.602324	68.00
69.00	06900	ELECTROCARDIOLOGY	2,206,803	615,784	2,822,587	0.149192	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	102,160	3,999	106,159	0.238397	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,372,362	1,201,230	3,573,592	0.692361	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,727,730	684,753	9,412,483	0.407991	73.00
74.00	07400	RENAL DIALYSIS	1,894,732	2,209	1,896,941	0.258841	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0.000000	76.00
76.01	03022	ULTRA SOUND	814,405	754,802	1,569,207	0.000000	76.01
76.05	03026	PATIENT EDUCATION	3,491	182	3,673	0.000000	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	WOUND CARE	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	1,933,655	4,818,614	6,752,269	0.596726	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,113,946	1,113,946	0.099256	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	88,652,399	24,982,354	113,634,753		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	88,652,399	24,982,354	113,634,753		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/31/2014 5:03 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
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
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.320193		50.00
51.00	05100 RECOVERY ROOM	0.268557		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.266168		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.617643		54.00
54.01	03630 ULTRASOUND	0.000000		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.080751		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.121476		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.609384		63.00
65.00	06500 RESPIRATORY THERAPY	0.086779		65.00
66.00	06600 PHYSICAL THERAPY	0.229395		66.00
68.00	06800 SPEECH PATHOLOGY	0.602324		68.00
69.00	06900 ELECTROCARDIOLOGY	0.149192		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.238397		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.692361		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.407991		73.00
74.00	07400 RENAL DIALYSIS	0.258841		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTER	0.000000		76.00
76.01	03022 ULTRASOUND	0.000000		76.01
76.05	03026 PATIENT EDUCATION	0.000000		76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 WOUND CARE	0.000000		90.01
91.00	09100 EMERGENCY	0.599708		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.099256		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
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

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140181

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

Worksheet C Part II Date/Time Prepared: 5/31/2014 5:03 pm

Cost Center Description			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,011,838	166,019	1,845,819	0	0	50.00
51.00	05100	RECOVERY ROOM	464,349	9,576	454,773	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	417,040	34,042	382,998	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,600,171	215,493	1,384,678	0	0	54.00
54.01	03630	ULTRA SOUND	256,972	23,080	233,892	0	0	54.01
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	540,513	10,577	529,936	0	0	57.00
58.00	05800	MRI	113,494	1,265	112,229	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,441,709	53,948	2,387,761	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	475,062	7,825	467,237	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,066,553	43,702	1,022,851	0	0	65.00
66.00	06600	PHYSICAL THERAPY	469,601	24,567	445,034	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	54,261	616	53,645	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	421,107	26,633	394,474	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25,308	2,715	22,593	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,474,217	41,257	2,432,960	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	196,948	2,195	194,753	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,840,213	54,823	3,785,390	0	0	73.00
74.00	07400	RENAL DIALYSIS	491,006	7,052	483,954	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.01	03022	ULTRA SOUND	0	0	0	0	0	76.01
76.05	03026	PATIENT EDUCATION	0	0	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND CARE	31,005	1,956	29,049	0	0	90.01
91.00	09100	EMERGENCY	4,029,252	95,608	3,933,644	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	110,566	3,957	106,609	0	0	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	21,531,185	826,906	20,704,279	0	0	200.00
201.00		Less Observation Beds	110,566	3,957	106,609	0	0	201.00
202.00		Total (line 200 minus line 201)	21,420,619	822,949	20,597,670	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140181

