

Riverside Medical Center

Medicare Cost Report

Fiscal Year Ended 12.31.2013

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/29/2014 7:42 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/29/2014 Time: 7:42 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by RIVERSIDE MEDICAL CENTER (140186) 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.

Encryption Information

ECR: Date: 5/29/2014 Time: 7:42 pm
Q16d5Ateko4bR00I q6l : lC1FW2l zh0
zi gWW0sPI 27SNUG2zgo17b2tUrCBzs
LTTj 1cvePx0Jpai u
PI: Date: 5/29/2014 Time: 7:42 pm
cq5aL. bKLqLkyDKnVI S01Rw1Pgn0D0
PoLQH02YTqgfPC5EbahAQCsRXEZBtS
67EW0Wp90e0nZ61D

(Signed)

Officer or Administrator of Provider(s)

Title

Date

	Title V 1.00	Title XVII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	46,287	150,097	-103,224	0 1.00
2.00	Subprovider - IPF	0	0	0	0	0 2.00
3.00	Subprovider - IRF	0	-3,315	0	0	0 3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	673	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
200.00	Total	0	42,972	150,770	-103,224	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: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 7:41 pm
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code: 60901		4.00 County: USA		1.00
1.00	Street: 350 NORTH WALL STREET	2.00 State: IL		3.00 Zip Code: 60901		4.00 County: USA		2.00
2.00	City: KANKAKEE	2.00 State: IL		3.00 Zip Code: 60901		4.00 County: USA		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	RI VERSI DE MEDICAL CENTER	140186	28100	1	01/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	RI VERSI DE MEDICAL CENTER - RHB	14T186	28100	5	01/01/1984	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	RI VERSI DE MEDICAL CENTER - HHA	147400	28100		01/01/1984	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC	PEMBROKE RURAL HEALTH CLINIC	143976	28100		01/01/1987	N	O	N	15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:	
						1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2013	12/31/2013	20.00
21.00	Type of Control (see instructions)					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.					1	N	23.00	

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	10,560	4,935	0	0	249	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.	148	127	0	0	33		25.00

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		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				39.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	N 0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	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		
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

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		V 1.00	XIX 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. Rural Providers	0.00	0.00	97.00		
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 1.00	Occupational 2.00	Speech 3.00	Respiratory 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.					109.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		0			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	0			118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N			118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y			121.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 7:41 pm			
		1.00	2.00				
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y			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:			
142.00	Street:	PO Box:					
143.00	City:	State:		Zip Code:			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y			144.00		
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y			145.00		
				1.00	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00		
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N			165.00		
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	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)	0.75			169.00		
		Beginning		Ending			
		1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2013		12/31/2013		170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/29/2014 7:41 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.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/13/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/29/2014 7:41 pm
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			Y	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			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
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			Y	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.			Y	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			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.			Y	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RICARD		SCHILTZ	41.00
42.00	Enter the employer/company name of the cost report preparer.	RI VERSI DE MEDI CAL CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-935-7256 X3492		RI CHARD-SCHI LTZ@RI VERSI DEHEA LTHCARE.	43.00

		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	05/13/2014		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		DIRECTOR OF FINANCE	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: 140186

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2014 7:41 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Ti tle 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	255	93,075	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)		255	93,075	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	27	9,855	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	11	4,015	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		293	106,945	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	24	8,760		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		317				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: 140186

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2014 7:41 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	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)	17,913	11,311	44,450			1.00
2.00 HMO and other (see instructions)	734	2,615				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	73	135				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)	17,913	11,311	44,450			7.00
8.00 INTENSIVE CARE UNIT	2,079	93	3,050			8.00
9.00 CORONARY CARE UNIT	1,701	282	2,462			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,443	2,449			13.00
14.00 Total (see instructions)	21,693	13,129	52,411	13.33	1,492.65	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	5,212	173	6,564	0.00	30.22	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	18,795	1,053	23,059	0.00	37.93	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	917	0	4,361	0.00	5.50	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				13.33	1,566.30	27.00
28.00 Observation Bed Days		114	412			28.00
29.00 Ambulance Trips	2,888					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: 140186

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2014 7:41 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	4,725	2,286	10,939	1.00
2.00	HMO and other (see instructions)			147			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	4,725	2,286	10,939	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	430	14	562	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140186		Period: From 01/01/2013 To 12/31/2013		Worksheet S-3 Part II Date/Time Prepared: 5/29/2014 7:41 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	94,396,270	2,060,198	96,456,468	3,092,900.00	31.19	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		210,975	0	210,975	2,032.00	103.83	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		1,215,899	0	1,215,899	8,864.00	137.17	5.00
6.00	Non-physician-Part B		154,561	0	154,561	9,087.00	17.01	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		1,130,057	0	1,130,057	28,808.00	39.23	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		21,606,595	513,760	22,120,355	537,498.00	41.15	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		1,350,048	0	1,350,048	14,388.00	93.83	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		712,255	0	712,255	3,606.00	197.52	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		19,793,673	0	19,793,673			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		4,142,748	0	4,142,748			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		21,600	0	21,600			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		94,237	0	94,237			23.00
24.00	Wage-related costs (RHC/FQHC)		58,647	0	58,647			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	460,703	0	460,703	17,978.00	25.63	26.00
27.00	Administrative & General	5.00	13,559,324	2,284,208	15,843,532	465,751.00	34.02	27.00
28.00	Administrative & General under contract (see inst.)		900,076	0	900,076	3,292.00	273.41	28.00
29.00	Maintenance & Repairs	6.00	1,389,470	39,286	1,428,756	49,533.00	28.84	29.00
30.00	Operation of Plant	7.00	691,129	23,137	714,266	30,795.00	23.19	30.00
31.00	Laundry & Linen Service	8.00	354,018	6,093	360,111	26,953.00	13.36	31.00
32.00	Housekeeping	9.00	1,289,580	15,910	1,305,490	97,279.00	13.42	32.00
33.00	Housekeeping under contract (see instructions)		157,485	0	157,485	4,160.00	37.86	33.00
34.00	Dietary	10.00	1,271,664	-821,179	450,485	33,512.00	13.44	34.00
35.00	Dietary under contract (see instructions)		312,192	0	312,192	7,680.00	40.65	35.00
36.00	Cafeteria	11.00	0	837,702	837,702	67,056.00	12.49	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,712,466	-1,471,833	1,240,633	28,669.00	43.27	38.00
39.00	Central Services and Supply	14.00	310,374	8,527	318,901	20,111.00	15.86	39.00
40.00	Pharmacy	15.00	2,008,035	-2,008,035	0	0.00	0.00	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140186

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2014 7:41 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion 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	
41.00	Medical Records & Medical Records Library	16.00 1,313,272	29,606	1,342,878	62,098.00	21.63	41.00
42.00	Social Service	17.00 1,647,664	-1,081,577	566,087	14,792.00	38.27	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140186

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2014 7:41 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Pai d Hours Related to Sal ari es i n col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	93,265,506	2,060,198	95,325,704	3,061,273.00	31.14	1.00
2.00	Excluded area salaries (see instructions)	21,606,595	513,760	22,120,355	537,498.00	41.15	2.00
3.00	Subtotal salaries (line 1 minus line 2)	71,658,911	1,546,438	73,205,349	2,523,775.00	29.01	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,062,303	0	2,062,303	17,994.00	114.61	4.00
5.00	Subtotal wage-related costs (see inst.)	19,815,273	0	19,815,273	0.00	27.07	5.00
6.00	Total (sum of lines 3 thru 5)	93,536,487	1,546,438	95,082,925	2,541,769.00	37.41	6.00
7.00	Total overhead cost (see instructions)	28,377,452	-2,138,155	26,239,297	929,659.00	28.22	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2014 7:41 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		3,820,022	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		11,604,509	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		261,063	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		420,951	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)		285,001	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		890,616	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		6,455,308	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		115,000	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		5,320	22.00
23.00	Tuition Reimbursement		253,115	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		24,110,905	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part V Date/Time Prepared: 5/29/2014 7:41 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,350,048	0	1.00
2.00	Hospital	1,350,048	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140186 Component CCN: 147400		Period: From 01/01/2013 To 12/31/2013		Worksheet S-4 Date/Time Prepared: 5/29/2014 7:41 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			KANKAKEE		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,231	69	215	1,515	
2.00	Unduplicated Census Count (see instructions)	0.00	1,071.00	60.00	313.00	1,419.00	
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	
5.00	Other Administrative Personnel			14.62	0.00	14.62	
6.00	Direct Nursing Service			11.39	0.00	11.39	
7.00	Nursing Supervisor			0.00	0.00	0.00	
8.00	Physical Therapy Service			9.13	0.00	9.13	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	
10.00	Occupational Therapy Service			1.87	0.00	1.87	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	
12.00	Speech Pathology Service			0.18	0.00	0.18	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	
14.00	Medical Social Service			0.01	0.00	0.01	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	
16.00	Home Health Aide			0.73	0.00	0.73	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	
18.00	Other (specify)			0.00	0.00	0.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			4			
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16580			
20.01				16974			
20.02				28100			
20.03				99914			
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	8,664	440	438	178	9,720	
22.00	Skilled Nursing Visit Charges	2,060,504	109,000	91,001	40,000	2,300,505	
23.00	Physical Therapy Visits	6,573	50	91	130	6,844	
24.00	Physical Therapy Visit Charges	1,780,351	13,750	23,650	34,925	1,852,676	
25.00	Occupational Therapy Visits	1,050	12	8	33	1,103	
26.00	Occupational Therapy Visit Charges	288,475	3,300	2,200	9,075	303,050	
27.00	Speech Pathology Visits	268	14	0	0	282	
28.00	Speech Pathology Visit Charges	72,325	3,850	0	0	76,175	
29.00	Medical Social Service Visits	28	0	0	0	28	
30.00	Medical Social Service Visit Charges	7,700	0	0	0	7,700	
31.00	Home Health Aide Visits	775	32	7	4	818	
32.00	Home Health Aide Visit Charges	57,600	2,400	375	300	60,675	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	17,358	548	544	345	18,795	
34.00	Other Charges	0	0	0	0	0	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	4,266,955	132,300	117,226	84,300	4,600,781	
36.00	Total Number of Episodes (standard/non outlier)	1,190		162	30	1,382	
37.00	Total Number of Outlier Episodes		12		1	13	
38.00	Total Non-Routine Medical Supply Charges	249	0	0	41	290	

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 140186 Component CCN: 143976		Period: From 01/01/2013 To 12/31/2013		Worksheet S-8 Date/Time Prepared: 5/29/2014 7:41 pm	
				Rural Health Clinic (RHC) I		Cost	
						1.00	
1.00		Clinic Address and Identification Street		3400 SOUTH MAIN		1.00	
		City		State		Zip Code	
		1.00		2.00		3.00	
2.00		City, State, Zip Code, County		HOPKINS PARK IL		6094400000 2.00	
						1.00	
3.00		FOHCs ONLY: Designation - Enter "R" for rural or "U" for urban				0 3.00	
				Grant Award		Date	
				1.00		2.00	
4.00		Source of Federal Funds Community Health Center (Section 330(d), PHS Act)		0		4.00	
5.00		Migrant Health Center (Section 329(d), PHS Act)		0		5.00	
6.00		Health Services for the Homeless (Section 340(d), PHS Act)		0		6.00	
7.00		Appalachian Regional Commission		0		7.00	
8.00		Look-Alikes		0		8.00	
9.00		OTHER (SPECIFY)		0		9.00	
						1.00 2.00	
10.00		Does this facility operate as other than an RHC or FOHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)		N		0 10.00	
		Sunday		Monday		Tuesday	
		from to		from to		from	
		1.00 2.00		3.00 4.00		5.00	
11.00		Facility hours of operations (1) Clinic		09:00 17:00		09:00 11.00	
						1.00 2.00	
12.00		Have you received an approval for an exception to the productivity standard?		N		12.00	
13.00		Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.		N		0 13.00	
				Provider name		CCN number	
				1.00		2.00	
14.00		Provider name, CCN number				14.00	
				Y/N		V	
				1.00		2.00	
15.00		Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)		N		0 0 0 0 0 15.00	
				County		4.00	
2.00		City, State, Zip Code, County		KANKAKEE		2.00	
				Tuesday		Wednesday	
				to		from to	
				6.00 7.00		8.00 9.00 10.00	
11.00		Facility hours of operations (1) Clinic		17:00		09:00 17:00 11.00	

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 140186 Component CCN: 143976	Period: From 01/01/2013 To 12/31/2013	Worksheet S-8 Date/Time Prepared: 5/29/2014 7:41 pm Cost
		Rural Health Clinic (RHC) I	

	Friday		Saturday				
	from	to	from	to			
	11.00	11.00	12.00	13.00			14.00
11.00	Facility hours of operations (1)						
	Clinic	09:00	17:00				11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/29/2014 7:41 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.256187	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		22,666,666	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		301,326	5.00	
6.00	Medicaid charges		102,969,588	6.00	
7.00	Medicaid cost (line 1 times line 6)		26,379,470	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)		3,411,478	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		3,411,478	19.00	
			1.00		
			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	10,885,774	9,024,063	19,909,837	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,788,794	2,311,848	5,100,642	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)	2,788,794	2,311,848	5,100,642	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			7,291,517	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,374,066	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			5,917,451	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			1,515,974	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			6,616,616	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			10,028,094	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140186		Period: From 01/01/2013 To 12/31/2013		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		8,430,100	8,430,100	615,619	9,045,719	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		10,448,849	10,448,849	402,752	10,851,601	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	460,703	24,179,009	24,639,712	-1,332,129	23,307,583	4.00
5.01	00510	COMMUNICATIONS	0	1,265,067	1,265,067	0	1,265,067	5.01
5.02	00511	DATA PROCESSING	2,447,539	6,009,087	8,456,626	46,309	8,502,935	5.02
5.03	00512	PURCHASING	632,635	1,251,937	1,884,572	-790,737	1,093,835	5.03
5.05	00514	BUSINESS OFFICE	3,627,593	346,999	3,974,592	66,349	4,040,941	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERA	6,851,557	24,112,714	30,964,271	-461,143	30,503,128	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,389,470	6,649,679	8,039,149	39,286	8,078,435	6.00
7.00	00700	OPERATION OF PLANT	691,129	76,421	767,550	23,137	790,687	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	354,018	90,403	444,421	6,093	450,514	8.00
9.00	00900	HOUSEKEEPING	1,289,580	817,868	2,107,448	15,910	2,123,358	9.00
10.00	01000	DIETARY	1,271,664	2,222,610	3,494,274	-2,285,789	1,208,485	10.00
11.00	01100	CAFETERIA	0	0	0	2,302,312	2,302,312	11.00
13.00	01300	NURSING ADMINISTRATION	2,712,466	39,830	2,752,296	-1,471,833	1,280,463	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	310,374	294,638	605,012	8,527	613,539	14.00
15.00	01500	PHARMACY	2,008,035	3,842,386	5,850,421	-5,427,078	423,343	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,313,272	663,564	1,976,836	29,606	2,006,442	16.00
17.00	01700	SOCIAL SERVICE	1,647,664	470,905	2,118,569	-1,066,587	1,051,982	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	114,986	1,687,135	1,802,121	587	1,802,708	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,976,553	1,085,294	14,061,847	164,002	14,225,849	30.00
31.00	03100	INTENSIVE CARE UNIT	1,757,876	154,497	1,912,373	54,284	1,966,657	31.00
32.00	03200	CORONARY CARE UNIT	1,694,833	100,230	1,795,063	38,727	1,833,790	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,619,253	853,473	2,472,726	56,699	2,529,425	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	911,274	217,287	1,128,561	50,449	1,179,010	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,340,019	6,135,489	9,475,508	499,953	9,975,461	50.00
51.00	05100	RECOVERY ROOM	1,600,674	128,146	1,728,820	181,794	1,910,614	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,425,525	159,135	1,584,660	71,025	1,655,685	52.00
53.00	05300	ANESTHESIOLOGY	55,029	442,691	497,720	278,502	776,222	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,761,390	1,081,848	3,843,238	-1,009,709	2,833,529	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	166,526	417,801	584,327	1,678	586,005	54.01
54.02	05404	ULTRASOUND	468,262	46,831	515,093	8,274	523,367	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,103,770	6,663,396	7,767,166	-4,057,210	3,709,956	55.00
57.00	05700	CT SCAN	590,406	155,052	745,458	8,795	754,253	57.00
58.00	05800	MRI	209,228	67,014	276,242	4,927	281,169	58.00
59.00	05900	CARDIAC CATHETERIZATION	898,626	2,548,733	3,447,359	92,448	3,539,807	59.00
60.00	06000	LABORATORY	2,245,529	4,677,803	6,923,332	108,517	7,031,849	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	190,661	569,850	760,511	846,960	1,607,471	64.00
65.00	06500	RESPIRATORY THERAPY	1,349,844	241,597	1,591,441	56,867	1,648,308	65.00
66.00	06600	PHYSICAL THERAPY	2,257,635	411,903	2,669,538	116,469	2,786,007	66.00
69.00	06900	ELECTROCARDIOLOGY	544,920	59,117	604,037	58,292	662,329	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	773,682	773,682	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,967,954	12,967,954	0	12,967,954	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,978,196	12,978,196	73.00
75.01	07501	RENAL DIALYSIS (IP)	0	553,941	553,941	0	553,941	75.01
76.00	03020	CARDIAC REHAB	206,061	13,413	219,474	21,129	240,603	76.00
76.01	03021	OP PSY/CDU	931,966	52,842	984,808	120,660	1,105,468	76.01
76.02	03022	RIIMS	674,726	304,228	978,954	4,944	983,898	76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03024	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03025	DIABETES	228,372	24,090	252,462	2,265	254,727	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	437,455	529,098	966,553	21,044	987,597	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	306,762	63,182	369,944	16,991	386,935	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	3,164,388	816,321	3,980,709	251,160	4,231,869	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	721,248	42,508	763,756	28,940	792,696	92.01
93.00	04040	INFUSION	472,307	2,587,006	3,059,313	-2,211,880	847,433	93.00
93.01	04041	COMMUNITY HEALTH CENTERS	1,975,125	969,703	2,944,828	-745,630	2,199,198	93.01
93.02	04042	RASC	0	0	0	0	0	93.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140186