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

Worksheet C Part II Date/Time Prepared: 5/31/2014 5:03 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
		6.00	7.00	8.00	
Title XIX Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	2,011,838	4,246,480	0.473766	50.00
51.00	05100 RECOVERY ROOM	464,349	1,228,188	0.378076	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	417,040	2,049,562	0.203478	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,600,171	4,042,798	0.395808	54.00
54.01	03630 ULTRA SOUND	256,972	881,703	0.291450	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	56.00
57.00	05700 CT SCAN	540,513	5,558,008	0.097249	57.00
58.00	05800 MRI	113,494	547,701	0.207219	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	59.00
60.00	06000 LABORATORY	2,441,709	17,542,104	0.139191	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	475,062	745,594	0.637159	63.00
65.00	06500 RESPIRATORY THERAPY	1,066,553	6,117,362	0.174349	65.00
66.00	06600 PHYSICAL THERAPY	469,601	2,307,789	0.203485	66.00
68.00	06800 SPEECH PATHOLOGY	54,261	90,701	0.598240	68.00
69.00	06900 ELECTROCARDIOLOGY	421,107	2,536,254	0.166035	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	25,308	99,200	0.255121	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,474,217	10,495,770	0.235735	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	196,948	605,834	0.325086	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	3,840,213	8,811,507	0.435818	73.00
74.00	07400 RENAL DIALYSIS	491,006	1,301,037	0.377396	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	75.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	76.00
76.01	03022 ULTRA SOUND	0	0	0.000000	76.01
76.05	03026 PATIENT EDUCATION	0	0	0.000000	76.05
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0.000000	90.00
90.01	09001 WOUND CARE	31,005	29,696	1.044080	90.01
91.00	09100 EMERGENCY	4,029,252	6,143,887	0.655815	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	110,566	967,925	0.114230	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (sum of lines 50 thru 199)	21,531,185	76,349,100		200.00
201.00	Less Observation Beds	110,566	0		201.00
202.00	Total (line 200 minus line 201)	21,420,619	76,349,100		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140181		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part I Date/Time Prepared: 5/31/2014 5:03 pm		
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	PPS 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	492,661	0	492,661	20,666	23.84	30.00	
31.00	INTENSIVE CARE UNIT	88,211		88,211	2,117	41.67	31.00	
40.00	SUBPROVIDER - IPF	104,259	0	104,259	2,721	38.32	40.00	
43.00	NURSERY	0		0	0	0.00	43.00	
200.00	Total (Lines 30-199)	685,131		685,131	25,504		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	13,175	314,092					30.00
31.00	INTENSIVE CARE UNIT	1,111	46,295					31.00
40.00	SUBPROVIDER - IPF	1,681	64,416					40.00
43.00	NURSERY	0	0					43.00
200.00	Total (Lines 30-199)	15,967	424,803					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140181

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/31/2014 5:03 pm

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	166,019	4,246,480	0.039096	1,709,492	66,834	50.00
51.00	05100	RECOVERY ROOM	9,576	1,228,188	0.007797	402,387	3,137	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	34,042	2,049,562	0.016609	700,982	11,643	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	215,493	4,042,798	0.053303	1,261,195	67,225	54.00
54.01	03630	ULTRA SOUND	23,080	881,703	0.026177	192,274	5,033	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	10,577	5,558,008	0.001903	1,362,253	2,592	57.00
58.00	05800	MRI	1,265	547,701	0.002310	97,788	226	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	53,948	17,542,104	0.003075	6,255,313	19,235	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,825	745,594	0.010495	369,871	3,882	63.00
65.00	06500	RESPIRATORY THERAPY	43,702	6,117,362	0.007144	2,860,785	20,437	65.00
66.00	06600	PHYSICAL THERAPY	24,567	2,307,789	0.010645	1,368,095	14,563	66.00
68.00	06800	SPEECH PATHOLOGY	616	90,701	0.006792	44,082	299	68.00
69.00	06900	ELECTROCARDIOLOGY	26,633	2,536,254	0.010501	1,144,750	12,021	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,715	99,200	0.027369	53,900	1,475	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	41,257	10,495,770	0.003931	5,089,196	20,006	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,195	605,834	0.003623	96,728	350	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	54,823	8,811,507	0.006222	4,838,516	30,105	73.00
74.00	07400	RENAL DIALYSIS	7,052	1,301,037	0.005420	975,563	5,288	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0	76.00
76.01	03022	ULTRA SOUND	0	0	0.000000	0	0	76.01
76.05	03026	PATIENT EDUCATION	0	0	0.000000	0	0	76.05
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	WOUND CARE	1,956	29,696	0.065867	94	6	90.01
91.00	09100	EMERGENCY	95,608	6,143,887	0.015561	842,274	13,107	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,957	967,925	0.004088	0	0	92.00
200.00		Total (lines 50-199)	826,906	76,349,100		29,665,538	297,464	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140181		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part III Date/Time Prepared: 5/31/2014 5:03 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS 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
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,666	0.00	13,175	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,117	0.00	1,111	0		31.00
40.00	04000	SUBPROVIDER - IPF	2,721	0.00	1,681	0		40.00
43.00	04300	NURSERY	0	0.00	0	0		43.00
200.00		Total (lines 30-199)	25,504		15,967	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140181

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/31/2014 5:03 pm

Cost Center Description			Title XVIII				Hospital	
			Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.01	03022	ULTRA SOUND	0	0	0	0	0	76.01
76.05	03026	PATIENT EDUCATION	0	0	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND CARE	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140181

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/31/2014 5:03 pm

Cost Center Description			Title XVIII			Hospital		PPS
			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	4,246,480	0.000000	0.000000	1,709,492	50.00
51.00	05100	RECOVERY ROOM	0	1,228,188	0.000000	0.000000	402,387	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,049,562	0.000000	0.000000	700,982	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,042,798	0.000000	0.000000	1,261,195	54.00
54.01	03630	ULTRA SOUND	0	881,703	0.000000	0.000000	192,274	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	5,558,008	0.000000	0.000000	1,362,253	57.00
58.00	05800	MRI	0	547,701	0.000000	0.000000	97,788	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	17,542,104	0.000000	0.000000	6,255,313	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	745,594	0.000000	0.000000	369,871	63.00
65.00	06500	RESPIRATORY THERAPY	0	6,117,362	0.000000	0.000000	2,860,785	65.00
66.00	06600	PHYSICAL THERAPY	0	2,307,789	0.000000	0.000000	1,368,095	66.00
68.00	06800	SPEECH PATHOLOGY	0	90,701	0.000000	0.000000	44,082	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,536,254	0.000000	0.000000	1,144,750	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	99,200	0.000000	0.000000	53,900	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,495,770	0.000000	0.000000	5,089,196	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	605,834	0.000000	0.000000	96,728	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,811,507	0.000000	0.000000	4,838,516	73.00
74.00	07400	RENAL DIALYSIS	0	1,301,037	0.000000	0.000000	975,563	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0.000000	0	76.00
76.01	03022	ULTRA SOUND	0	0	0.000000	0.000000	0	76.01
76.05	03026	PATIENT EDUCATION	0	0	0.000000	0.000000	0	76.05
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	WOUND CARE	0	29,696	0.000000	0.000000	94	90.01
91.00	09100	EMERGENCY	0	6,143,887	0.000000	0.000000	842,274	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	967,925	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	76,349,100			29,665,538	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140181

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/31/2014 5:03 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
Title XVIII Hospital PPS						
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	349,908	0	50.00
51.00	05100	RECOVERY ROOM	0	181,159	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	243,413	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	503,968	0	54.00
54.01	03630	ULTRA SOUND	0	72,648	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	0	726,338	0	57.00
58.00	05800	MRI	0	130,911	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	72,207	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	70,974	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	320,186	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,400	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	577,940	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	205,344	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	76.00
76.01	03022	ULTRA SOUND	0	0	0	76.01
76.05	03026	PATIENT EDUCATION	0	0	0	76.05
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	WOUND CARE	0	0	0	90.01
91.00	09100	EMERGENCY	0	692,755	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	359,136	0	92.00
200.00		Total (lines 50-199)	0	4,513,287	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140181