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

Worksheet A
Date/Time Prepared:
5/29/2014 7:41 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,691,295	325,939	3,017,234	135,016	3,152,250	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	2,776,852	236,112	3,012,964	57,378	3,070,342	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		6,874,774	6,874,774	-665,447	6,209,327	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	79,877,075	145,477,499	225,354,574	-858,618	224,495,956	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	10,972	3,686	14,658	90	14,748	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	14,013,567	5,238,203	19,251,770	840,687	20,092,457	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	494,656	-159,411	335,245	17,841	353,086	193.00
200.00		TOTAL (SUM OF LINES 118-199)	94,396,270	150,559,977	244,956,247	0	244,956,247	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140186

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

Worksheet A
Date/Time Prepared:
5/29/2014 7:41 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	9,045,719	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	10,851,601	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	23,307,583	4.00
5.01	00510	COMMUNICATIONS	-1,985	1,263,082	5.01
5.02	00511	DATA PROCESSING	0	8,502,935	5.02
5.03	00512	PURCHASING	0	1,093,835	5.03
5.05	00514	BUSINESS OFFICE	0	4,040,941	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERA	-12,071,645	18,431,483	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	8,078,435	6.00
7.00	00700	OPERATION OF PLANT	0	790,687	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	450,514	8.00
9.00	00900	HOUSEKEEPING	0	2,123,358	9.00
10.00	01000	DIETARY	-14,687	1,193,798	10.00
11.00	01100	CAFETERIA	-1,494,753	807,559	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,280,463	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	613,539	14.00
15.00	01500	PHARMACY	0	423,343	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-17,904	1,988,538	16.00
17.00	01700	SOCIAL SERVICE	-10,767	1,041,215	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	1,802,708	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-233,245	13,992,604	30.00
31.00	03100	INTENSIVE CARE UNIT	-3,472	1,963,185	31.00
32.00	03200	CORONARY CARE UNIT	0	1,833,790	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	14,455	2,543,880	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,179,010	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-270,983	9,704,478	50.00
51.00	05100	RECOVERY ROOM	0	1,910,614	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,655,685	52.00
53.00	05300	ANESTHESIOLOGY	-276,936	499,286	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,727	2,831,802	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	586,005	54.01
54.02	05404	ULTRASOUND	0	523,367	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-44,197	3,665,759	55.00
57.00	05700	CT SCAN	0	754,253	57.00
58.00	05800	MRI	0	281,169	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,539,807	59.00
60.00	06000	LABORATORY	-39,171	6,992,678	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	1,607,471	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,648,308	65.00
66.00	06600	PHYSICAL THERAPY	0	2,786,007	66.00
69.00	06900	ELECTROCARDIOLOGY	0	662,329	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	-21,167	752,515	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,967,954	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-2,338	12,975,858	73.00
75.01	07501	RENAL DIALYSIS (IP)	0	553,941	75.01
76.00	03020	CARDIAC REHAB	0	240,603	76.00
76.01	03021	OP PSY/CDU	-145,326	960,142	76.01
76.02	03022	RI MMS	-254,989	728,909	76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0	0	76.03
76.04	03024	PAIN CLINIC	0	0	76.04
76.05	03025	DIABETES	0	254,727	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	-44,419	943,178	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	-71,543	315,392	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100	EMERGENCY	-111,850	4,120,019	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	0	792,696	92.01
93.00	04040	INFUSION	0	847,433	93.00
93.01	04041	COMMUNITY HEALTH CENTERS	-725,314	1,473,884	93.01
93.02	04042	RASC	0	0	93.02
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-562,010	2,590,240	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140186

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

Worksheet A
Date/Time Prepared:
5/29/2014 7:41 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	3,070,342	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	-6,209,327	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-22,615,300	201,880,656	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	14,748	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	20,092,457	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	0	353,086	193.00
200.00		TOTAL (SUM OF LINES 118-199)	-22,615,300	222,340,947	200.00

RECLASSIFICATIONS

Provider CCN: 140186

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

Worksheet A-6

Date/Time Prepared:
5/29/2014 7:41 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
A - PROFESSIONAL FEES					
1.00	SOCIAL SERVICE	17.00	0	14,990	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	13,400	2.00
3.00	OPERATING ROOM	50.00	0	385,593	3.00
4.00	ANESTHESIOLOGY	53.00	0	276,936	4.00
5.00	RADIOLOGY-THERAPEUTIC	55.00	0	92,635	5.00
6.00	LABORATORY	60.00	0	77,400	6.00
7.00	RESPIRATORY THERAPY	65.00	0	27,100	7.00
8.00	OP PSY/CDU	76.01	0	79,292	8.00
9.00	HYPERBARIC OXYGEN THERAPY	76.98	0	9,938	9.00
10.00	EMERGENCY	91.00	0	111,850	10.00
11.00	PHYSICIANS PRIVATE OFFICES	192.00	0	176,800	11.00
TOTALS			0	1,265,934	
B - BONUSES AND VACATION ACCRUAL					
1.00	DATA PROCESSING	5.02	46,309	0	1.00
2.00	PURCHASING	5.03	22,774	0	2.00
3.00	BUSINESS OFFICE	5.05	66,349	0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,035,362	0	4.00
5.00	MAINTENANCE & REPAIRS	6.00	39,286	0	5.00
6.00	OPERATION OF PLANT	7.00	23,137	0	6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	6,093	0	7.00
8.00	HOUSEKEEPING	9.00	15,910	0	8.00
9.00	DIETARY	10.00	16,523	0	9.00
10.00	NURSING ADMINISTRATION	13.00	118,424	0	10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	2,303	0	11.00
12.00	PHARMACY	15.00	47,021	0	12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	29,606	0	13.00
14.00	SOCIAL SERVICE	17.00	31,837	0	14.00
15.00	I&R SERVICES-OTHER PRGM COSTS A	22.00	587	0	15.00
16.00	ADULTS & PEDIATRICS	30.00	171,648	0	16.00
17.00	INTENSIVE CARE UNIT	31.00	20,068	0	17.00
18.00	CORONARY CARE UNIT	32.00	18,658	0	18.00
19.00	SUBPROVIDER - IRF	41.00	18,822	0	19.00
20.00	NURSERY	43.00	16,586	0	20.00
21.00	OPERATING ROOM	50.00	47,383	0	21.00
22.00	RECOVERY ROOM	51.00	25,844	0	22.00
23.00	DELIVERY ROOM & LABOR ROOM	52.00	18,052	0	23.00
24.00	ANESTHESIOLOGY	53.00	463	0	24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	46,660	0	25.00
26.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	1,678	0	26.00
27.00	ULTRASOUND	54.02	8,274	0	27.00
28.00	RADIOLOGY-THERAPEUTIC	55.00	28,220	0	28.00
29.00	CT SCAN	57.00	8,795	0	29.00
30.00	MRI	58.00	4,927	0	30.00
31.00	CARDIAC CATHETERIZATION	59.00	10,218	0	31.00
32.00	LABORATORY	60.00	31,117	0	32.00
33.00	INTRAVENOUS THERAPY	64.00	4,088	0	33.00
34.00	RESPIRATORY THERAPY	65.00	17,522	0	34.00
35.00	PHYSICAL THERAPY	66.00	43,505	0	35.00
36.00	ELECTROCARDIOLOGY	69.00	8,428	0	36.00
37.00	CARDIAC REHAB	76.00	2,273	0	37.00
38.00	OP PSY/CDU	76.01	12,695	0	38.00
39.00	RI MMS	76.02	4,944	0	39.00
40.00	DIABETES	76.05	2,265	0	40.00
41.00	HYPERBARIC OXYGEN THERAPY	76.98	3,831	0	41.00
42.00	RURAL HEALTH CLINIC	88.00	1,409	0	42.00
43.00	EMERGENCY	91.00	36,974	0	43.00
44.00	OBSERVATION BEDS (DISTINCT PART	92.01	5,024	0	44.00
45.00	INFUSION	93.00	6,543	0	45.00
46.00	COMMUNITY HEALTH CENTERS	93.01	26,129	0	46.00
47.00	AMBULANCE SERVICES	95.00	35,225	0	47.00
48.00	HOME HEALTH AGENCY	101.00	57,378	0	48.00
49.00	CARE-A-VAN	191.02	90	0	49.00
50.00	PHYSICIANS PRIVATE OFFICES	192.00	72,547	0	50.00
51.00	NONPAID WORKERS	193.00	17,841	0	51.00
TOTALS			2,337,645	0	
C - CAFETERIA					
1.00	CAFETERIA	11.00	837,702	1,464,610	1.00
TOTALS			837,702	1,464,610	

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Provi der CCN: 140186

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

Worksheet A-6
Date/Time Prepared:
5/29/2014 7:41 pm

		Increases				
Cost Center		Li ne #	Sal ary	Other		
2. 00	3. 00	4. 00	5. 00			
D - NURSING ADMINISTRATION						
1. 00	CENTRAL SERVICES & SUPPLY	14. 00	6, 224	0	1. 00	
2. 00	ADULTS & PEDI ATRICS	30. 00	276, 271	0	2. 00	
3. 00	INTENSI VE CARE UNI T	31. 00	20, 816	0	3. 00	
4. 00	CORONARY CARE UNI T	32. 00	20, 069	0	4. 00	
5. 00	SUBPROVI DER - IRF	41. 00	52, 332	0	5. 00	
6. 00	NURSERY	43. 00	33, 863	0	6. 00	
7. 00	OPERATI NG ROOM	50. 00	66, 977	0	7. 00	
8. 00	RECOVERY ROOM	51. 00	32, 098	0	8. 00	
9. 00	DELI VERY ROOM & LABOR ROOM	52. 00	52, 973	0	9. 00	
10. 00	RADI OLOGY-THERAPEUTI C	55. 00	15, 047	0	10. 00	
11. 00	CARDI AC CATHETERI ZATI ON	59. 00	82, 230	0	11. 00	
12. 00	INTRAVENOUS THERAPY	64. 00	7, 085	0	12. 00	
13. 00	RESPI RATORY THERAPY	65. 00	12, 245	0	13. 00	
14. 00	PHYSI CAL THERAPY	66. 00	72, 964	0	14. 00	
15. 00	ELECTROCARDI OLOGY	69. 00	49, 864	0	15. 00	
16. 00	CARDI AC REHAB	76. 00	18, 856	0	16. 00	
17. 00	OP PSY/CDU	76. 01	28, 673	0	17. 00	
18. 00	HYPERBARI C OXYGEN THERAPY	76. 98	7, 275	0	18. 00	
19. 00	EMERGENCY	91. 00	102, 336	0	19. 00	
20. 00	OBSERVATI ON BEDS (DI STI NCT PART	92. 01	23, 916	0	20. 00	
21. 00	AMBULANCE SERVI CES	95. 00	99, 791	0	21. 00	
22. 00	ANESTHESI OLOGY	53. 00	1, 103	0	22. 00	
	TOTALS		1, 083, 008	0		
E - COST OF GOODS SOLD						
1. 00	INTRAVENOUS THERAPY	64. 00	0	168, 473	1. 00	
2. 00	MEDI CAL SUPPLI ES CHARGED TO PAT	71. 00	0	773, 682	2. 00	
3. 00	DRUGS CHARGED TO PATI ENTS	73. 00	0	3, 290, 399	3. 00	
	TOTALS		0	4, 232, 554		
F - UTILIZATION REVIEW						
1. 00	OTHER ADMINI STRATI VE AND GENERA	5. 06	1, 113, 414	0	1. 00	
	TOTALS		1, 113, 414	0		
G - RECOVERY ROOM						
1. 00	RECOVERY ROOM	51. 00	123, 852	0	1. 00	
	TOTALS		123, 852	0		
H - IV THERAPY						
1. 00	INTRAVENOUS THERAPY	64. 00	667, 314	0	1. 00	
	TOTALS		667, 314	0		
I - INSURANCE						
1. 00	EMPLOYEE BENEFI TS DEPARTMENT	4. 00	0	1, 005, 516	1. 00	
	TOTALS		0	1, 005, 516		
J - INTEREST						
1. 00	OTHER ADMINI STRATI VE AND GENERA	5. 06	0	665, 447	1. 00	
	TOTALS		0	665, 447		
K - RADIOLOGY						
1. 00	RADI OLOGY-DI AGNOSTI C	54. 00	164, 837	0	1. 00	
	TOTALS		164, 837	0		
L - ESTABLISH OTHER CRC						
1. 00	OTHER CAP REL COSTS	3. 00	0	1, 018, 371	1. 00	
	TOTALS		0	1, 018, 371		
M - NEW LIFE GRANT						
1. 00	NONPAI D WORKERS	193. 00	0	277, 447	1. 00	
	TOTALS		0	277, 447		
N - RX SALARIES						
1. 00	DRUGS CHARGED TO PATI ENTS	73. 00	2, 055, 056	0	1. 00	
	TOTALS		2, 055, 056	0		
O - FLOAT NURSING						
1. 00	ADULTS & PEDI ATRICS	30. 00	507, 249	0	1. 00	
	TOTALS		507, 249	0		
P - CHC DIRECTORS						
1. 00	RURAL HEALTH CLINI C	88. 00	13, 178	2, 404	1. 00	
2. 00	PHYSI CI ANS PRI VATE OFFI CES	192. 00	602, 018	154, 159	2. 00	
	TOTALS		615, 196	156, 563		
Q - BILLABLE DRUGS						
1. 00	DRUGS CHARGED TO PATI ENTS	73. 00	0	7, 632, 741	1. 00	
2. 00		0. 00	0	0	2. 00	
3. 00		0. 00	0	0	3. 00	
	TOTALS		0	7, 632, 741		
500. 00	Grand Total: Increases		9, 505, 273	17, 719, 183	500. 00	

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - PROFESSIONAL FEES						
1.00 OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,251,479	0		1.00
2.00 SUBPROVIDER - IRF	41.00	0	14,455	0		2.00
3.00	0.00	0	0	0		3.00
4.00	0.00	0	0	0		4.00
5.00	0.00	0	0	0		5.00
6.00	0.00	0	0	0		6.00
7.00	0.00	0	0	0		7.00
8.00	0.00	0	0	0		8.00
9.00	0.00	0	0	0		9.00
10.00	0.00	0	0	0		10.00
11.00	0.00	0	0	0		11.00
TOTALS		0	1,265,934			
B - BONUSES AND VACATION ACCRUAL						
1.00 EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,337,645	0		1.00
2.00	0.00	0	0	0		2.00
3.00	0.00	0	0	0		3.00
4.00	0.00	0	0	0		4.00
5.00	0.00	0	0	0		5.00
6.00	0.00	0	0	0		6.00
7.00	0.00	0	0	0		7.00
8.00	0.00	0	0	0		8.00
9.00	0.00	0	0	0		9.00
10.00	0.00	0	0	0		10.00
11.00	0.00	0	0	0		11.00
12.00	0.00	0	0	0		12.00
13.00	0.00	0	0	0		13.00
14.00	0.00	0	0	0		14.00
15.00	0.00	0	0	0		15.00
16.00	0.00	0	0	0		16.00
17.00	0.00	0	0	0		17.00
18.00	0.00	0	0	0		18.00
19.00	0.00	0	0	0		19.00
20.00	0.00	0	0	0		20.00
21.00	0.00	0	0	0		21.00
22.00	0.00	0	0	0		22.00
23.00	0.00	0	0	0		23.00
24.00	0.00	0	0	0		24.00
25.00	0.00	0	0	0		25.00
26.00	0.00	0	0	0		26.00
27.00	0.00	0	0	0		27.00
28.00	0.00	0	0	0		28.00
29.00	0.00	0	0	0		29.00
30.00	0.00	0	0	0		30.00
31.00	0.00	0	0	0		31.00
32.00	0.00	0	0	0		32.00
33.00	0.00	0	0	0		33.00
34.00	0.00	0	0	0		34.00
35.00	0.00	0	0	0		35.00
36.00	0.00	0	0	0		36.00
37.00	0.00	0	0	0		37.00
38.00	0.00	0	0	0		38.00
39.00	0.00	0	0	0		39.00
40.00	0.00	0	0	0		40.00
41.00	0.00	0	0	0		41.00
42.00	0.00	0	0	0		42.00
43.00	0.00	0	0	0		43.00
44.00	0.00	0	0	0		44.00
45.00	0.00	0	0	0		45.00
46.00	0.00	0	0	0		46.00
47.00	0.00	0	0	0		47.00
48.00	0.00	0	0	0		48.00
49.00	0.00	0	0	0		49.00
50.00	0.00	0	0	0		50.00
51.00	0.00	0	0	0		51.00
TOTALS		0	2,337,645			
C - CAFETERIA						
1.00 DIETARY	10.00	837,702	1,464,610	0		1.00
TOTALS		837,702	1,464,610			
D - NURSING ADMINISTRATION						
1.00 NURSING ADMINISTRATION	13.00	1,083,008	0	0		1.00
2.00	0.00	0	0	0		2.00
3.00	0.00	0	0	0		3.00

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
4.00		0.00	0	0	0		4.00	
5.00		0.00	0	0	0		5.00	
6.00		0.00	0	0	0		6.00	
7.00		0.00	0	0	0		7.00	
8.00		0.00	0	0	0		8.00	
9.00		0.00	0	0	0		9.00	
10.00		0.00	0	0	0		10.00	
11.00		0.00	0	0	0		11.00	
12.00		0.00	0	0	0		12.00	
13.00		0.00	0	0	0		13.00	
14.00		0.00	0	0	0		14.00	
15.00		0.00	0	0	0		15.00	
16.00		0.00	0	0	0		16.00	
17.00		0.00	0	0	0		17.00	
18.00		0.00	0	0	0		18.00	
19.00		0.00	0	0	0		19.00	
20.00		0.00	0	0	0		20.00	
21.00		0.00	0	0	0		21.00	
22.00		0.00	0	0	0		22.00	
TOTALS			1,083,008	0				
E - COST OF GOODS SOLD								
1.00	PURCHASING	5.03	0	813,511	0		1.00	
2.00	PHARMACY	15.00	0	3,419,043	0		2.00	
3.00		0.00	0	0	0		3.00	
TOTALS			0	4,232,554				
F - UTILIZATION REVIEW								
1.00	SOCIAL SERVICE	17.00	1,113,414	0	0		1.00	
TOTALS			1,113,414	0				
G - RECOVERY ROOM								
1.00	ADULTS & PEDIATRICS	30.00	123,852	0	0		1.00	
TOTALS			123,852	0				
H - IV THERAPY								
1.00	ADULTS & PEDIATRICS	30.00	667,314	0	0		1.00	
TOTALS			667,314	0				
I - INSURANCE								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,005,516	0		1.00	
TOTALS			0	1,005,516				
J - INTEREST								
1.00	INTEREST EXPENSE	113.00	0	665,447	0		1.00	
TOTALS			0	665,447				
K - RADIOLOGY								
1.00	PHYSICIANS PRIVATE OFFICES	192.00	164,837	0	0		1.00	
TOTALS			164,837	0				
L - ESTABLISH OTHER CRC								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,018,371	0		1.00	
TOTALS			0	1,018,371				
M - NEW LIFE GRANT								
1.00	NONPAID WORKERS	193.00	277,447	0	0		1.00	
TOTALS			277,447	0				
N - RX SALARIES								
1.00	PHARMACY	15.00	2,055,056	0	0		1.00	
TOTALS			2,055,056	0				
O - FLOAT NURSING								
1.00	NURSING ADMINISTRATION	13.00	507,249	0	0		1.00	
TOTALS			507,249	0				
P - CHC DIRECTORS								
1.00	COMMUNITY HEALTH CENTERS	93.01	13,178	2,404	0		1.00	
2.00	COMMUNITY HEALTH CENTERS	93.01	602,018	154,159	0		2.00	
TOTALS			615,196	156,563				
Q - BILLABLE DRUGS								
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,221,206	0		1.00	
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	4,193,112	0		2.00	
3.00	INFUSION	93.00	0	2,218,423	0		3.00	
TOTALS			0	7,632,741				
500.00	Grand Total: Decreases		7,445,075	19,779,381			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140186

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2014 7:41 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,974,131	0	0	0	0	1.00
2.00	Land Improvements	2,578,407	1,056,290	0	1,056,290	0	2.00
3.00	Buildings and Fixtures	160,126,982	64,840,226	0	64,840,226	0	3.00
4.00	Building Improvements	26,290,707	24,470,522	0	24,470,522	0	4.00
5.00	Fixed Equipment	3,312,534	1,506,210	0	1,506,210	0	5.00
6.00	Movable Equipment	135,688,886	55,445,761	0	55,445,761	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	335,971,647	147,319,009	0	147,319,009	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	335,971,647	147,319,009	0	147,319,009	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,974,131	0				1.00
2.00	Land Improvements	3,634,697	2,158,447				2.00
3.00	Buildings and Fixtures	224,967,208	27,504,177				3.00
4.00	Building Improvements	50,761,229	13,814,940				4.00
5.00	Fixed Equipment	4,818,744	2,244,645				5.00
6.00	Movable Equipment	191,134,647	128,748,546				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	483,290,656	174,470,755				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	483,290,656	174,470,755				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140186

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2014 7:41 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	8,430,100	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	10,448,849	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	18,878,949	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	8,430,100				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	10,448,849				2.00
3.00	Total (sum of lines 1-2)	0	18,878,949				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140186

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2014 7:41 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	292,156,009	0	292,156,009	0.604514	226,784	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	191,134,647	0	191,134,647	0.395486	148,367	2.00
3.00	Total (sum of lines 1-2)	483,290,656	0	483,290,656	1.000000	375,151	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	388,835	0	615,619	8,430,100	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	254,385	0	402,752	10,448,849	0	2.00
3.00	Total (sum of lines 1-2)	643,220	0	1,018,371	18,878,949	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	0	226,784	388,835	0	9,045,719	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	148,367	254,385	0	10,851,601	2.00
3.00	Total (sum of lines 1-2)	0	375,151	643,220	0	19,897,320	3.00

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.	
			3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP 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)	B	-1,985	COMMUNICATIONS	5.01	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	-2,168,133			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-1,727	RADIOLOGY-DIAGNOSTIC	54.00	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	-1,268,198	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-21,167	MEDICAL SUPPLIES CHARGED TO PAT	71.00	0	16.00
17.00 Sale of drugs to other than patients	B	-2,338	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-17,904	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	B	-14,687	DIETARY	10.00	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		0RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL 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			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP 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)			0ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00		31.00

Provider CCN: 140186

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

Worksheet A-8

Date/Time Prepared:
5/29/2014 7:41 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 FAMILY RESOURCE	B	-1,715	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	33.00
33.01 ACLS REVENUE	B	-9,723	AMBULANCE SERVICES		95.00	0	33.01
33.02 GOURMET COFFEE	B	-226,555	CAFETERIA		11.00	0	33.02
33.03 AMBULANCE REVENUE	B	-552,287	AMBULANCE SERVICES		95.00	0	33.03
33.04 MISCELLANEOUS INCOME	B	-61,024	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	33.04
33.05 IHA AND AHA DUES	A	-42,313	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	33.05
33.06 VOCATIONAL TRAINING	A	-130,213	ADULTS & PEDIATRICS		30.00	0	33.06
33.07 VOCATIONAL TRAINING	A	-60,716	OP PSY/CDU		76.01	0	33.07
33.08 NON-ALLOWABLE MARKETING	A	-396,848	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	33.08
33.09 NON-ALLOWABLE ADMIN	A	-162,672	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	33.09
33.10 CHARITY CARE	A	-34,368	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	33.10
33.11 NON-ALLOWABLE INTEREST	A	-5,706,258	INTEREST EXPENSE		113.00	0	33.11
33.12 MEDI CAID ASSESSMENT	A	-10,587,217	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	33.12
33.13 OTHER OPERATING A&G REVENUE	B	-963	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	33.13
33.14 INTEREST INCOME	B	-503,069	INTEREST EXPENSE		113.00	0	33.14
33.15 REAL ESTATE TAX	A	-643,220	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	33.15
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-22,615,300					50.00

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

Provider CCN: 140186

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2014 7:41 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	30.00	ADULTS & PEDIATRICS	FACILITY RENT	60,000	60,000 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	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			60,000	60,000 5.00

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

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

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

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

6.00	A	RESOLVE CENTER	0.00	OAKSIDE CORP	0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 140186

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2014 7:41 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	0	9		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	0			5.00

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

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

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

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

6.00	CHEM DEPENDENCY		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT			Provider CCN: 140186		Period: From 01/01/2013 To 12/31/2013		Worksheet A-8-2 Date/Time Prepared: 5/29/2014 7:41 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	5.06 OTHER ADMINISTRATIVE AND GENERAL	207,242	16,334	190,908	154,100	890		1.00
2.00	17.00 SOCIAL SERVICE	14,990	7,295	7,695	154,100	57		2.00
3.00	30.00 ADULTS & PEDIATRICS	103,032	103,032	0	154,100	0		3.00
4.00	41.00 SUBPROVIDER - IRF	-14,455	-14,455	0	154,100	0		4.00
5.00	50.00 OPERATING ROOM	385,593	90,823	294,770	204,100	1,168		5.00
6.00	53.00 ANESTHESIOLOGY	276,936	276,936	0	200,300	0		6.00
7.00	55.00 RADIOLOGY-THERAPEUTIC	92,635	1,590	91,045	200,300	503		7.00
8.00	60.00 LABORATORY	77,400	0	77,400	154,100	516		8.00
9.00	65.00 RESPIRATORY THERAPY	27,100	0	27,100	219,500	271		9.00
10.00	76.01 OP PSY/CDU	84,610	84,610	0	154,100	0		10.00
11.00	76.02 RI MMS	254,989	254,989	0	154,100	0		11.00
12.00	91.00 EMERGENCY	111,850	111,850	0	154,100	0		12.00
13.00	93.01 COMMUNITY HEALTH CENTERS	725,314	725,314	0	154,100	0		13.00
14.00	88.00 RURAL HEALTH CLINIC	71,543	71,543	0	154,100	0		14.00
15.00	31.00 INTENSIVE CARE UNIT	13,400	0	13,400	154,100	134		15.00
16.00	76.98 HYPERBARIC OXYGEN THERAPY	49,309	39,371	9,938	154,100	66		16.00
200.00		2,481,488	1,769,232	712,256		3,605		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	5.06 OTHER ADMINISTRATIVE AND GENERAL	65,937	3,297	0	0	0		1.00
2.00	17.00 SOCIAL SERVICE	4,223	211	0	0	0		2.00
3.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0		3.00
4.00	41.00 SUBPROVIDER - IRF	0	0	0	0	0		4.00
5.00	50.00 OPERATING ROOM	114,610	5,731	0	0	0		5.00
6.00	53.00 ANESTHESIOLOGY	0	0	0	0	0		6.00
7.00	55.00 RADIOLOGY-THERAPEUTIC	48,438	2,422	0	0	0		7.00
8.00	60.00 LABORATORY	38,229	1,911	0	0	0		8.00
9.00	65.00 RESPIRATORY THERAPY	28,598	1,430	0	0	0		9.00
10.00	76.01 OP PSY/CDU	0	0	0	0	0		10.00
11.00	76.02 RI MMS	0	0	0	0	0		11.00
12.00	91.00 EMERGENCY	0	0	0	0	0		12.00
13.00	93.01 COMMUNITY HEALTH CENTERS	0	0	0	0	0		13.00
14.00	88.00 RURAL HEALTH CLINIC	0	0	0	0	0		14.00
15.00	31.00 INTENSIVE CARE UNIT	9,928	496	0	0	0		15.00
16.00	76.98 HYPERBARIC OXYGEN THERAPY	4,890	245	0	0	0		16.00
200.00		314,853	15,743	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	5.06 OTHER ADMINISTRATIVE AND GENERAL	0	65,937	124,971	141,305			1.00
2.00	17.00 SOCIAL SERVICE	0	4,223	3,472	10,767			2.00
3.00	30.00 ADULTS & PEDIATRICS	0	0	0	103,032			3.00
4.00	41.00 SUBPROVIDER - IRF	0	0	0	-14,455			4.00
5.00	50.00 OPERATING ROOM	0	114,610	180,160	270,983			5.00
6.00	53.00 ANESTHESIOLOGY	0	0	0	276,936			6.00
7.00	55.00 RADIOLOGY-THERAPEUTIC	0	48,438	42,607	44,197			7.00
8.00	60.00 LABORATORY	0	38,229	39,171	39,171			8.00
9.00	65.00 RESPIRATORY THERAPY	0	28,598	0	0			9.00
10.00	76.01 OP PSY/CDU	0	0	0	84,610			10.00
11.00	76.02 RI MMS	0	0	0	254,989			11.00
12.00	91.00 EMERGENCY	0	0	0	111,850			12.00
13.00	93.01 COMMUNITY HEALTH CENTERS	0	0	0	725,314			13.00
14.00	88.00 RURAL HEALTH CLINIC	0	0	0	71,543			14.00
15.00	31.00 INTENSIVE CARE UNIT	0	9,928	3,472	3,472			15.00
16.00	76.98 HYPERBARIC OXYGEN THERAPY	0	4,890	5,048	44,419			16.00
200.00		0	314,853	398,901	2,168,133			200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2014 7:41 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	9,045,719	9,045,719			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	10,851,601		10,851,601		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	23,307,583	41,511	3,321	23,352,415	4.00
5.01 00510	COMMUNICATIONS	1,263,082	2,475	0		5.01
5.02 00511	DATA PROCESSING	8,502,935	134,388	3,674,593	643,631	5.02
5.03 00512	PURCHASING	1,093,835	275,522	283,815	202,656	5.03
5.05 00514	BUSINESS OFFICE	4,040,941	159,032	80,058	1,175,738	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	18,431,483	746,755	311,780	1,910,317	5.06
6.00 00600	MAINTENANCE & REPAIRS	8,078,435	216,909	491,290	413,935	6.00
7.00 00700	OPERATION OF PLANT	790,687	1,949,953	393,255	173,331	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	450,514	58,790	4,722	133,415	8.00
9.00 00900	HOUSEKEEPING	2,123,358	35,766	60,970	457,541	9.00
10.00 01000	DIETARY	1,193,798	150,488	70,239	147,688	10.00
11.00 01100	CAFETERIA	807,559	137,702	0	294,153	11.00
13.00 01300	NURSING ADMINISTRATION	1,280,463	0	62,572	91,754	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,613,539	93,864	25,641	94,516	14.00
15.00 01500	PHARMACY	423,343	34,853	18,941	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,988,538	83,596	18,636	368,512	16.00
17.00 01700	SOCIAL SERVICE	1,041,215	7,822	4,983	136,596	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	1,802,708	3,830	1,064	33,823	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	13,992,604	939,447	140,461	3,589,033	30.00
31.00 03100	INTENSIVE CARE UNIT	1,963,185	57,332	187,764	537,018	31.00
32.00 03200	CORONARY CARE UNIT	1,833,790	77,115	5,963	478,662	32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	2,543,880	117,830	19,621	399,501	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	1,179,010	25,484	6,321	283,089	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	9,704,478	231,168	1,658,543	889,575	50.00
51.00 05100	RECOVERY ROOM	1,910,614	61,044	33,214	533,476	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,655,685	77,527	138,669	387,183	52.00
53.00 05300	ANESTHESIOLOGY	499,286	6,010	1,733	23,886	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,831,802	146,776	947,370	824,273	54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	586,005	7,218	26,637	46,605	54.01
54.02 05404	ULTRASOUND	523,367	6,658	109,613	113,871	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	3,665,759	0	347,843	167,546	55.00
57.00 05700	CT SCAN	754,253	8,470	100,213	125,090	57.00
58.00 05800	MRI	281,169	17,559	204,404	38,374	58.00
59.00 05900	CARDIAC CATHETERIZATION	3,539,807	51,189	386,626	273,968	59.00
60.00 06000	LABORATORY	6,992,678	99,152	197,256	628,976	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	62.00
64.00 06400	INTRAVENOUS THERAPY	1,607,471	0	0	206,378	64.00
65.00 06500	RESPIRATORY THERAPY	1,648,308	18,443	144,286	357,093	65.00
66.00 06600	PHYSICAL THERAPY	2,786,007	269,924	34,637	637,063	66.00
69.00 06900	ELECTROCARDIOLOGY	662,329	40,981	126,059	170,500	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	752,515	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	12,967,954	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	12,975,858	0	0	468,052	73.00
75.01 07501	RENAL DIALYSIS (IP)	553,941	0	0	0	75.01
76.00 03020	CARDIAC REHAB	240,603	26,987	24,318	80,354	76.00
76.01 03021	OP PSY/CDU	960,142	172,790	3,184	261,769	76.01
76.02 03022	RIIMS	728,909	58,201	27,994	164,828	76.02
76.03 03023	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03
76.04 03024	PAIN CLINIC	0	0	0	0	76.04
76.05 03025	DIABETES	254,727	7,277	1,578	65,293	76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	943,178	22,214	65	74,675	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	315,392	85,629	2,225	50,883	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00 09100	EMERGENCY	4,120,019	127,936	75,484	692,761	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	792,696	70,044	2,105	182,249	92.01
93.00 04040	INFUSION	847,433	0	4,161	115,735	93.00
93.01 04041	COMMUNITY HEALTH CENTERS	1,473,884	435,570	11,108	300,188	93.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2014 7:41 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS		
		BLDG & FIXT	MVBLE EQUIP				
93.02 04042 RASC	0	1.00	2.00	4.00	5.01		
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	2,590,240	94,453	157,782	786,333	4,406	95.00	
99.10 09910 CORF	0	0	0	0	0	99.10	
101.00 10100 HOME HEALTH AGENCY	3,070,342	41,953	109,024	703,173	20,927	101.00	
SPECIAL PURPOSE COST CENTERS							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	201,880,656	7,535,637	10,742,141	20,935,059	1,155,413	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	18,914	0	0	0	190.00	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
191.01 19101 SENIOR ADVAN	0	0	0	0	0	191.01	
191.02 19102 CARE-A-VAN	14,748	0	0	1,758	0	191.02	
192.00 19200 PHYSICIANS PRIVATE OFFICES	20,092,457	949,876	109,460	2,349,722	52,869	192.00	
192.01 19201 REFERENCE LAB	0	0	0	0	0	192.01	
192.02 19202 MEALS ON WHEELS	0	0	0	0	0	192.02	
193.00 19300 NONPAID WORKERS	353,086	541,292	0	65,876	57,275	193.00	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers					201.00	
202.00	TOTAL (sum lines 118-201)	222,340,947	9,045,719	10,851,601	23,352,415	1,265,557	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2014 7:41 pm