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/31/2014 5:03 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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.473766	349,908	0	0	165,775	50.00
51.00	05100	RECOVERY ROOM	0.378076	181,159	0	0	68,492	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.203478	243,413	0	0	49,529	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.395808	503,968	0	0	199,475	54.00
54.01	03630	ULTRA SOUND	0.291450	72,648	0	0	21,173	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.097249	726,338	0	0	70,636	57.00
58.00	05800	MRI	0.207219	130,911	0	0	27,127	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.139191	72,207	0	0	10,051	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.637159	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.174349	70,974	0	0	12,374	65.00
66.00	06600	PHYSICAL THERAPY	0.203485	0	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0.598240	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.166035	320,186	0	0	53,162	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.255121	6,400	0	0	1,633	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.235735	577,940	0	0	136,241	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.325086	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.435818	205,344	0	0	89,493	73.00
74.00	07400	RENAL DIALYSIS	0.377396	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0	76.00
76.01	03022	ULTRA SOUND	0.000000	0	0	0	0	76.01
76.05	03026	PATIENT EDUCATION	0.000000	0	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	WOUND CARE	1.044080	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.655815	692,755	0	0	454,319	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.114230	359,136	0	0	41,024	92.00
200.00		Subtotal (see instructions)		4,513,287	0	0	1,400,504	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		4,513,287	0	0	1,400,504	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/31/2014 5:03 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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03630 ULTRA SOUND	0	0		54.01
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
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03020 OTHER ANCILLARY SERVICE COST CENTER	0	0		76.00
76.01 03022 ULTRA SOUND	0	0		76.01
76.05 03026 PATIENT EDUCATION	0	0		76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND CARE	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 140181 Component CCN: 14S181	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/31/2014 5:03 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	166,019	4,246,480	0.039096	0	0	50.00
51.00	05100 RECOVERY ROOM	9,576	1,228,188	0.007797	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	34,042	2,049,562	0.016609	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	215,493	4,042,798	0.053303	16,242	866	54.00
54.01	03630 ULTRA SOUND	23,080	881,703	0.026177	4,034	106	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	10,577	5,558,008	0.001903	10,764	20	57.00
58.00	05800 MRI	1,265	547,701	0.002310	4,011	9	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	53,948	17,542,104	0.003075	307,459	945	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	7,825	745,594	0.010495	185	2	63.00
65.00	06500 RESPIRATORY THERAPY	43,702	6,117,362	0.007144	9,713	69	65.00
66.00	06600 PHYSICAL THERAPY	24,567	2,307,789	0.010645	55,868	595	66.00
68.00	06800 SPEECH PATHOLOGY	616	90,701	0.006792	731	5	68.00
69.00	06900 ELECTROCARDIOLOGY	26,633	2,536,254	0.010501	15,667	165	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,715	99,200	0.027369	1,200	33	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	41,257	10,495,770	0.003931	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,195	605,834	0.003623	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	54,823	8,811,507	0.006222	340,692	2,120	73.00
74.00	07400 RENAL DIALYSIS	7,052	1,301,037	0.005420	17,451	95	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0	76.00
76.01	03022 ULTRA SOUND	0	0	0.000000	0	0	76.01
76.05	03026 PATIENT EDUCATION	0	0	0.000000	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 WOUND CARE	1,956	29,696	0.065867	0	0	90.01
91.00	09100 EMERGENCY	95,608	6,143,887	0.015561	46,830	729	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	967,925	0.000000	0	0	92.00
200.00	Total (lines 50-199)	822,949	76,349,100		830,847	5,759	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140181 Component CCN: 14S181	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/31/2014 5:03 pm
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	Title XVIII	Subprovider - IPF	PPS
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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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630 ULTRA SOUND	0	0	0	0	0	54.01
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
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.01	03022 ULTRA SOUND	0	0	0	0	0	76.01
76.05	03026 PATIENT EDUCATION	0	0	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOUND CARE	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140181 Component CCN: 14S181	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/31/2014 5:03 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description			Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	4,246,480	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	1,228,188	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,049,562	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,042,798	0.000000	0.000000	16,242	54.00
54.01	03630	ULTRA SOUND	0	881,703	0.000000	0.000000	4,034	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	5,558,008	0.000000	0.000000	10,764	57.00
58.00	05800	MRI	0	547,701	0.000000	0.000000	4,011	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	17,542,104	0.000000	0.000000	307,459	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	745,594	0.000000	0.000000	185	63.00
65.00	06500	RESPIRATORY THERAPY	0	6,117,362	0.000000	0.000000	9,713	65.00
66.00	06600	PHYSICAL THERAPY	0	2,307,789	0.000000	0.000000	55,868	66.00
68.00	06800	SPEECH PATHOLOGY	0	90,701	0.000000	0.000000	731	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,536,254	0.000000	0.000000	15,667	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	99,200	0.000000	0.000000	1,200	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,495,770	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	605,834	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,811,507	0.000000	0.000000	340,692	73.00
74.00	07400	RENAL DIALYSIS	0	1,301,037	0.000000	0.000000	17,451	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0.000000	0	76.00
76.01	03022	ULTRA SOUND	0	0	0.000000	0.000000	0	76.01
76.05	03026	PATIENT EDUCATION	0	0	0.000000	0.000000	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	WOUND CARE	0	29,696	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	0	6,143,887	0.000000	0.000000	46,830	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	967,925	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	76,349,100			830,847	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/31/2014 5:03 pm
	Component CCN: 14S181	Title XVIII	Subprovider - IPF PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,572	0	54.00
54.01	03630 ULTRA SOUND	0	474	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	3,272	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,115	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTER	0	0	0	76.00
76.01	03022 ULTRA SOUND	0	0	0	76.01
76.05	03026 PATIENT EDUCATION	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 WOUND CARE	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	10,433	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140181 Component CCN: 14S181	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/31/2014 5:03 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.473766	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.378076	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.203478	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.395808	4,572	0	0	1,810	54.00
54.01 03630 ULTRA SOUND	0.291450	474	0	0	138	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00 05700 CT SCAN	0.097249	3,272	0	0	318	57.00
58.00 05800 MRI	0.207219	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.139191	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.637159	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.174349	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.203485	0	0	0	0	66.00
68.00 06800 SPEECH PATHOLOGY	0.598240	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.166035	2,115	0	0	351	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.255121	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.235735	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.325086	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.435818	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.377396	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00 03020 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	0	0	76.00
76.01 03022 ULTRA SOUND	0.000000	0	0	0	0	76.01
76.05 03026 PATIENT EDUCATION	0.000000	0	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 WOUND CARE	1.044080	0	0	0	0	90.01
91.00 09100 EMERGENCY	0.655815	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.114230	0	0	0	0	92.00
200.00 Subtotal (see instructions)		10,433	0	0	2,617	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		10,433	0	0	2,617	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/31/2014 5:03 pm
	Component CCN: 14S181	Title XVII I	Subprovider - IPF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03630 ULTRA SOUND	0	0	54.01
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
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03020 OTHER ANCILLARY SERVICE COST CENTER	0	0	76.00
76.01 03022 ULTRA SOUND	0	0	76.01
76.05 03026 PATIENT EDUCATION	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 WOUND CARE	0	0	90.01
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/31/2014 5:03 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	492,661	0	492,661	20,666	23.84	30.00	
31.00	INTENSIVE CARE UNIT	88,211		88,211	2,117	41.67	31.00	
40.00	SUBPROVIDER - IPF	104,259	0	104,259	2,721	38.32	40.00	
43.00	NURSERY	0		0	0	0.00	43.00	
200.00	Total (lines 30-199)	685,131		685,131	25,504		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	4,884	116,435					30.00
31.00	INTENSIVE CARE UNIT	537	22,377					31.00
40.00	SUBPROVIDER - IPF	286	10,960					40.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30-199)	5,707	149,772					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140181