Cost Center Description		DATA PROCESSING	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.05	5A.05	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00511	DATA PROCESSING	13,043,662				5.02
5.03	00512	PURCHASING	207,702	2,080,052			5.03
5.05	00514	BUSINESS OFFICE	2,007,782	496	7,514,713		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	2,035,477	296	0	23,698,251	5.06
6.00	00600	MAINTENANCE & REPAIRS	290,782	2,574	0	9,536,881	6.00
7.00	00700	OPERATION OF PLANT	235,395	55	0	3,561,401	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,333	0	649,875	8.00
9.00	00900	HOUSEKEEPING	83,081	2,342	0	2,771,870	9.00
10.00	01000	DIETARY	138,468	506	0	1,716,607	10.00
11.00	01100	CAFETERIA	0	0	0	1,239,414	11.00
13.00	01300	NURSING ADMINISTRATION	152,315	150	0	1,604,877	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	69,234	13,146	0	914,346	14.00
15.00	01500	PHARMACY	263,089	26,093	0	777,333	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	401,556	45	0	2,917,057	16.00
17.00	01700	SOCIAL SERVICE	290,782	3	0	1,491,314	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	1	0	1,842,527	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,343,137	18,941	395,299	20,599,559	30.00
31.00	03100	INTENSIVE CARE UNIT	110,774	5,745	44,053	2,916,885	31.00
32.00	03200	CORONARY CARE UNIT	124,621	4,590	35,287	2,569,941	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	207,702	1,766	55,403	3,361,123	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	41,540	5,322	25,616	1,570,788	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	346,169	313,136	748,095	13,920,903	50.00
51.00	05100	RECOVERY ROOM	193,855	4,298	124,576	2,884,207	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	55,387	7,999	51,106	2,380,165	52.00
53.00	05300	ANESTHESIOLOGY	0	25,960	253,187	811,163	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	318,476	29,788	544,470	5,660,578	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	13,847	26,307	46,591	755,413	54.01
54.02	05404	ULTRASOUND	83,081	2,709	114,561	958,266	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	152,315	6,853	117,976	4,475,915	55.00
57.00	05700	CT SCAN	110,774	10,413	487,866	1,603,688	57.00
58.00	05800	MRI	124,621	4,491	126,355	803,582	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,694	172,258	451,406	4,908,455	59.00
60.00	06000	LABORATORY	858,500	315,098	957,745	10,085,753	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	41,540	11,506	64,254	1,933,352	64.00
65.00	06500	RESPIRATORY THERAPY	110,774	13,518	141,195	2,441,327	65.00
66.00	06600	PHYSICAL THERAPY	858,500	14,781	170,153	4,803,007	66.00
69.00	06900	ELECTROCARDIOLOGY	166,161	3,076	139,899	1,326,628	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	109,860	862,375	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	921,874	334,944	14,224,772	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	979,632	14,423,542	73.00
75.01	07501	RENAL DIALYSIS (IP)	0	0	8,798	562,739	75.01
76.00	03020	CARDIAC REHAB	96,927	184	8,813	482,592	76.00
76.01	03021	OP PSY/CDU	166,161	1,106	103,765	1,668,917	76.01
76.02	03022	RI MMS	0	8,997	10,345	1,012,491	76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03
76.04	03024	PAIN CLINIC	0	0	0	0	76.04
76.05	03025	DIABETES	69,234	288	6,189	408,992	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	9,276	21,911	1,071,319	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	221	5,596	464,352	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	09100	EMERGENCY	346,169	30,485	562,258	6,013,488	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	826	80,403	1,128,323	92.01
93.00	04040	INFUSION	0	17,630	52,226	1,037,185	93.00
93.01	04041	COMMUNITY HEALTH CENTERS	0	277	27,044	2,250,274	93.01
93.02	04042	RASC	0	0	0	0	93.02
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	96,927	1,050	58,366	3,789,557	95.00
99.10	09910	CORF	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

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Cost Center Description		DATA PROCESSING	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.05	5A.05	5.06	
101.00	10100 HOME HEALTH AGENCY	484,637	2,965	49,470	4,482,491	534,766	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	12,725,186	2,040,774	7,514,713	197,375,860	20,719,914	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	18,914	2,256	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102 CARE-A-VAN	0	0	0	16,506	1,969	191.02
192.00	19200 PHYSICIANS PRIVATE OFFICES	0	37,739	0	23,592,123	2,814,542	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	318,476	1,539	0	1,337,544	159,570	193.00
200.00	Cross Foot Adjustments				0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	13,043,662	2,080,052	7,514,713	222,340,947	23,698,251	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140186		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part I Date/Time Prepared: 5/29/2014 7:41 pm	
Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING						5.03
5.05	00514	BUSINESS OFFICE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERA						5.06
6.00	00600	MAINTENANCE & REPAIRS	10,674,640					6.00
7.00	00700	OPERATION OF PLANT	0	3,986,280				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	58,941	786,347			8.00
9.00	00900	HOUSEKEEPING	0	35,858	0	3,138,415		9.00
10.00	01000	DIETARY	0	150,876	5,260	139,536	2,217,072	10.00
11.00	01100	CAFETERIA	0	138,057	0	127,680	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,683	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	64,449	94,105	39,809	87,033	0	14.00
15.00	01500	PHARMACY	0	34,942	0	32,316	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	83,812	0	77,512	0	16.00
17.00	01700	SOCIAL SERVICE	0	7,842	0	7,253	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	3,840	0	3,551	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	640,810	941,867	341,907	871,074	1,837,064	30.00
31.00	03100	INTENSIVE CARE UNIT	290,942	57,479	41,819	53,159	60,325	31.00
32.00	03200	CORONARY CARE UNIT	224,652	77,314	55,641	71,503	68,699	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	38,670	118,134	57,302	109,255	229,919	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	235,700	25,550	0	23,629	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,274,255	231,764	36,772	214,344	0	50.00
51.00	05100	RECOVERY ROOM	106,802	61,201	33,248	56,601	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	233,859	77,727	0	71,885	0	52.00
53.00	05300	ANESTHESIOLOGY	998,043	6,026	1,737	5,573	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,012,774	110,395	45,136	102,098	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,841	7,237	0	6,693	0	54.01
54.02	05404	ULTRASOUND	7,366	6,675	0	6,174	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	246,749	0	0	0	0	55.00
57.00	05700	CT SCAN	46,035	8,492	0	7,854	0	57.00
58.00	05800	MRI	5,524	17,604	0	16,281	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	478,766	51,321	13,255	47,464	0	59.00
60.00	06000	LABORATORY	410,634	99,407	0	91,936	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	985,153	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	712,625	18,490	2,263	17,101	0	65.00
66.00	06600	PHYSICAL THERAPY	1,018,298	270,620	15,715	250,280	0	66.00
69.00	06900	ELECTROCARDIOLOGY	440,096	41,086	4,724	37,998	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	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
75.01	07501	RENAL DIALYSIS (IP)	49,718	0	0	0	0	75.01
76.00	03020	CARDIAC REHAB	125,216	27,056	0	25,023	0	76.00
76.01	03021	OP PSY/CDU	0	173,236	0	160,215	0	76.01
76.02	03022	RI MMS	31,304	58,351	1,519	53,965	0	76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03024	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03025	DIABETES	3,683	7,296	0	6,747	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,524	22,271	866	20,597	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	11,048	85,850	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	370,123	128,265	65,949	118,625	21,065	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	75,498	70,225	0	64,947	0	92.01
93.00	04040	INFUSION	114,167	0	4,065	0	0	93.00
93.01	04041	COMMUNITY HEALTH CENTERS	9,207	0	0	0	0	93.01
93.02	04042	RASC	0	0	0	0	0	93.02
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	123,374	94,696	4,926	87,579	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	14,731	42,061	0	38,900	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		6.00	7.00	8.00	9.00	10.00		
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,411,319	3,545,969	771,913	3,112,381	2,217,072	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	18,963	0	17,538	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	261,480	412,162	14,434	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	1,841	9,186	0	8,496	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	10,674,640	3,986,280	786,347	3,138,415	2,217,072	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140186		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part I Date/Time Prepared: 5/29/2014 7:41 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING						5.03
5.05	00514	BUSINESS OFFICE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERA						5.06
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	1,653,014					11.00
13.00	01300	NURSING ADMINISTRATION	37,642	1,837,665				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,104	24,722	1,355,650			14.00
15.00	01500	PHARMACY	56,580	0	0	993,908		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,426,389	16.00
17.00	01700	SOCIAL SERVICE	19,693	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	4,756	5,319	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	537,221	600,863	0	0	180,232	30.00
31.00	03100	INTENSIVE CARE UNIT	58,895	65,871	0	0	20,085	31.00
32.00	03200	CORONARY CARE UNIT	57,022	63,777	0	0	16,089	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	74,343	0	0	25,260	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	28,322	31,677	0	0	11,679	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	108,110	120,918	0	0	341,085	50.00
51.00	05100	RECOVERY ROOM	61,966	69,307	0	0	56,799	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,622	57,737	0	0	23,301	52.00
53.00	05300	ANESTHESIOLOGY	4,531	5,067	0	0	115,438	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,722	0	0	0	248,244	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	4,788	0	0	0	21,243	54.01
54.02	05404	ULTRASOUND	12,850	0	0	0	52,232	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	21,301	0	0	0	53,790	55.00
57.00	05700	CT SCAN	20,198	0	0	0	222,437	57.00
58.00	05800	MRI	5,788	0	0	0	57,610	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,786	34,433	0	0	205,813	59.00
60.00	06000	LABORATORY	94,789	106,018	0	0	436,672	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	23,750	26,564	0	0	29,296	64.00
65.00	06500	RESPIRATORY THERAPY	53,101	46,159	0	0	64,376	65.00
66.00	06600	PHYSICAL THERAPY	40,817	87,662	0	0	77,579	66.00
69.00	06900	ELECTROCARDIOLOGY	21,165	23,673	0	0	63,785	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	1,355,650	0	50,089	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	152,714	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	993,908	446,800	73.00
75.01	07501	RENAL DIALYSIS (IP)	0	0	0	0	4,011	75.01
76.00	03020	CARDIAC REHAB	6,313	7,061	0	0	4,018	76.00
76.01	03021	OP PSY/CDU	18,994	45,265	0	0	47,310	76.01
76.02	03022	RIMMS	0	0	0	0	4,717	76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03024	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03025	DIABETES	8,921	0	0	0	2,822	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,322	0	0	0	9,990	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	2,551	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	110,779	123,902	0	0	256,355	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	25,681	28,723	0	0	36,659	92.01
93.00	04040	INFUSION	9,839	0	0	0	23,812	93.00
93.01	04041	COMMUNITY HEALTH CENTERS	16,671	0	0	0	12,330	93.01
93.02	04042	RASC	0	0	0	0	0	93.02
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,490	158,193	0	0	26,611	95.00
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	22,555	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,602,529	1,807,254	1,355,650	993,908	3,426,389	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102 CARE-A-VAN	0	964	0	0	0	191.02
192.00	19200 PHYSICIANS PRIVATE OFFICES	41,233	29,447	0	0	0	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	9,252	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,653,014	1,837,665	1,355,650	993,908	3,426,389	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A				
		17.00	21.00	22.00			
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00510	COMMUNICATIONS						5.01
5.02 00511	DATA PROCESSING						5.02
5.03 00512	PURCHASING						5.03
5.05 00514	BUSINESS OFFICE						5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERA						5.06
6.00 00600	MAINTENANCE & REPAIRS						6.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
17.00 01700	SOCIAL SERVICE	1,704,017					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0	0	2,079,808			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	1,013,319	0	1,508,235	0	31,529,699	30.00
31.00 03100	INTENSIVE CARE UNIT	38,323	0	0	0	3,951,770	31.00
32.00 03200	CORONARY CARE UNIT	29,054	0	260,350	0	3,800,639	32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	585,355	0	0	0	5,000,346	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	0	2,114,742	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	30,836	0	26,505	0	17,966,270	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	3,674,220	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	3,180,252	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	2,044,351	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	7,874,260	54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	887,337	54.01
54.02 05404	ULTRASOUND	0	0	0	0	1,157,885	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	64,126	0	5,395,862	55.00
57.00 05700	CT SCAN	0	0	0	0	2,100,026	57.00
58.00 05800	MRI	0	0	0	0	1,002,257	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	90,631	0	6,446,508	59.00
60.00 06000	LABORATORY	0	0	11,970	0	12,540,419	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	3,228,766	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	3,646,695	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	7,136,982	66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	65,408	0	2,182,831	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0	2,370,996	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	16,074,516	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	17,584,993	73.00
75.01 07501	RENAL DIALYSIS (IP)	0	0	0	0	683,603	75.01
76.00 03020	CARDIAC REHAB	0	0	0	0	734,853	76.00
76.01 03021	OP PSY/CDU	0	0	0	0	2,313,040	76.01
76.02 03022	RIMMS	0	0	0	0	1,283,138	76.02
76.03 03023	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04 03024	PAIN CLINIC	0	0	0	0	0	76.04
76.05 03025	DIABETES	0	0	0	0	487,254	76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	1,263,698	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	619,199	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 09100	EMERGENCY	0	0	52,583	0	7,978,549	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT						92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART	0	0	0	0	1,564,666	92.01
93.00 04040	INFUSION	0	0	0	0	1,312,805	93.00
93.01 04041	COMMUNITY HEALTH CENTERS	0	0	0	0	2,556,942	93.01
93.02 04042	RASC	0	0	0	0	0	93.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal			
		SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A					
		17.00	21.00				22.00	23.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	4,739,524	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	5,135,504	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,696,887	0	2,079,808	0	193,565,397	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	57,671	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	19,439	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	27,165,421	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	7,130	0	0	0	1,533,019	193.00
200.00		Cross Foot Adjustments		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)	1,704,017	0	2,079,808	0	222,340,947	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2014 7:41 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.01	00510			5.01
5.02	00511			5.02
5.03	00512			5.03
5.05	00514			5.05
5.06	00560			5.06
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
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700			17.00
21.00	02100			21.00
22.00	02200			22.00
23.00	02300			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	-1,508,235	30,021,464	30.00
31.00	03100	0	3,951,770	31.00
32.00	03200	-260,350	3,540,289	32.00
40.00	04000	0	0	40.00
41.00	04100	0	5,000,346	41.00
42.00	04200	0	0	42.00
43.00	04300	0	2,114,742	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	-26,505	17,939,765	50.00
51.00	05100	0	3,674,220	51.00
52.00	05200	0	3,180,252	52.00
53.00	05300	0	2,044,351	53.00
54.00	05400	0	7,874,260	54.00
54.01	05401	0	887,337	54.01
54.02	05404	0	1,157,885	54.02
55.00	05500	-64,126	5,331,736	55.00
57.00	05700	0	2,100,026	57.00
58.00	05800	0	1,002,257	58.00
59.00	05900	-90,631	6,355,877	59.00
60.00	06000	-11,970	12,528,449	60.00
60.01	06001	0	0	60.01
62.00	06200	0	0	62.00
64.00	06400	0	3,228,766	64.00
65.00	06500	0	3,646,695	65.00
66.00	06600	0	7,136,982	66.00
69.00	06900	-65,408	2,117,423	69.00
71.00	07100	0	2,370,996	71.00
72.00	07200	0	16,074,516	72.00
73.00	07300	0	17,584,993	73.00
75.01	07501	0	683,603	75.01
76.00	03020	0	734,853	76.00
76.01	03021	0	2,313,040	76.01
76.02	03022	0	1,283,138	76.02
76.03	03023	0	0	76.03
76.04	03024	0	0	76.04
76.05	03025	0	487,254	76.05
76.98	07698	0	1,263,698	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	0	619,199	88.00
89.00	08900	0	0	89.00
91.00	09100	-52,583	7,925,966	91.00
92.00	09200	0	0	92.00
92.01	09201	0	1,564,666	92.01
93.00	04040	0	1,312,805	93.00
93.01	04041	0	2,556,942	93.01
93.02	04042	0	0	93.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	4,739,524	95.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	5,135,504	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-2,079,808	191,485,589	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	57,671	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	19,439	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	27,165,421	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	0	1,533,019	193.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-2,079,808	220,261,139	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/29/2014 7:41 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	41,511	3,321	44,832
5.01	00510	COMMUNICATIONS	0	2,475	0	2,475
5.02	00511	DATA PROCESSING	0	134,388	3,674,593	3,808,981
5.03	00512	PURCHASING	0	275,522	283,815	559,337
5.05	00514	BUSINESS OFFICE	0	159,032	80,058	239,090
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	746,755	311,780	1,058,535
6.00	00600	MAINTENANCE & REPAIRS	0	216,909	491,290	708,199
7.00	00700	OPERATION OF PLANT	0	1,949,953	393,255	2,343,208
8.00	00800	LAUNDRY & LINEN SERVICE	0	58,790	4,722	63,512
9.00	00900	HOUSEKEEPING	0	35,766	60,970	96,736
10.00	01000	DIETARY	0	150,488	70,239	220,727
11.00	01100	CAFETERIA	0	137,702	0	137,702
13.00	01300	NURSING ADMINISTRATION	0	0	62,572	62,572
14.00	01400	CENTRAL SERVICES & SUPPLY	0	93,864	25,641	119,505
15.00	01500	PHARMACY	0	34,853	18,941	53,794
16.00	01600	MEDICAL RECORDS & LIBRARY	0	83,596	18,636	102,232
17.00	01700	SOCIAL SERVICE	0	7,822	4,983	12,805
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	0	3,830	1,064	4,894
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	939,447	140,461	1,079,908
31.00	03100	INTENSIVE CARE UNIT	0	57,332	187,764	245,096
32.00	03200	CORONARY CARE UNIT	0	77,115	5,963	83,078
40.00	04000	SUBPROVIDER - I PF	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	117,830	19,621	137,451
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	25,484	6,321	31,805
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	231,168	1,658,543	1,889,711
51.00	05100	RECOVERY ROOM	0	61,044	33,214	94,258
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	77,527	138,669	216,196
53.00	05300	ANESTHESIOLOGY	0	6,010	1,733	7,743
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	146,776	947,370	1,094,146
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	7,218	26,637	33,855
54.02	05404	ULTRASOUND	0	6,658	109,613	116,271
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	347,843	347,843
57.00	05700	CT SCAN	0	8,470	100,213	108,683
58.00	05800	MRI	0	17,559	204,404	221,963
59.00	05900	CARDIAC CATHETERIZATION	0	51,189	386,626	437,815
60.00	06000	LABORATORY	0	99,152	197,256	296,408
60.01	06001	BLOOD LABORATORY	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	18,443	144,286	162,729
66.00	06600	PHYSICAL THERAPY	0	269,924	34,637	304,561
69.00	06900	ELECTROCARDIOLOGY	0	40,981	126,059	167,040
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
75.01	07501	RENAL DIALYSIS (IP)	0	0	0	0
76.00	03020	CARDIAC REHAB	0	26,987	24,318	51,305
76.01	03021	OP PSY/CDU	0	172,790	3,184	175,974
76.02	03022	RI MMS	0	58,201	27,994	86,195
76.03	03023	GENETIC/OAK PLAZA CLINICS	0	0	0	0
76.04	03024	PAIN CLINIC	0	0	0	0
76.05	03025	DIABETES	0	7,277	1,578	8,855
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	22,214	65	22,279
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	85,629	2,225	87,854
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
91.00	09100	EMERGENCY	0	127,936	75,484	203,420
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	70,044	2,105	72,149
93.00	04040	INFUSION	0	0	4,161	4,161
93.01	04041	COMMUNITY HEALTH CENTERS	0	435,570	11,108	446,678
93.02	04042	RASC	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
		0	1.00				2.00	2A
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	94,453	157,782	252,235	1,510	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	41,953	109,024	150,977	1,350	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	7,535,637	10,742,141	18,277,778	40,191	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	18,914	0	18,914	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	3	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	949,876	109,460	1,059,336	4,512	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	541,292	0	541,292	126	193.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	9,045,719	10,851,601	19,897,320	44,832	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/29/2014 7:41 pm		
Cost Center	Description	COMMUNICATIONS	DATA PROCESSING	PURCHASING	BUSINESS OFFICE	OTHER ADMINISTRATIVE AND GENERAL	
		5.01	5.02	5.03	5.05	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510	2,475					5.01
5.02	00511	172	3,810,389				5.02
5.03	00512	32	60,675	620,433			5.03
5.05	00514	99	586,525	148	828,120		5.05
5.06	00560	515	594,614	88	0	1,657,420	5.06
6.00	00600	84	84,945	768	0	79,576	6.00
7.00	00700	37	68,765	16	0	29,716	7.00
8.00	00800	2	0	398	0	5,423	8.00
9.00	00900	17	24,270	699	0	23,128	9.00
10.00	01000	30	40,450	151	0	14,323	10.00
11.00	01100	0	0	0	0	10,342	11.00
13.00	01300	34	44,495	45	0	13,391	13.00
14.00	01400	9	20,225	3,921	0	7,629	14.00
15.00	01500	22	76,855	7,783	0	6,486	15.00
16.00	01600	110	117,305	13	0	24,340	16.00
17.00	01700	19	84,945	1	0	12,444	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	2	0	0	0	15,374	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	353	392,365	5,650	43,564	171,883	30.00
31.00	03100	22	32,360	1,714	4,855	24,338	31.00
32.00	03200	19	36,405	1,369	3,889	21,444	32.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	30	60,675	527	6,106	28,045	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	9	12,135	1,588	2,823	13,107	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	58	101,125	93,402	82,444	116,156	50.00
51.00	05100	45	56,630	1,282	13,729	24,066	51.00
52.00	05200	13	16,180	2,386	5,632	19,860	52.00
53.00	05300	2	0	7,743	27,902	6,768	53.00
54.00	05400	34	93,035	8,885	60,003	47,232	54.00
54.01	05401	4	4,045	7,847	5,135	6,303	54.01
54.02	05404	9	24,270	808	12,625	7,996	54.02
55.00	05500	34	44,495	2,044	13,001	37,347	55.00
57.00	05700	13	32,360	3,106	53,765	13,381	57.00
58.00	05800	13	36,405	1,339	13,925	6,705	58.00
59.00	05900	11	8,090	51,381	49,747	40,956	59.00
60.00	06000	71	250,790	93,987	105,548	84,156	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
64.00	06400	4	12,135	3,432	7,081	16,132	64.00
65.00	06500	15	32,360	4,032	15,560	20,370	65.00
66.00	06600	62	250,790	4,409	18,752	40,076	66.00
69.00	06900	34	48,540	918	15,418	11,069	69.00
71.00	07100	0	0	0	12,107	7,196	71.00
72.00	07200	0	0	274,969	36,912	118,691	72.00
73.00	07300	0	0	0	107,922	120,350	73.00
75.01	07501	0	0	0	970	4,695	75.01
76.00	03020	9	28,315	55	971	4,027	76.00
76.01	03021	0	48,540	330	11,435	13,925	76.01
76.02	03022	26	0	2,684	1,140	8,448	76.02
76.03	03023	0	0	0	0	0	76.03
76.04	03024	0	0	0	0	0	76.04
76.05	03025	9	20,225	86	682	3,413	76.05
76.98	07698	0	0	2,767	2,415	8,939	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	9	0	66	617	3,875	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	114	101,125	9,093	61,964	50,177	91.00
92.00	09200						92.00
92.01	09201	0	0	247	8,861	9,415	92.01
93.00	04040	0	0	5,259	5,756	8,654	93.00
93.01	04041	4	0	83	2,980	18,776	93.01
93.02	04042	0	0	0	0	0	93.02
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	9	28,315	313	6,432	31,620	95.00
99.10	09910	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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

Worksheet B
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Cost Center Description		COMMUNI CATION S	DATA PROCESSI NG	PURCHASI NG	BUSI NESS OFFI CE	OTHER ADMI NI STRATI V E AND GENERA	
		5.01	5.02	5.03	5.05	5.06	
101.00	10100 HOME HEALTH AGENCY	41	141,575	885	5,452	37,402	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUI SI TION	0	0	0	0	0	109.00
110.00	11000 INTESTI NAL ACQUI SI TION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUI SI TION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,260	3,717,354	608,717	828,120	1,449,165	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	158	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102 CARE-A-VAN	0	0	0	0	138	191.02
192.00	19200 PHYSICI ANS PRIVATE OFFI CES	103	0	11,257	0	196,799	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	112	93,035	459	0	11,160	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,475	3,810,389	620,433	828,120	1,657,420	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provi der CCN: 140186	Peri od: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/29/2014 7:41 pm		
Cost Center Descripti on			MAI NTENANCE & REPAI RS	OPERATI ON OF PLANT	LAUNDRY & LI NEN SERVI CE	HOUSEKEEPI NG	DI ETARY
			6.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	COMMUNI CATIONS					5.01
5.02	00511	DATA PROCESSI NG					5.02
5.03	00512	PURCHASI NG					5.03
5.05	00514	BUSI NESS OFFICE					5.05
5.06	00560	OTHER ADMI NI STRATI VE AND GENERA					5.06
6.00	00600	MAI NTENANCE & REPAI RS	874,367				6.00
7.00	00700	OPERATI ON OF PLANT	0	2,442,075			7.00
8.00	00800	LAUNDRY & LI NEN SERVI CE	0	36,109	105,700		8.00
9.00	00900	HOUSEKEEPI NG	0	21,967	0	167,696	9.00
10.00	01000	DI ETARY	0	92,430	707	7,456	376,558
11.00	01100	CAFETERI A	0	84,576	0	6,822	0
13.00	01300	NURSI NG ADMI NI STRATI ON	302	0	0	0	0
14.00	01400	CENTRAL SERVI CES & SUPPLY	5,279	57,651	5,351	4,650	0
15.00	01500	PHARMACY	0	21,406	0	1,727	0
16.00	01600	MEDI CAL RECORDS & LIBRARY	0	51,345	0	4,142	0
17.00	01700	SOCI AL SERVI CE	0	4,804	0	388	0
21.00	02100	I & R SERVI CES-SALARY & FRINGES A	0	0	0	0	0
22.00	02200	I & R SERVI CES-OTHER PRGM COSTS A	0	2,352	0	190	0
23.00	02300	PARAMED ED PRGM-(SPECI FY)	0	0	0	0	0
INPATI ENT ROUTI NE SERVI CE COST CENTERS							
30.00	03000	ADULTS & PEDI ATRI CS	52,489	577,009	45,962	46,542	312,015
31.00	03100	I NTENSI VE CARE UNI T	23,831	35,213	5,621	2,840	10,246
32.00	03200	CORONARY CARE UNI T	18,401	47,364	7,479	3,821	11,668
40.00	04000	SUBPROVI DER - I PF	0	0	0	0	0
41.00	04100	SUBPROVI DER - I RF	3,167	72,371	7,702	5,838	39,051
42.00	04200	SUBPROVI DER	0	0	0	0	0
43.00	04300	NURSERY	19,306	15,652	0	1,263	0
ANCI LLARY SERVI CE COST CENTERS							
50.00	05000	OPERATI NG ROOM	104,375	141,983	4,943	11,453	0
51.00	05100	RECOVERY ROOM	8,748	37,493	4,469	3,024	0
52.00	05200	DELI VERY ROOM & LABOR ROOM	19,156	47,617	0	3,841	0
53.00	05300	ANESTHESI OLOGY	81,750	3,691	233	298	0
54.00	05400	RADI OLOGY-DI AGNOSTI C	82,957	67,630	6,067	5,455	0
54.01	05401	NUCLEAR MEDI CI NE-DI AGNOSTI C	151	4,433	0	358	0
54.02	05404	ULTRASOUND	603	4,089	0	330	0
55.00	05500	RADI OLOGY-THERAPEUTI C	20,211	0	0	0	0
57.00	05700	CT SCAN	3,771	5,202	0	420	0
58.00	05800	MRI	452	10,785	0	870	0
59.00	05900	CARDI AC CATHETERI ZATI ON	39,216	31,440	1,782	2,536	0
60.00	06000	LABORATORY	33,635	60,899	0	4,912	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0
64.00	06400	I NTRAVENOUS THERAPY	80,695	0	0	0	0
65.00	06500	RESPI RATORY THERAPY	58,372	11,328	304	914	0
66.00	06600	PHYSI CAL THERAPY	83,410	165,787	2,112	13,373	0
69.00	06900	ELECTROCARDI OLOGY	36,049	25,170	635	2,030	0
71.00	07100	MEDI CAL SUPPLI ES CHARGED TO PAT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATI ENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATI ENTS	0	0	0	0	0
75.01	07501	RENAL DI ALYSI S (I P)	4,072	0	0	0	0
76.00	03020	CARDI AC REHAB	10,257	16,575	0	1,337	0
76.01	03021	OP PSY/CDU	0	106,128	0	8,561	0
76.02	03022	RIMMS	2,564	35,747	204	2,884	0
76.03	03023	GENETI C/OAK PLAZA CLI NICS	0	0	0	0	0
76.04	03024	PAIN CLI NIC	0	0	0	0	0
76.05	03025	DI ABETES	302	4,469	0	361	0
76.98	07698	HYPERBARI C OXYGEN THERAPY	452	13,644	116	1,101	0
OUTPATI ENT SERVI CE COST CENTERS							
88.00	08800	RURAL HEALTH CLI NIC	905	52,593	0	0	0
89.00	08900	FEDERALLY QUALI FIED HEALTH CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	30,317	78,578	8,865	6,339	3,578
92.00	09200	OBSERVATI ON BEDS (NON-DI STI NCT					
92.01	09201	OBSERVATI ON BEDS (DI STI NCT PART	6,184	43,021	0	3,470	0
93.00	04040	I NFUSI ON	9,352	0	546	0	0
93.01	04041	COMMUNI TY HEALTH CENTERS	754	0	0	0	0
93.02	04042	RASC	0	0	0	0	0
OTHER REI MBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVI CES	10,106	58,013	662	4,680	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	1,207	25,767	0	2,079	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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

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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		6.00	7.00	8.00	9.00	10.00		
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	852,798	2,172,331	103,760	166,305	376,558	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	11,617	0	937	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	21,418	252,499	1,940	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	151	5,628	0	454	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	874,367	2,442,075	105,700	167,696	376,558	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 140186		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/29/2014 7:41 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.05	00514						5.05
5.06	00560						5.06
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	240,007					11.00
13.00	01300	5,465	126,480				13.00
14.00	01400	3,209	1,702	229,312			14.00
15.00	01500	8,215	0	0	176,288		15.00
16.00	01600	0	0	0	0	300,195	16.00
17.00	01700	2,859	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	691	366	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	78,001	41,355	0	0	15,806	30.00
31.00	03100	8,551	4,534	0	0	1,761	31.00
32.00	03200	8,279	4,390	0	0	1,411	32.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	5,117	0	0	2,215	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	4,112	2,180	0	0	1,024	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	15,697	8,322	0	0	29,912	50.00
51.00	05100	8,997	4,770	0	0	4,981	51.00
52.00	05200	7,495	3,974	0	0	2,043	52.00
53.00	05300	658	349	0	0	10,123	53.00
54.00	05400	2,863	0	0	0	21,770	54.00
54.01	05401	695	0	0	0	1,863	54.01
54.02	05404	1,866	0	0	0	4,581	54.02
55.00	05500	3,093	0	0	0	4,717	55.00
57.00	05700	2,933	0	0	0	19,507	57.00
58.00	05800	840	0	0	0	5,052	58.00
59.00	05900	4,470	2,370	0	0	18,049	59.00
60.00	06000	13,763	7,297	0	0	38,295	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
64.00	06400	3,448	1,828	0	0	2,569	64.00
65.00	06500	7,710	3,177	0	0	5,646	65.00
66.00	06600	5,926	6,033	0	0	6,803	66.00
69.00	06900	3,073	1,629	0	0	5,594	69.00
71.00	07100	0	0	229,312	0	4,393	71.00
72.00	07200	0	0	0	0	13,392	72.00
73.00	07300	0	0	0	176,288	38,897	73.00
75.01	07501	0	0	0	0	352	75.01
76.00	03020	917	486	0	0	352	76.00
76.01	03021	2,758	3,115	0	0	4,149	76.01
76.02	03022	0	0	0	0	414	76.02
76.03	03023	0	0	0	0	0	76.03
76.04	03024	0	0	0	0	0	76.04
76.05	03025	1,295	0	0	0	247	76.05
76.98	07698	773	0	0	0	876	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	224	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	16,084	8,528	0	0	22,481	91.00
92.00	09200						92.00
92.01	09201	3,729	1,977	0	0	3,215	92.01
93.00	04040	1,429	0	0	0	2,088	93.00
93.01	04041	2,421	0	0	0	1,081	93.01
93.02	04042	0	0	0	0	0	93.02
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	362	10,888	0	0	2,334	95.00
99.10	09910	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	1,978	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	232,677	124,387	229,312	176,288	300,195	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102 CARE-A-VAN	0	66	0	0	0	191.02
192.00	19200 PHYSICIANS PRIVATE OFFICES	5,987	2,027	0	0	0	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	1,343	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	240,007	126,480	229,312	176,288	300,195	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provi der CCN: 140186