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/31/2014 5:03 pm

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	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	166,019	6,283,195	0.026423	0	0	50.00
51.00	05100	RECOVERY ROOM	9,576	1,729,050	0.005538	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	34,042	2,479,036	0.013732	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	215,493	2,590,772	0.083177	0	0	54.00
54.01	03630	ULTRA SOUND	23,080	0	0.000000	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	2,057,802	0.000000	0	0	56.00
57.00	05700	CT SCAN	10,577	6,693,584	0.001580	0	0	57.00
58.00	05800	MRI	1,265	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	53,948	20,121,693	0.002681	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,825	779,578	0.010037	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	43,702	12,290,461	0.003556	0	0	65.00
66.00	06600	PHYSICAL THERAPY	24,567	2,047,130	0.012001	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	616	90,086	0.006838	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	26,633	2,822,587	0.009436	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,715	106,159	0.025575	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	41,257	3,573,592	0.011545	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,195	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	54,823	9,412,483	0.005824	0	0	73.00
74.00	07400	RENAL DIALYSIS	7,052	1,896,941	0.003718	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0	0	76.00
76.01	03022	ULTRA SOUND	0	1,569,207	0.000000	0	0	76.01
76.05	03026	PATIENT EDUCATION	0	3,673	0.000000	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	WOUND CARE	1,956	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	95,608	6,752,269	0.014159	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,957	1,113,946	0.003552	0	0	92.00
200.00		Total (lines 50-199)	826,906	84,413,244		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140181		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part III Date/Time Prepared: 5/31/2014 5:03 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS 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
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,666	0.00	4,884	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,117	0.00	537	0		31.00
40.00	04000	SUBPROVIDER - IPF	2,721	0.00	286	0		40.00
43.00	04300	NURSERY	0	0.00	0	0		43.00
200.00		Total (lines 30-199)	25,504		5,707	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140181

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/31/2014 5:03 pm

Cost Center Description			Title XIX				Hospital	
			Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTER	0	0	0	0	0	76.00
76.01	03022	ULTRA SOUND	0	0	0	0	0	76.01
76.05	03026	PATIENT EDUCATION	0	0	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND CARE	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140181

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/31/2014 5:03 pm

Cost Center Description			Title XIX			Hospital		PPS	
			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	6,283,195	0.000000	0.000000		0	50.00
51.00	05100	RECOVERY ROOM	0	1,729,050	0.000000	0.000000		0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000		0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,479,036	0.000000	0.000000		0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,590,772	0.000000	0.000000		0	54.00
54.01	03630	ULTRA SOUND	0	0	0.000000	0.000000		0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000		0	55.00
56.00	05600	RADIOISOTOPE	0	2,057,802	0.000000	0.000000		0	56.00
57.00	05700	CT SCAN	0	6,693,584	0.000000	0.000000		0	57.00
58.00	05800	MRI	0	0	0.000000	0.000000		0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000		0	59.00
60.00	06000	LABORATORY	0	20,121,693	0.000000	0.000000		0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	779,578	0.000000	0.000000		0	63.00
65.00	06500	RESPIRATORY THERAPY	0	12,290,461	0.000000	0.000000		0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,047,130	0.000000	0.000000		0	66.00
68.00	06800	SPEECH PATHOLOGY	0	90,086	0.000000	0.000000		0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,822,587	0.000000	0.000000		0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	106,159	0.000000	0.000000		0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,573,592	0.000000	0.000000		0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000		0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,412,483	0.000000	0.000000		0	73.00
74.00	07400	RENAL DIALYSIS	0	1,896,941	0.000000	0.000000		0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000		0	75.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTER	0	0	0.000000	0.000000		0	76.00
76.01	03022	ULTRA SOUND	0	1,569,207	0.000000	0.000000		0	76.01
76.05	03026	PATIENT EDUCATION	0	3,673	0.000000	0.000000		0	76.05
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0.000000	0.000000		0	90.00
90.01	09001	WOUND CARE	0	0	0.000000	0.000000		0	90.01
91.00	09100	EMERGENCY	0	6,752,269	0.000000	0.000000		0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,113,946	0.000000	0.000000		0	92.00
200.00		Total (lines 50-199)	0	84,413,244				0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140181