Period:
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To 12/31/2013

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A			
		17.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00510	COMMUNICATIONS					5.01
5.02 00511	DATA PROCESSING					5.02
5.03 00512	PURCHASING					5.03
5.05 00514	BUSINESS OFFICE					5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERA					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE	118,527				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0	0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	0		23,934		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	70,483			2,940,269	30.00
31.00 03100	INTENSIVE CARE UNIT	2,666			404,679	31.00
32.00 03200	CORONARY CARE UNIT	2,021			251,957	32.00
40.00 04000	SUBPROVIDER - I/PF	0			0	40.00
41.00 04100	SUBPROVIDER - I/RF	40,716			409,778	41.00
42.00 04200	SUBPROVIDER	0			0	42.00
43.00 04300	NURSERY	0			105,548	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,145			2,603,434	50.00
51.00 05100	RECOVERY ROOM	0			263,516	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0			345,136	52.00
53.00 05300	ANESTHESIOLOGY	0			147,306	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0			1,491,660	54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	0			64,778	54.01
54.02 05404	ULTRASOUND	0			173,667	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0			473,107	55.00
57.00 05700	CT SCAN	0			243,381	57.00
58.00 05800	MRI	0			298,423	58.00
59.00 05900	CARDIAC CATHETERIZATION	0			688,389	59.00
60.00 06000	LABORATORY	0			990,969	60.00
60.01 06001	BLOOD LABORATORY	0			0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0			0	62.00
64.00 06400	INTRAVENOUS THERAPY	0			127,720	64.00
65.00 06500	RESPIRATORY THERAPY	0			323,203	65.00
66.00 06600	PHYSICAL THERAPY	0			903,317	66.00
69.00 06900	ELECTROCARDIOLOGY	0			317,526	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0			253,008	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0			443,964	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0			444,356	73.00
75.01 07501	RENAL DIALYSIS (IP)	0			10,089	75.01
76.00 03020	CARDIAC REHAB	0			114,760	76.00
76.01 03021	OP PSY/CDU	0			375,418	76.01
76.02 03022	RIMMS	0			140,623	76.02
76.03 03023	GENETIC/OAK PLAZA CLINICS	0			0	76.03
76.04 03024	PAIN CLINIC	0			0	76.04
76.05 03025	DIABETES	0			40,069	76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	0			53,505	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0			146,241	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0			0	89.00
91.00 09100	EMERGENCY	0			601,993	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART	0			152,618	92.01
93.00 04040	INFUSION	0			37,467	93.00
93.01 04041	COMMUNITY HEALTH CENTERS	0			473,353	93.01
93.02 04042	RASC	0			0	93.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2014 7:41 pm

Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal			
		SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A					
		17.00	21.00				22.00	23.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0			407,479	95.00	
99.10	09910	CORF	0			0	99.10	
101.00	10100	HOME HEALTH AGENCY	0			368,713	101.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0			0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0			0	110.00	
111.00	11100	ISLET ACQUISITION	0			0	111.00	
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	118,031	0	0	17,631,419	118.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0			31,626	190.00	
191.00	19100	RESEARCH	0			0	191.00	
191.01	19101	SENIOR ADVAN	0			0	191.01	
191.02	19102	CARE-A-VAN	0			207	191.02	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0			1,555,878	192.00	
192.01	19201	REFERENCE LAB	0			0	192.01	
192.02	19202	MEALS ON WHEELS	0			0	192.02	
193.00	19300	NONPAID WORKERS	496			654,256	193.00	
200.00		Cross Foot Adjustments		0	23,934	0	23,934	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	118,527	0	23,934	0	19,897,320	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/29/2014 7:41 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00510	COMMUNICATI ONS		5.01
5.02	00511	DATA PROCESSING		5.02
5.03	00512	PURCHASING		5.03
5.05	00514	BUSINESS OFFICE		5.05
5.06	00560	OTHER ADMINI STRATIVE AND GENERA		5.06
6.00	00600	MAI NTENANCE & REPAIRS		6.00
7.00	00700	OPERATI ON OF PLANT		7.00
8.00	00800	LAUNDRY & LI NEN SERVI CE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DI ETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSI NG ADMINI STRATI ON		13.00
14.00	01400	CENTRAL SERVI CES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDI CAL RECORDS & LI BRARY		16.00
17.00	01700	SOCI AL SERVI CE		17.00
21.00	02100	I & R SERVI CES-SALARY & FRINGES A		21.00
22.00	02200	I & R SERVI CES-OTHER PRGM COSTS A		22.00
23.00	02300	PARAMED ED PRGM-(SPECI FY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDI ATRICS	0	2,940,269
31.00	03100	INTENSIVE CARE UNIT	0	404,679
32.00	03200	CORONARY CARE UNIT	0	251,957
40.00	04000	SUBPROVI DER - I PF	0	0
41.00	04100	SUBPROVI DER - I RF	0	409,778
42.00	04200	SUBPROVI DER	0	0
43.00	04300	NURSERY	0	105,548
ANCI LLARY SERVI CE COST CENTERS				
50.00	05000	OPERATI NG ROOM	0	2,603,434
51.00	05100	RECOVERY ROOM	0	263,516
52.00	05200	DELI VERY ROOM & LABOR ROOM	0	345,136
53.00	05300	ANESTHESI OLOGY	0	147,306
54.00	05400	RADI OLOGY-DI AGNOSTI C	0	1,491,660
54.01	05401	NUCLEAR MEDI CI NE-DI AGNOSTI C	0	64,778
54.02	05404	ULTRASOUND	0	173,667
55.00	05500	RADI OLOGY-THERAPEUTI C	0	473,107
57.00	05700	CT SCAN	0	243,381
58.00	05800	MRI	0	298,423
59.00	05900	CARDI AC CATHETERI ZATI ON	0	688,389
60.00	06000	LABORATORY	0	990,969
60.01	06001	BLOOD LABORATORY	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0
64.00	06400	INTRAVENOUS THERAPY	0	127,720
65.00	06500	RESPI RATORY THERAPY	0	323,203
66.00	06600	PHYSI CAL THERAPY	0	903,317
69.00	06900	ELECTROCARDI OLOGY	0	317,526
71.00	07100	MEDI CAL SUPPLI ES CHARGED TO PAT	0	253,008
72.00	07200	IMPL. DEV. CHARGED TO PATI ENTS	0	443,964
73.00	07300	DRUGS CHARGED TO PATI ENTS	0	444,356
75.01	07501	RENAL DI ALYSI S (I P)	0	10,089
76.00	03020	CARDI AC REHAB	0	114,760
76.01	03021	OP PSY/CDU	0	375,418
76.02	03022	RIMMS	0	140,623
76.03	03023	GENETI C/OAK PLAZA CLI NI CS	0	0
76.04	03024	PAIN CLI NI C	0	0
76.05	03025	DI ABETES	0	40,069
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	53,505
OUTPATIENT SERVI CE COST CENTERS				
88.00	08800	RURAL HEALTH CLI NI C	0	146,241
89.00	08900	FEDERALLY QUALI FIED HEALTH CENTER	0	0
91.00	09100	EMERGENCY	0	601,993
92.00	09200	OBSERVATI ON BEDS (NON-DI STI NCT	0	
92.01	09201	OBSERVATI ON BEDS (DI STI NCT PART	0	152,618
93.00	04040	INFUSI ON	0	37,467
93.01	04041	COMMUNI TY HEALTH CENTERS	0	473,353
93.02	04042	RASC	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2014 7:41 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	407,479	95.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	368,713	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	17,631,419	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	31,626	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	207	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	1,555,878	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	0	654,256	193.00
200.00		Cross Foot Adjustments	0	23,934	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	19,897,320	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 7:41 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	614,075				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		10,825,693			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,818	3,313	22,342,346		4.00
5.01	00510	COMMUNICATIONS	168	0	0	1,149	5.01
5.02	00511	DATA PROCESSING	9,123	3,665,818	615,792	80	942 5.02
5.03	00512	PURCHASING	18,704	283,137	193,890	15	15 5.03
5.05	00514	BUSINESS OFFICE	10,796	79,867	1,124,883	46	145 5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	50,694	311,036	1,827,689	238	147 5.06
6.00	00600	MAINTENANCE & REPAIRS	14,725	490,117	396,031	39	21 6.00
7.00	00700	OPERATION OF PLANT	132,374	392,316	165,834	17	17 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,991	4,711	127,644	1	0 8.00
9.00	00900	HOUSEKEEPING	2,428	60,824	437,751	8	6 9.00
10.00	01000	DIETARY	10,216	70,071	141,300	14	10 10.00
11.00	01100	CAFETERIA	9,348	0	281,430	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	62,423	87,785	16	11 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,372	25,580	90,428	4	5 14.00
15.00	01500	PHARMACY	2,366	18,896	0	10	19 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,675	18,592	352,573	51	29 16.00
17.00	01700	SOCIAL SERVICE	531	4,971	130,688	9	21 17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES A	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS A	260	1,061	32,360	1	0 22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	63,775	140,126	3,433,801	164	97 30.00
31.00	03100	INTENSIVE CARE UNIT	3,892	187,316	513,790	10	8 31.00
32.00	03200	CORONARY CARE UNIT	5,235	5,949	457,958	9	9 32.00
40.00	04000	SUBPROVIDER - I/P	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - I/R	7,999	19,574	382,221	14	15 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	1,730	6,306	270,844	4	3 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,693	1,654,584	851,098	27	25 50.00
51.00	05100	RECOVERY ROOM	4,144	33,135	510,401	21	14 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,263	138,338	370,436	6	4 52.00
53.00	05300	ANESTHESIOLOGY	408	1,729	22,853	1	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,964	945,108	788,620	16	23 54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	490	26,573	44,589	2	1 54.01
54.02	05404	ULTRASOUND	452	109,351	108,946	4	6 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	347,013	160,299	16	11 55.00
57.00	05700	CT SCAN	575	99,974	119,679	6	8 57.00
58.00	05800	MRI	1,192	203,916	36,714	6	9 58.00
59.00	05900	CARDIAC CATHETERIZATION	3,475	385,703	262,118	5	2 59.00
60.00	06000	LABORATORY	6,731	196,785	601,771	33	62 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0 62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	197,451	2	3 64.00
65.00	06500	RESPIRATORY THERAPY	1,252	143,942	341,647	7	8 65.00
66.00	06600	PHYSICAL THERAPY	18,324	34,554	609,508	29	62 66.00
69.00	06900	ELECTROCARDIOLOGY	2,782	125,758	163,125	16	12 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	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	447,807	0	0 73.00
75.01	07501	RENAL DIALYSIS (I/P)	0	0	0	0	0 75.01
76.00	03020	CARDIAC REHAB	1,832	24,260	76,878	4	7 76.00
76.01	03021	OP PSY/CDU	11,730	3,176	250,447	0	12 76.01
76.02	03022	RI/MMS	3,951	27,927	157,699	12	0 76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0 76.03
76.04	03024	PAIN CLINIC	0	0	0	0	0 76.04
76.05	03025	DIABETES	494	1,574	62,469	4	5 76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,508	65	71,445	0	0 76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	5,813	2,220	48,682	4	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00	09100	EMERGENCY	8,685	75,304	662,797	53	25 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,755	2,100	174,366	0	0 92.01
93.00	04040	INFUSION	0	4,151	110,729	0	0 93.00
93.01	04041	COMMUNITY HEALTH CENTERS	29,569	11,081	287,204	2	0 93.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 7:41 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
1.00	2.00	4.00	5.01	5.02				
93.02	04042	RASC	0	0	0	0	0	93.02
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,412	157,405	752,321	4	7	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	2,848	108,764	672,758	19	35	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	511,562	10,716,494	20,029,549	1,049	919	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	1,284	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	1,682	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	64,483	109,199	2,248,088	48	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	36,746	0	63,027	52	23	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,045,719	10,851,601	23,352,415	1,265,557	13,043,662	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.730642	1.002393	1.045209	1,101.442124	13,846.774947	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			44,832	2,475	3,810,389	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002007	2.154047	4,044.998938	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140186		Period: From 01/01/2013 To 12/31/2013		Worksheet B-1	
Date/Time Prepared: 5/29/2014 7:41 pm							
Cost Center Description	PURCHASING (REQS)	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)		
	5.03	5.05	5A.06	5.06	6.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00510	COMMUNICATIONS						5.01
5.02 00511	DATA PROCESSING						5.02
5.03 00512	PURCHASING	29,260,123					5.03
5.05 00514	BUSINESS OFFICE	6,978	747,444,423				5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	4,157		-23,698,251	198,642,696		5.06
6.00 00600	MAINTENANCE & REPAIRS	36,214			9,536,881	5,797	6.00
7.00 00700	OPERATION OF PLANT	767			3,561,401		7.00
8.00 00800	LAUNDRY & LINEN SERVICE	18,752			649,875		8.00
9.00 00900	HOUSEKEEPING	32,943			2,771,870		9.00
10.00 01000	DIETARY	7,119			1,716,607		10.00
11.00 01100	CAFETERIA	0			1,239,414		11.00
13.00 01300	NURSING ADMINISTRATION	2,111			1,604,877		13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	184,919			914,346	35	14.00
15.00 01500	PHARMACY	367,047			777,333		15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	631			2,917,057		16.00
17.00 01700	SOCIAL SERVICE	40			1,491,314		17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0			0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A	20			1,842,527		22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	266,445	39,317,572	0	20,599,559	348	30.00
31.00 03100	INTENSIVE CARE UNIT	80,817	4,381,611	0	2,916,885	158	31.00
32.00 03200	CORONARY CARE UNIT	64,568	3,509,709	0	2,569,941	122	32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	24,844	5,510,520	0	3,361,123	21	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	74,869	2,547,817	0	1,570,788	128	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	4,404,913	74,407,723	0	13,920,903	692	50.00
51.00 05100	RECOVERY ROOM	60,467	12,390,671	0	2,884,207	58	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	112,517	5,083,142	0	2,380,165	127	52.00
53.00 05300	ANESTHESIOLOGY	365,181	25,182,715	0	811,163	542	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	419,030	54,154,547	0	5,660,578	550	54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	370,066	4,634,072	0	755,413	1	54.01
54.02 05404	ULTRASOUND	38,105	11,394,523	0	958,266	4	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	96,408	11,734,192	0	4,475,915	134	55.00
57.00 05700	CT SCAN	146,478	48,524,601	0	1,603,688	25	57.00
58.00 05800	MRI	63,171	12,567,676	0	803,582	3	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,423,161	44,898,176	0	4,908,455	260	59.00
60.00 06000	LABORATORY	4,432,506	95,260,056	0	10,085,753	223	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00 06400	INTRAVENOUS THERAPY	161,860	6,390,930	0	1,933,352	535	64.00
65.00 06500	RESPIRATORY THERAPY	190,158	14,043,625	0	2,441,327	387	65.00
66.00 06600	PHYSICAL THERAPY	207,929	16,923,885	0	4,803,007	553	66.00
69.00 06900	ELECTROCARDIOLOGY	43,271	13,914,790	0	1,326,628	239	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	0	10,926,986	0	862,375	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	12,967,954	33,314,469	0	14,224,772	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	97,446,467	0	14,423,542	0	73.00
75.01 07501	RENAL DIALYSIS (IP)	0	875,025	0	562,739	27	75.01
76.00 03020	CARDIAC REHAB	2,588	876,560	0	482,592	68	76.00
76.01 03021	OP PSY/CDU	15,554	10,320,729	0	1,668,917	0	76.01
76.02 03022	RIIMS	126,561	1,028,970	0	1,012,491	17	76.02
76.03 03023	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04 03024	PAIN CLINIC	0	0	0	0	0	76.04
76.05 03025	DIABETES	4,046	615,603	0	408,992	2	76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	130,485	2,179,347	0	1,071,319	3	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	3,111	556,597	0	464,352	6	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 09100	EMERGENCY	428,834	55,923,828	0	6,013,488	201	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)						92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	11,626	7,997,153	0	1,128,323	41	92.01
93.00 04040	INFUSION	248,000	5,194,521	0	1,037,185	62	93.00
93.01 04041	COMMUNITY HEALTH CENTERS	3,902	2,689,880	0	2,250,274	5	93.01
93.02 04042	RASC	0	0	0	0	0	93.02
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	14,765	5,805,299	0	3,789,557	67	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PURCHASING (REQS)	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	
			5.03	5.05	5A.06	5.06	6.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	41,714	4,920,436	0	4,482,491	8	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	28,707,602	747,444,423	-23,698,251	173,677,609	5,654	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	18,914	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	16,506	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	530,875	0	0	23,592,123	142	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	21,646	0	0	1,337,544	1	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,080,052	7,514,713		23,698,251	10,674,640	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.071088	0.010054		0.119301	1,841.407625	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	620,433	828,120		1,657,420	874,367	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.021204	0.001108		0.008344	150.830947	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.05	00514						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700	269,916					7.00
8.00	00800	3,991	155,316				8.00
9.00	00900	2,428	0	229,776			9.00
10.00	01000	10,216	1,039	10,216	356,901		10.00
11.00	01100	9,348	0	9,348	0	1,571,069	11.00
13.00	01300	0	0	0	0	35,776	13.00
14.00	01400	6,372	7,863	6,372	0	21,008	14.00
15.00	01500	2,366	0	2,366	0	53,775	15.00
16.00	01600	5,675	0	5,675	0	0	16.00
17.00	01700	531	0	531	0	18,717	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	260	0	260	0	4,520	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	63,775	67,532	63,775	295,728	510,589	30.00
31.00	03100	3,892	8,260	3,892	9,711	55,975	31.00
32.00	03200	5,235	10,990	5,235	11,059	54,195	32.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	7,999	11,318	7,999	37,012	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,730	0	1,730	0	26,918	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	15,693	7,263	15,693	0	102,751	50.00
51.00	05100	4,144	6,567	4,144	0	58,894	51.00
52.00	05200	5,263	0	5,263	0	49,063	52.00
53.00	05300	408	343	408	0	4,306	53.00
54.00	05400	7,475	8,915	7,475	0	18,744	54.00
54.01	05401	490	0	490	0	4,551	54.01
54.02	05404	452	0	452	0	12,213	54.02
55.00	05500	0	0	0	0	20,245	55.00
57.00	05700	575	0	575	0	19,197	57.00
58.00	05800	1,192	0	1,192	0	5,501	58.00
59.00	05900	3,475	2,618	3,475	0	29,260	59.00
60.00	06000	6,731	0	6,731	0	90,090	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
64.00	06400	0	0	0	0	22,573	64.00
65.00	06500	1,252	447	1,252	0	50,469	65.00
66.00	06600	18,324	3,104	18,324	0	38,794	66.00
69.00	06900	2,782	933	2,782	0	20,116	69.00
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
75.01	07501	0	0	0	0	0	75.01
76.00	03020	1,832	0	1,832	0	6,000	76.00
76.01	03021	11,730	0	11,730	0	18,052	76.01
76.02	03022	3,951	300	3,951	0	0	76.02
76.03	03023	0	0	0	0	0	76.03
76.04	03024	0	0	0	0	0	76.04
76.05	03025	494	0	494	0	8,479	76.05
76.98	07698	1,508	171	1,508	0	5,058	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	5,813	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	8,685	13,026	8,685	3,391	105,287	91.00
92.00	09200						92.00
92.01	09201	4,755	0	4,755	0	24,408	92.01
93.00	04040	0	803	0	0	9,351	93.00
93.01	04041	0	0	0	0	15,845	93.01
93.02	04042	0	0	0	0	0	93.02
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	6,412	973	6,412	0	2,367	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	
			7.00	8.00	9.00	10.00	11.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	2,848	0	2,848	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	240,102	152,465	227,870	356,901	1,523,087	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	1,284	0	1,284	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS PRIVATE OFFICES	27,908	2,851	0	0	39,189	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	622	0	622	0	8,793	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,986,280	786,347	3,138,415	2,217,072	1,653,014	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	14.768595	5.062885	13.658585	6.212008	1.052159	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,442,075	105,700	167,696	376,558	240,007	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	9.047537	0.680548	0.729824	1.055077	0.152767	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		NURSING ADMINISTRATIVE (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.05	00514						5.05
5.06	00560						5.06
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
13.00	01300	1,561,575					13.00
14.00	01400	21,008	100				14.00
15.00	01500	0	0	12,969,847			15.00
16.00	01600	0	0	0	747,444,423		16.00
17.00	01700	0	0	0	0	9,560	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	4,520	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	510,589	0	0	39,317,572	5,685	30.00
31.00	03100	55,975	0	0	4,381,611	215	31.00
32.00	03200	54,195	0	0	3,509,709	163	32.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	63,174	0	0	5,510,520	3,284	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	26,918	0	0	2,547,817	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	102,751	0	0	74,407,723	173	50.00
51.00	05100	58,894	0	0	12,390,671	0	51.00
52.00	05200	49,063	0	0	5,083,142	0	52.00
53.00	05300	4,306	0	0	25,182,715	0	53.00
54.00	05400	0	0	0	54,154,547	0	54.00
54.01	05401	0	0	0	4,634,072	0	54.01
54.02	05402	0	0	0	11,394,523	0	54.02
55.00	05500	0	0	0	11,734,192	0	55.00
57.00	05700	0	0	0	48,524,601	0	57.00
58.00	05800	0	0	0	12,567,676	0	58.00
59.00	05900	29,260	0	0	44,898,176	0	59.00
60.00	06000	90,090	0	0	95,260,056	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
64.00	06400	22,573	0	0	6,390,930	0	64.00
65.00	06500	39,224	0	0	14,043,625	0	65.00
66.00	06600	74,492	0	0	16,923,885	0	66.00
69.00	06900	20,116	0	0	13,914,790	0	69.00
71.00	07100	0	100	0	10,926,986	0	71.00
72.00	07200	0	0	0	33,314,469	0	72.00
73.00	07300	0	0	12,969,847	97,446,467	0	73.00
75.01	07501	0	0	0	875,025	0	75.01
76.00	03020	6,000	0	0	876,560	0	76.00
76.01	03021	38,464	0	0	10,320,729	0	76.01
76.02	03022	0	0	0	1,028,970	0	76.02
76.03	03023	0	0	0	0	0	76.03
76.04	03024	0	0	0	0	0	76.04
76.05	03025	0	0	0	615,603	0	76.05
76.98	07698	0	0	0	2,179,347	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	556,597	0	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	105,287	0	0	55,923,828	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	24,408	0	0	7,997,153	0	92.01
93.00	04040	0	0	0	5,194,521	0	93.00
93.01	04041	0	0	0	2,689,880	0	93.01
93.02	04042	0	0	0	0	0	93.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	134,426	0	0	5,805,299	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	4,920,436	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,535,733	100	12,969,847	747,444,423	9,520
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CAN	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0
191.01	19101	SENIOR ADVAN	0	0	0	0	0
191.02	19102	CARE-A-VAN	819	0	0	0	0
192.00	19200	PHYSICIANS PRIVATE OFFICES	25,023	0	0	0	0
192.01	19201	REFERENCE LAB	0	0	0	0	0
192.02	19202	MEALS ON WHEELS	0	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	40
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	1,837,665	1,355,650	993,908	3,426,389	1,704,017
203.00		Unit cost multiplier (Wkst. B, Part I)	1.176802	13,556.500000	0.076632	0.004584	178.244456
204.00		Cost to be allocated (per Wkst. B, Part II)	126,480	229,312	176,288	300,195	118,527
205.00		Unit cost multiplier (Wkst. B, Part II)	0.080995	2,293.120000	0.013592	0.000402	12.398222

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00510	COMMUNICATIONS				5.01
5.02 00511	DATA PROCESSING				5.02
5.03 00512	PURCHASING				5.03
5.05 00514	BUSINESS OFFICE				5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES A	0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS A		4,865		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	3,528	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	609	0	32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	62	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 05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	54.01
54.02 05404	ULTRASOUND	0	0	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	150	0	55.00
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	212	0	59.00
60.00 06000	LABORATORY	0	28	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	153	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	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
75.01 07501	RENAL DIALYSIS (IP)	0	0	0	75.01
76.00 03020	CARDIAC REHAB	0	0	0	76.00
76.01 03021	OP PSY/CDU	0	0	0	76.01
76.02 03022	RIMMS	0	0	0	76.02
76.03 03023	GENETIC/OAK PLAZA CLINICS	0	0	0	76.03
76.04 03024	PAIN CLINIC	0	0	0	76.04
76.05 03025	DIABETES	0	0	0	76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
91.00 09100	EMERGENCY	0	123	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
93.00 04040	INFUSION	0	0	0	93.00
93.01 04041	COMMUNITY HEALTH CENTERS	0	0	0	93.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1
Date/Time Prepared:
5/29/2014 7:41 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)			
	21.00	22.00	23.00		
93.02 04042 RASC	0	0	0		93.02
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0	0	0		95.00
99.10 09910 CORF	0	0	0		99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS					
109.00 10900 PANCREAS ACQUISITION	0	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 11100 ISLET ACQUISITION	0	0	0		111.00
113.00 11300 INTEREST EXPENSE					113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	4,865	0		118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT FLOWER COFFEE SHOP & CAN	0	0	0		190.00
191.00 19100 RESEARCH	0	0	0		191.00
191.01 19101 SENIOR ADVAN	0	0	0		191.01
191.02 19102 CARE-A-VAN	0	0	0		191.02
192.00 19200 PHYSICIANS PRIVATE OFFICES	0	0	0		192.00
192.01 19201 REFERENCE LAB	0	0	0		192.01
192.02 19202 MEALS ON WHEELS	0	0	0		192.02
193.00 19300 NONPAID WORKERS	0	0	0		193.00
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	2,079,808	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	427.504214	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	23,934	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	4.919630	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 7:41 pm
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		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	30,021,464		30,021,464	0	30,021,464	30.00
31.00	03100 INTENSIVE CARE UNIT	3,951,770		3,951,770	3,472	3,955,242	31.00
32.00	03200 CORONARY CARE UNIT	3,540,289		3,540,289	0	3,540,289	32.00
40.00	04000 SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RF	5,000,346		5,000,346	0	5,000,346	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	2,114,742		2,114,742	0	2,114,742	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	17,939,765		17,939,765	180,160	18,119,925	50.00
51.00	05100 RECOVERY ROOM	3,674,220		3,674,220	0	3,674,220	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,180,252		3,180,252	0	3,180,252	52.00
53.00	05300 ANESTHESIOLOGY	2,044,351		2,044,351	0	2,044,351	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,874,260		7,874,260	0	7,874,260	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	887,337		887,337	0	887,337	54.01
54.02	05404 ULTRASOUND	1,157,885		1,157,885	0	1,157,885	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	5,331,736		5,331,736	42,607	5,374,343	55.00
57.00	05700 CT SCAN	2,100,026		2,100,026	0	2,100,026	57.00
58.00	05800 MRI	1,002,257		1,002,257	0	1,002,257	58.00
59.00	05900 CARDIAC CATHETERIZATION	6,355,877		6,355,877	0	6,355,877	59.00
60.00	06000 LABORATORY	12,528,449		12,528,449	39,171	12,567,620	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0		0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	3,228,766		3,228,766	0	3,228,766	64.00
65.00	06500 RESPIRATORY THERAPY	3,646,695	0	3,646,695	0	3,646,695	65.00
66.00	06600 PHYSICAL THERAPY	7,136,982	0	7,136,982	0	7,136,982	66.00
69.00	06900 ELECTROCARDIOLOGY	2,117,423		2,117,423	0	2,117,423	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	2,370,996		2,370,996	0	2,370,996	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	16,074,516		16,074,516	0	16,074,516	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	17,584,993		17,584,993	0	17,584,993	73.00
75.01	07501 RENAL DIALYSIS (IP)	683,603		683,603	0	683,603	75.01
76.00	03020 CARDIAC REHAB	734,853		734,853	0	734,853	76.00
76.01	03021 OP PSY/CDU	2,313,040		2,313,040	0	2,313,040	76.01
76.02	03022 RIMMS	1,283,138		1,283,138	0	1,283,138	76.02
76.03	03023 GENETIC/OAK PLAZA CLINICS	0		0	0	0	76.03
76.04	03024 PAIN CLINIC	0		0	0	0	76.04
76.05	03025 DIABETES	487,254		487,254	0	487,254	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	1,263,698		1,263,698	5,048	1,268,746	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	619,199		619,199	0	619,199	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
91.00	09100 EMERGENCY	7,925,966		7,925,966	0	7,925,966	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	275,710		275,710	0	275,710	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,564,666		1,564,666	0	1,564,666	92.01
93.00	04040 INFUSION	1,312,805		1,312,805	0	1,312,805	93.00
93.01	04041 COMMUNITY HEALTH CENTERS	2,556,942		2,556,942	0	2,556,942	93.01
93.02	04042 RASC	0		0	0	0	93.02
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	4,739,524		4,739,524	0	4,739,524	95.00
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	5,135,504		5,135,504	0	5,135,504	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
200.00	Subtotal (see instructions)	191,761,299	0	191,761,299	270,458	192,031,757	200.00
201.00	Less Observation Beds	275,710		275,710	0	275,710	201.00
202.00	Total (see instructions)	191,485,589	0	191,485,589	270,458	191,756,047	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140186		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/29/2014 7:41 pm	
			Title XVII I		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00	9.00	10.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000	ADULTS & PEDIATRICS	38,047,583		38,047,583		30.00		
31.00 03100	INTENSIVE CARE UNIT	4,381,611		4,381,611		31.00		
32.00 03200	CORONARY CARE UNIT	3,509,709		3,509,709		32.00		
40.00 04000	SUBPROVIDER - IPF	0		0		40.00		
41.00 04100	SUBPROVIDER - IRF	5,510,520		5,510,520		41.00		
42.00 04200	SUBPROVIDER	0		0		42.00		
43.00 04300	NURSERY	2,547,817		2,547,817		43.00		
ANCILLARY SERVICE COST CENTERS								
50.00 05000	OPERATING ROOM	35,857,896	38,549,827	74,407,723	0.241101	50.00		
51.00 05100	RECOVERY ROOM	5,237,704	7,152,967	12,390,671	0.296531	51.00		
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,656,380	1,426,762	5,083,142	0.625647	52.00		
53.00 05300	ANESTHESIOLOGY	15,024,850	10,157,865	25,182,715	0.081181	53.00		
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,552,353	46,602,194	54,154,547	0.145403	54.00		
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,274,495	3,359,577	4,634,072	0.191481	54.01		
54.02 05404	ULTRASOUND	2,921,608	8,472,915	11,394,523	0.101618	54.02		
55.00 05500	RADIOLOGY-THERAPEUTIC	80,777	11,653,415	11,734,192	0.454376	55.00		
57.00 05700	CT SCAN	17,459,573	31,065,028	48,524,601	0.043278	57.00		
58.00 05800	MRI	3,370,197	9,197,479	12,567,676	0.079749	58.00		
59.00 05900	CARDIAC CATHETERIZATION	18,763,000	26,135,176	44,898,176	0.141562	59.00		
60.00 06000	LABORATORY	35,259,678	60,000,378	95,260,056	0.131518	60.00		
60.01 06001	BLOOD LABORATORY	0	0	0	0.000000	60.01		
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0.000000	62.00		
64.00 06400	INTRAVENOUS THERAPY	5,562,506	828,424	6,390,930	0.505211	64.00		
65.00 06500	RESPIRATORY THERAPY	8,982,708	5,060,917	14,043,625	0.259669	65.00		
66.00 06600	PHYSICAL THERAPY	10,388,105	6,535,780	16,923,885	0.421711	66.00		
69.00 06900	ELECTROCARDIOLOGY	6,053,524	7,861,266	13,914,790	0.152171	69.00		
71.00 07100	MEDICAL SUPPLIES CHARGED TO PAT	6,362,081	4,564,905	10,926,986	0.216985	71.00		
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	23,011,241	10,303,228	33,314,469	0.482509	72.00		
73.00 07300	DRUGS CHARGED TO PATIENTS	28,905,183	68,541,284	97,446,467	0.180458	73.00		
75.01 07501	RENAL DIALYSIS (IP)	855,025	20,000	875,025	0.781238	75.01		
76.00 03020	CARDIAC REHAB	195,335	681,225	876,560	0.838337	76.00		
76.01 03021	OP PSY/CDU	0	10,320,729	10,320,729	0.224116	76.01		
76.02 03022	RIMMS	0	1,028,970	1,028,970	1.247012	76.02		
76.03 03023	GENETIC/OAK PLAZA CLINICS	0	0	0	0.000000	76.03		
76.04 03024	PAIN CLINIC	0	0	0	0.000000	76.04		
76.05 03025	DIABETES	4,916	610,687	615,603	0.791507	76.05		
76.98 07698	HYPERBARIC OXYGEN THERAPY	45,554	2,133,793	2,179,347	0.579852	76.98		
OUTPATIENT SERVICE COST CENTERS								
88.00 08800	RURAL HEALTH CLINIC	0	556,597	556,597		88.00		
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00		
91.00 09100	EMERGENCY	16,335,387	39,588,441	55,923,828	0.141728	91.00		
92.00 09200	OBSERVATION BEDS (NON-DISTINCT)	127,249	1,142,740	1,269,989	0.217096	92.00		
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	3,558,193	4,438,960	7,997,153	0.195653	92.01		
93.00 04040	INFUSION	200,000	4,994,521	5,194,521	0.252729	93.00		
93.01 04041	COMMUNITY HEALTH CENTERS	0	2,689,880	2,689,880	0.950578	93.01		
93.02 04042	RASC	0	0	0	0.000000	93.02		
OTHER REIMBURSABLE COST CENTERS								
95.00 09500	AMBULANCE SERVICES	291,480	5,513,819	5,805,299	0.816413	95.00		
99.10 09910	CORF	0	0	0		99.10		
101.00 10100	HOME HEALTH AGENCY	0	4,920,436	4,920,436		101.00		
SPECIAL PURPOSE COST CENTERS								
109.00 10900	PANCREAS ACQUISITION	0	0	0		109.00		
110.00 11000	INTESTINAL ACQUISITION	0	0	0		110.00		
111.00 11100	ISLET ACQUISITION	0	0	0		111.00		
113.00 11300	INTEREST EXPENSE					113.00		
200.00	Subtotal (see instructions)	311,334,238	436,110,185	747,444,423		200.00		
201.00	Less Observation Beds					201.00		
202.00	Total (see instructions)	311,334,238	436,110,185	747,444,423		202.00		