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/31/2014 5:03 pm

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)	Hospital	PPS
		11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	03630 ULTRA SOUND	0	0	0		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MRI	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTER	0	0	0		76.00
76.01	03022 ULTRA SOUND	0	0	0		76.01
76.05	03026 PATIENT EDUCATION	0	0	0		76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 WOUND CARE	0	0	0		90.01
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00	Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/31/2014 5:03 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		20,666	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,666	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)		20,500	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		13,175	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
<b>SWING BED ADJUSTMENT</b>				
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)		13,764,794	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)		13,764,794	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		13,764,794	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		666.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,775,341	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)		8,775,341	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140181		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/31/2014 5:03 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	2,913,965	2,117	1,376.46	1,111	1,529,247		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							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					8,273,583		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					18,578,171		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)					360,387		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					297,464		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					657,851		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					17,920,320		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)					166		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					666.06		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					110,566		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140181

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

Worksheet D-1

Date/Time Prepared:  
5/31/2014 5:03 pm

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		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	492,661	13,764,794	0.035791	110,566	3,957	90.00
91.00 Nursing School cost	0	13,764,794	0.000000	110,566	0	91.00
92.00 Allied health cost	0	13,764,794	0.000000	110,566	0	92.00
93.00 All other Medical Education	0	13,764,794	0.000000	110,566	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 14S181		Date/Time Prepared: 5/31/2014 5:03 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,721	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,721	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)		2,721	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)		1,681	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
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,899,156	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,899,156	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,899,156	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,065.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,791,055	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)		1,791,055	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140181		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1		
		Component CCN: 14S181				Date/Time Prepared: 5/31/2014 5:03 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	
<b>Intensive Care Type Inpatient Hospital Units</b>								
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							47.00	
<b>Cost Center Description</b>								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						254,778		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,045,833		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>								
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						64,416		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						5,759		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						70,175		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						1,975,658		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>								
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>								
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: 140181 Component CCN: 14S181		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/31/2014 5:03 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	104,259	2,899,156	0.035962	0	0	90.00
91.00	Nursing School cost	0	2,899,156	0.000000	0	0	91.00
92.00	Allied health cost	0	2,899,156	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,899,156	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/31/2014 5:03 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		20,666	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,666	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)		20,500	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,884	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
<b>SWING BED ADJUSTMENT</b>				
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)		13,764,794	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)		13,764,794	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		13,764,794	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		666.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,253,037	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,253,037	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140181		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
Title XIX		Hospital		PPS		Date/Time Prepared: 5/31/2014 5:03 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		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,913,965	2,117	1,376.46	537	739,159		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							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,992,196	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)						138,812	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						138,812	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						3,853,384	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)						166	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						666.06	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						110,566	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140181

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

Worksheet D-1

Date/Time Prepared:  
5/31/2014 5:03 pm

Cost Center Description	Cost	Title XIX		Hospital	PPS	
		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	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	492,661	13,764,794	0.035791	110,566	3,957	90.00
91.00 Nursing School cost	0	13,764,794	0.000000	110,566	0	91.00
92.00 Allied health cost	0	13,764,794	0.000000	110,566	0	92.00
93.00 All other Medical Education	0	13,764,794	0.000000	110,566	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/31/2014 5:03 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		14,856,818	30.00
31.00	03100	INTENSIVE CARE UNIT		2,403,662	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.473766	1,709,492	50.00
51.00	05100	RECOVERY ROOM	0.378076	402,387	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.321942	700,982	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.395808	1,261,195	54.00
54.01	03630	ULTRA SOUND	0.291450	192,274	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.097249	1,362,253	57.00
58.00	05800	MRI	0.207219	97,788	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.139340	6,255,313	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.637159	369,871	63.00
65.00	06500	RESPIRATORY THERAPY	0.174349	2,860,785	65.00
66.00	06600	PHYSICAL THERAPY	0.203485	1,368,095	66.00
68.00	06800	SPEECH PATHOLOGY	0.598240	44,082	68.00
69.00	06900	ELECTROCARDIOLOGY	0.166035	1,144,750	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.255121	53,900	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.235735	5,089,196	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.325086	96,728	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.435818	4,838,516	73.00
74.00	07400	RENAL DIALYSIS	0.377396	975,563	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	76.00
76.01	03022	ULTRA SOUND	0.000000	0	76.01
76.05	03026	PATIENT EDUCATION	0.000000	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	WOUND CARE	1.044080	94	90.01
91.00	09100	EMERGENCY	0.659093	842,274	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.114230	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		29,665,538	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)		29,665,538	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140181 Component CCN: 14S181	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/31/2014 5:03 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		1,849,100		40.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.473766	0	0	50.00
51.00	05100 RECOVERY ROOM	0.378076	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.321942	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.395808	16,242	6,429	54.00
54.01	03630 ULTRA SOUND	0.291450	4,034	1,176	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.097249	10,764	1,047	57.00
58.00	05800 MRI	0.207219	4,011	831	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.139340	307,459	42,841	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.637159	185	118	63.00
65.00	06500 RESPIRATORY THERAPY	0.174349	9,713	1,693	65.00
66.00	06600 PHYSICAL THERAPY	0.203485	55,868	11,368	66.00
68.00	06800 SPEECH PATHOLOGY	0.598240	731	437	68.00
69.00	06900 ELECTROCARDIOLOGY	0.166035	15,667	2,601	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.255121	1,200	306	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.235735	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.325086	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.435818	340,692	148,480	73.00
74.00	07400 RENAL DIALYSIS	0.377396	17,451	6,586	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTER	0.000000	0	0	76.00
76.01	03022 ULTRA SOUND	0.000000	0	0	76.01
76.05	03026 PATIENT EDUCATION	0.000000	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 WOUND CARE	1.044080	0	0	90.01
91.00	09100 EMERGENCY	0.659093	46,830	30,865	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.114230	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		830,847	254,778	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)		830,847		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/31/2014 5:03 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		9,409,949	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		3,008,254	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0	1.03
2.00	Outlier payments for discharges. (see instructions)		112,583	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		121.55	4.00
<b>Indirect Medical Education Adjustment</b>				
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
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		17.07	30.00
31.00	Percentage of Medicaid patient days (see instructions)		30.61	31.00
32.00	Sum of lines 30 and 31		47.68	32.00
33.00	Allowable disproportionate share percentage (see instructions)		28.55	33.00
34.00	Disproportionate share adjustment (see instructions)		2,901,254	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/31/2014 5:03 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			0	35.00
35.01	Factor 3 (see instructions)			0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			2,650,859	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			668,162	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		668,162		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		516.48		45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			0	46.00
47.00	Subtotal (see instructions)		16,100,202		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)		16,100,202		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,089,944		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)		17,190,146		59.00
60.00	Primary payer payments		1,718		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		17,188,428		61.00
62.00	Deductibles billed to program beneficiaries		1,083,329		62.00
63.00	Coinurance billed to program beneficiaries		267,708		63.00
64.00	Allowable bad debts (see instructions)		728,490		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		473,519		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		547,231		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		16,310,910		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)			-46,207	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-77,599	70.94
70.95	Recovery of Accelerated Depreciation			0	70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/31/2014 5:03 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		16,187,104		71.00
71.01	Sequestration adjustment (see instructions)		244,425		71.01
72.00	Interim payments		15,975,199		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		-32,520		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		167,195		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/31/2014 5:03 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			1,400,504 2.00
3.00	PPS payments			1,234,788 3.00
4.00	Outlier payment (see instructions)			10,490 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			1,245,278 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)			295,524 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)			949,754 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)			949,754 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			949,754 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			135,046 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			87,780 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			98,968 36.00
37.00	Subtotal (see instructions)			1,037,534 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			1,037,534 40.00
40.01	Sequestration adjustment (see instructions)			15,667 40.01
41.00	Interim payments			992,494 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			29,373 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/31/2014 5:03 pm
		Component CCN: 14S181	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,617	2.00
3.00	PPS payments		2,523	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		2,523	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		641	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)		1,882	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)		1,882	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,882	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		1,882	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		1,882	40.00
40.01	Sequestration adjustment (see instructions)		28	40.01
41.00	Interim payments		1,844	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		10	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140181

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/31/2014 5:03 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		16,543,746		934,781	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		588,896		57,713	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	12/24/2013	1,157,443		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)		-1,157,443		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)		15,975,199		992,494	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		29,373	6.01	
6.02	SETTLEMENT TO PROGRAM		32,520		0	6.02	
7.00	Total Medicare program liability (see instructions)		15,942,679		1,021,867	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: 140181  
Component CCN: 14S181

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/31/2014 5:03 pm

Title XVIII

Subprovider -  
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,290,750		1,844	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)		1,290,750		1,844	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		54,783		10	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,345,533		1,854	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140181		Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part II Date/Time Prepared: 5/31/2014 5:03 pm
Title XVIII		Hospital	PPS
			1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS			
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	3,335	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	14,286	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2	202	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	22,617	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	107,335,052	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	6,409,262	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	1,660,221	8.00
9.00	Sequestration adjustment amount (see instructions)	33,204	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,627,017	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	1,594,611	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	32,406	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140181 Component CCN: 14S181	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part II Date/Time Prepared: 5/31/2014 5:03 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,444,833 1.00
2.00	Net IPF PPS Outlier Payments			0 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)			7.454795 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9))) \text{ raised to the power of } .5150 - 1\}$ .			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,444,833 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)			1,444,833 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,444,833 18.00
19.00	Deductibles			99,456 19.00
20.00	Subtotal (line 18 minus line 19)			1,345,377 20.00
21.00	Coinsurance			29,304 21.00
22.00	Subtotal (line 20 minus line 21)			1,316,073 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			77,060 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			50,089 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			77,060 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,366,162 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)			1,366,162 31.00
31.01	Sequestration adjustment (see instructions)			20,629 31.01
32.00	Interim payments			1,290,750 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			54,783 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 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

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

Provider CCN: 140181

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

Worksheet G

Date/Time Prepared:  
5/31/2014 5:03 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	1,290,389	0	0	0	1.00
2.00	Temporary investments	12,098	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	3,916,181	0	0	0	4.00
5.00	Other receivable	1,645,845	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	390,191	0	0	0	7.00
8.00	Prepaid expenses	191,206	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)	7,445,910	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	1,474,845	0	0	0	12.00
13.00	Land improvements	1,100,274	0	0	0	13.00
14.00	Accumulated depreciation	-1,021,293	0	0	0	14.00
15.00	Buildings	17,790,291	0	0	0	15.00
16.00	Accumulated depreciation	-8,448,427	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	10,259,314	0	0	0	19.00
20.00	Accumulated depreciation	-9,108,457	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	20,472,291	0	0	0	23.00
24.00	Accumulated depreciation	-17,935,683	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	14,583,155	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	2,441,884	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	5,587,732	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,029,616	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	30,058,681	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	706,969	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,963,626	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	2,810,373	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	6,480,968	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	6,156,002	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	6,156,002	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	12,636,970	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	17,421,711				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)	17,421,711	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	30,058,681	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140181

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

Worksheet G-1

Date/Time Prepared:  
5/31/2014 5:03 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		20,087,353		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-2,061,439			2.00
3.00	Total (sum of line 1 and line 2)		18,025,914		0	3.00
4.00	UNREALIZED GAIN	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		18,025,914		0	11.00
12.00	UNREALIZED LOSSES	604,203		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)		604,203		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		17,421,711		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	UNREALIZED GAIN		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	UNREALIZED LOSSES		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: 140181

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/31/2014 5:03 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	23,418,834		23,418,834	1.00
2.00	SUBPROVIDER - IPF	2,999,700		2,999,700	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				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)	26,418,534		26,418,534	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,567,418		4,567,418	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				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	4,567,418		4,567,418	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	30,985,952		30,985,952	17.00
18.00	Ancillary services	52,993,209	23,355,882	76,349,091	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)	83,979,161	23,355,882	107,335,043	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		45,243,450		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)		45,243,450		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140181

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

Worksheet G-3

Date/Time Prepared:  
5/31/2014 5:03 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	107,335,043	1.00
2.00	Less contractual allowances and discounts on patients' accounts	68,138,339	2.00
3.00	Net patient revenues (line 1 minus line 2)	39,196,704	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	45,243,450	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-6,046,746	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	453,463	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 OPERATING REVENUE	3,531,927	24.00
25.00	Total other income (sum of lines 6-24)	3,985,390	25.00
26.00	Total (line 5 plus line 25)	-2,061,356	26.00
27.00	RECONCILING ITEM	83	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	83	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-2,061,439	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140181	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/31/2014 5:03 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		988,284	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,448	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		61.96	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		17.07	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		30.61	8.00
9.00	Sum of lines 7 and 8		47.68	9.00
10.00	Allowable disproportionate share percentage (see instructions)		10.14	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		100,212	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,089,944	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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