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 7:41 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.243522		50.00
51.00	05100 RECOVERY ROOM	0.296531		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.625647		52.00
53.00	05300 ANESTHESIOLOGY	0.081181		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.145403		54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.191481		54.01
54.02	05404 ULTRASOUND	0.101618		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.458007		55.00
57.00	05700 CT SCAN	0.043278		57.00
58.00	05800 MRI	0.079749		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.141562		59.00
60.00	06000 LABORATORY	0.131930		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000		62.00
64.00	06400 INTRAVENOUS THERAPY	0.505211		64.00
65.00	06500 RESPIRATORY THERAPY	0.259669		65.00
66.00	06600 PHYSICAL THERAPY	0.421711		66.00
69.00	06900 ELECTROCARDIOLOGY	0.152171		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.216985		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.482509		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.180458		73.00
75.01	07501 RENAL DIALYSIS (IP)	0.781238		75.01
76.00	03020 CARDIAC REHAB	0.838337		76.00
76.01	03021 OP PSY/CDU	0.224116		76.01
76.02	03022 RIMMS	1.247012		76.02
76.03	03023 GENETIC/OAK PLAZA CLINICS	0.000000		76.03
76.04	03024 PAIN CLINIC	0.000000		76.04
76.05	03025 DIABETES	0.791507		76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.582168		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
91.00	09100 EMERGENCY	0.141728		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.217096		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART	0.195653		92.01
93.00	04040 INFUSION	0.252729		93.00
93.01	04041 COMMUNITY HEALTH CENTERS	0.950578		93.01
93.02	04042 RASC	0.000000		93.02
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.816413		95.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
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: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 7:41 pm		
		Title XIX	Hospital	Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		30,021,464	0	30,021,464	30.00
31.00	03100 INTENSIVE CARE UNIT		3,951,770	3,472	3,955,242	31.00
32.00	03200 CORONARY CARE UNIT		3,540,289	0	3,540,289	32.00
40.00	04000 SUBPROVIDER - IPF		0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF		5,000,346	0	5,000,346	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		2,114,742	0	2,114,742	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		17,939,765	180,160	18,119,925	50.00
51.00	05100 RECOVERY ROOM		3,674,220	0	3,674,220	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,180,252	0	3,180,252	52.00
53.00	05300 ANESTHESIOLOGY		2,044,351	0	2,044,351	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		7,874,260	0	7,874,260	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC		887,337	0	887,337	54.01
54.02	05404 ULTRASOUND		1,157,885	0	1,157,885	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC		5,331,736	42,607	5,374,343	55.00
57.00	05700 CT SCAN		2,100,026	0	2,100,026	57.00
58.00	05800 MRI		1,002,257	0	1,002,257	58.00
59.00	05900 CARDIAC CATHETERIZATION		6,355,877	0	6,355,877	59.00
60.00	06000 LABORATORY		12,528,449	39,171	12,567,620	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD		0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY		3,228,766	0	3,228,766	64.00
65.00	06500 RESPIRATORY THERAPY	0	3,646,695	0	3,646,695	65.00
66.00	06600 PHYSICAL THERAPY	0	7,136,982	0	7,136,982	66.00
69.00	06900 ELECTROCARDIOLOGY		2,117,423	0	2,117,423	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT		2,370,996	0	2,370,996	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		16,074,516	0	16,074,516	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		17,584,993	0	17,584,993	73.00
75.01	07501 RENAL DIALYSIS (IP)		683,603	0	683,603	75.01
76.00	03020 CARDIAC REHAB		734,853	0	734,853	76.00
76.01	03021 OP PSY/CDU		2,313,040	0	2,313,040	76.01
76.02	03022 RIMMS		1,283,138	0	1,283,138	76.02
76.03	03023 GENETIC/OAK PLAZA CLINICS		0	0	0	76.03
76.04	03024 PAIN CLINIC		0	0	0	76.04
76.05	03025 DIABETES		487,254	0	487,254	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY		1,263,698	5,048	1,268,746	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		619,199	0	619,199	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
91.00	09100 EMERGENCY		7,925,966	0	7,925,966	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT		275,710	0	275,710	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART		1,564,666	0	1,564,666	92.01
93.00	04040 INFUSION		1,312,805	0	1,312,805	93.00
93.01	04041 COMMUNITY HEALTH CENTERS		2,556,942	0	2,556,942	93.01
93.02	04042 RASC		0	0	0	93.02
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		4,739,524	0	4,739,524	95.00
99.10	09910 CORF		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY		5,135,504	0	5,135,504	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		191,761,299	270,458	192,031,757	200.00
201.00	Less Observation Beds		275,710	0	275,710	201.00
202.00	Total (see instructions)		191,485,589	270,458	191,756,047	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140186		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/29/2014 7:41 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00					
9.00	10.00							
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	38,047,583		38,047,583			30.00
31.00	03100	INTENSIVE CARE UNIT	4,381,611		4,381,611			31.00
32.00	03200	CORONARY CARE UNIT	3,509,709		3,509,709			32.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	5,510,520		5,510,520			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	2,547,817		2,547,817			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	35,857,896	38,549,827	74,407,723	0.241101	0.000000	50.00
51.00	05100	RECOVERY ROOM	5,237,704	7,152,967	12,390,671	0.296531	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,656,380	1,426,762	5,083,142	0.625647	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	15,024,850	10,157,865	25,182,715	0.081181	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,552,353	46,602,194	54,154,547	0.145403	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,274,495	3,359,577	4,634,072	0.0791481	0.000000	54.01
54.02	05402	ULTRASOUND	2,921,608	8,472,915	11,394,523	0.101618	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	80,777	11,653,415	11,734,192	0.454376	0.000000	55.00
57.00	05700	CT SCAN	17,459,573	31,065,028	48,524,601	0.043278	0.000000	57.00
58.00	05800	MRI	3,370,197	9,197,479	12,567,676	0.079749	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,763,000	26,135,176	44,898,176	0.141562	0.000000	59.00
60.00	06000	LABORATORY	35,259,678	60,000,378	95,260,056	0.131518	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0.000000	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	5,562,506	828,424	6,390,930	0.505211	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	8,982,708	5,060,917	14,043,625	0.259669	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	10,388,105	6,535,780	16,923,885	0.421711	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	6,053,524	7,861,266	13,914,790	0.152171	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	6,362,081	4,564,905	10,926,986	0.216985	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,011,241	10,303,228	33,314,469	0.482509	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,905,183	68,541,284	97,446,467	0.180458	0.000000	73.00
75.01	07501	RENAL DIALYSIS (IP)	855,025	20,000	875,025	0.781238	0.000000	75.01
76.00	03020	CARDIAC REHAB	195,335	681,225	876,560	0.838337	0.000000	76.00
76.01	03021	OP PSY/CDU	0	10,320,729	10,320,729	0.224116	0.000000	76.01
76.02	03022	RIMMS	0	1,028,970	1,028,970	1.247012	0.000000	76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0	0	0	0.000000	0.000000	76.03
76.04	03024	PAIN CLINIC	0	0	0	0.000000	0.000000	76.04
76.05	03025	DIABETES	4,916	610,687	615,603	0.791507	0.000000	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	45,554	2,133,793	2,179,347	0.579852	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	556,597	556,597	1.112473	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
91.00	09100	EMERGENCY	16,335,387	39,588,441	55,923,828	0.141728	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	127,249	1,142,740	1,269,989	0.217096	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,558,193	4,438,960	7,997,153	0.195653	0.000000	92.01
93.00	04040	INFUSION	200,000	4,994,521	5,194,521	0.252729	0.000000	93.00
93.01	04041	COMMUNITY HEALTH CENTERS	0	2,689,880	2,689,880	0.950578	0.000000	93.01
93.02	04042	RASC	0	0	0	0.000000	0.000000	93.02
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	291,480	5,513,819	5,805,299	0.816413	0.000000	95.00
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	4,920,436	4,920,436			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	311,334,238	436,110,185	747,444,423			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	311,334,238	436,110,185	747,444,423			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 7:41 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000		54.01
54.02	05404 ULTRASOUND	0.000000		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000		62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
75.01	07501 RENAL DIALYSIS (IP)	0.000000		75.01
76.00	03020 CARDIAC REHAB	0.000000		76.00
76.01	03021 OP PSY/CDU	0.000000		76.01
76.02	03022 RIMMS	0.000000		76.02
76.03	03023 GENETIC/OAK PLAZA CLINICS	0.000000		76.03
76.04	03024 PAIN CLINIC	0.000000		76.04
76.05	03025 DIABETES	0.000000		76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART	0.000000		92.01
93.00	04040 INFUSION	0.000000		93.00
93.01	04041 COMMUNITY HEALTH CENTERS	0.000000		93.01
93.02	04042 RASC	0.000000		93.02
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/29/2014 7:41 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,940,269	0	2,940,269	44,862	65.54	30.00
31.00	INTENSIVE CARE UNIT	404,679		404,679	3,050	132.68	31.00
32.00	CORONARY CARE UNIT	251,957		251,957	2,462	102.34	32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	409,778	0	409,778	6,564	62.43	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	105,548		105,548	2,449	43.10	43.00
200.00	Total (lines 30-199)	4,112,231		4,112,231	59,387		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	17,913	1,174,018				30.00
31.00	INTENSIVE CARE UNIT	2,079	275,842				31.00
32.00	CORONARY CARE UNIT	1,701	174,080				32.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	5,212	325,385				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30-199)	26,905	1,949,325				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/29/2014 7:41 pm
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Cost Center Description		Capital Related Cost (from Wkst. C, Part I, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,603,434	74,407,723	0.034989	17,986,505	629,330	50.00
51.00	05100 RECOVERY ROOM	263,516	12,390,671	0.021267	2,472,690	52,587	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	345,136	5,083,142	0.067898	8,108	551	52.00
53.00	05300 ANESTHESIOLOGY	147,306	25,182,715	0.005849	7,006,573	40,981	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,491,660	54,154,547	0.027545	4,562,968	125,687	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	64,778	4,634,072	0.013979	960,054	13,421	54.01
54.02	05404 ULTRASOUND	173,667	11,394,523	0.015241	1,725,151	26,293	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	473,107	11,734,192	0.040319	61,976	2,499	55.00
57.00	05700 CT SCAN	243,381	48,524,601	0.005016	9,110,412	45,698	57.00
58.00	05800 MRI	298,423	12,567,676	0.023745	1,676,386	39,806	58.00
59.00	05900 CARDIAC CATHETERIZATION	688,389	44,898,176	0.015332	12,153,519	186,338	59.00
60.00	06000 LABORATORY	990,969	95,260,056	0.010403	20,221,396	210,363	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	127,720	6,390,930	0.019985	378,765	7,570	64.00
65.00	06500 RESPIRATORY THERAPY	323,203	14,043,625	0.023014	5,429,700	124,959	65.00
66.00	06600 PHYSICAL THERAPY	903,317	16,923,885	0.053375	2,589,165	138,197	66.00
69.00	06900 ELECTROCARDIOLOGY	317,526	13,914,790	0.022819	3,879,266	88,521	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	253,008	10,926,986	0.023154	4,438,852	102,777	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	443,964	33,314,469	0.013326	13,860,737	184,708	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	444,356	97,446,467	0.004560	22,135,734	100,939	73.00
75.01	07501 RENAL DIALYSIS (IP)	10,089	875,025	0.011530	666,859	7,689	75.01
76.00	03020 CARDIAC REHAB	114,760	876,560	0.130921	111,908	14,651	76.00
76.01	03021 OP PSY/CDU	375,418	10,320,729	0.036375	0	0	76.01
76.02	03022 RIMMS	140,623	1,028,970	0.136664	0	0	76.02
76.03	03023 GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0	0	76.03
76.04	03024 PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05	03025 DIABETES	40,069	615,603	0.065089	3,920	255	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	53,505	2,179,347	0.024551	31,932	784	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	146,241	556,597	0.262741	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100 EMERGENCY	601,993	55,923,828	0.010765	9,577,365	103,100	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT)	27,003	1,269,989	0.021262	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	152,618	7,997,153	0.019084	2,396,957	45,744	92.01
93.00	04040 INFUSION	37,467	5,194,521	0.007213	117,032	844	93.00
93.01	04041 COMMUNITY HEALTH CENTERS	473,353	2,689,880	0.175976	0	0	93.01
93.02	04042 RASC	0	0	0.000000	0	0	93.02
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	12,769,999	682,721,448		143,563,930	2,294,292	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/29/2014 7:41 pm
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Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	44,862	0.00	17,913	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,050	0.00	2,079	0		31.00
32.00	03200	CORONARY CARE UNIT	2,462	0.00	1,701	0		32.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	6,564	0.00	5,212	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	2,449	0.00	0	0		43.00
200.00		Total (lines 30-199)	59,387		26,905	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 7:41 pm
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Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	54.01
54.02	05404	ULTRASOUND	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	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	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	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
75.01	07501	RENAL DIALYSIS (IP)	0	0	0	0	75.01
76.00	03020	CARDIAC REHAB	0	0	0	0	76.00
76.01	03021	OP PSY/CDU	0	0	0	0	76.01
76.02	03022	RI MMS	0	0	0	0	76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03
76.04	03024	PAIN CLINIC	0	0	0	0	76.04
76.05	03025	DIABETES	0	0	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04040	INFUSION	0	0	0	0	93.00
93.01	04041	COMMUNITY HEALTH CENTERS	0	0	0	0	93.01
93.02	04042	RASC	0	0	0	0	93.02
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 7:41 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	74,407,723	0.000000	0.000000	17,986,505	50.00
51.00	05100	RECOVERY ROOM	0	12,390,671	0.000000	0.000000	2,472,690	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,083,142	0.000000	0.000000	8,108	52.00
53.00	05300	ANESTHESIOLOGY	0	25,182,715	0.000000	0.000000	7,006,573	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54,154,547	0.000000	0.000000	4,562,968	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	4,634,072	0.000000	0.000000	960,054	54.01
54.02	05404	ULTRASOUND	0	11,394,523	0.000000	0.000000	1,725,151	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,734,192	0.000000	0.000000	61,976	55.00
57.00	05700	CT SCAN	0	48,524,601	0.000000	0.000000	9,110,412	57.00
58.00	05800	MRI	0	12,567,676	0.000000	0.000000	1,676,386	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	44,898,176	0.000000	0.000000	12,153,519	59.00
60.00	06000	LABORATORY	0	95,260,056	0.000000	0.000000	20,221,396	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0.000000	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	6,390,930	0.000000	0.000000	378,765	64.00
65.00	06500	RESPIRATORY THERAPY	0	14,043,625	0.000000	0.000000	5,429,700	65.00
66.00	06600	PHYSICAL THERAPY	0	16,923,885	0.000000	0.000000	2,589,165	66.00
69.00	06900	ELECTROCARDIOLOGY	0	13,914,790	0.000000	0.000000	3,879,266	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0	10,926,986	0.000000	0.000000	4,438,852	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	33,314,469	0.000000	0.000000	13,860,737	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	97,446,467	0.000000	0.000000	22,135,734	73.00
75.01	07501	RENAL DIALYSIS (IP)	0	875,025	0.000000	0.000000	666,859	75.01
76.00	03020	CARDIAC REHAB	0	876,560	0.000000	0.000000	111,908	76.00
76.01	03021	OP PSY/CDU	0	10,320,729	0.000000	0.000000	0	76.01
76.02	03022	RIMMS	0	1,028,970	0.000000	0.000000	0	76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0.000000	0	76.03
76.04	03024	PAIN CLINIC	0	0	0.000000	0.000000	0	76.04
76.05	03025	DIABETES	0	615,603	0.000000	0.000000	3,920	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,179,347	0.000000	0.000000	31,932	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	556,597	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00	09100	EMERGENCY	0	55,923,828	0.000000	0.000000	9,577,365	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0	1,269,989	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	7,997,153	0.000000	0.000000	2,396,957	92.01
93.00	04040	INFUSION	0	5,194,521	0.000000	0.000000	117,032	93.00
93.01	04041	COMMUNITY HEALTH CENTERS	0	2,689,880	0.000000	0.000000	0	93.01
93.02	04042	RASC	0	0	0.000000	0.000000	0	93.02
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	682,721,448			143,563,930	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 7:41 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	13,578,092	0		50.00
51.00	05100 RECOVERY ROOM	0	2,154,567	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,308	0		52.00
53.00	05300 ANESTHESIOLOGY	0	3,133,906	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	18,218,623	0		54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	1,742,672	0		54.01
54.02	05404 ULTRASOUND	0	2,017,225	0		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	4,636,545	0		55.00
57.00	05700 CT SCAN	0	10,049,695	0		57.00
58.00	05800 MRI	0	2,957,501	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	16,756,128	0		59.00
60.00	06000 LABORATORY	0	2,722,559	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0		62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	2,243,627	0		65.00
66.00	06600 PHYSICAL THERAPY	0	40,114	0		66.00
69.00	06900 ELECTROCARDIOLOGY	0	2,993,424	0		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0	2,502,111	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	6,657,628	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	46,101,483	0		73.00
75.01	07501 RENAL DIALYSIS (IP)	0	19,937	0		75.01
76.00	03020 CARDIAC REHAB	0	411,858	0		76.00
76.01	03021 OP PSY/CDU	0	610,065	0		76.01
76.02	03022 RIMMS	0	0	0		76.02
76.03	03023 GENETIC/OAK PLAZA CLINICS	0	0	0		76.03
76.04	03024 PAIN CLINIC	0	0	0		76.04
76.05	03025 DIABETES	0	158,922	0		76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	1,481,274	0		76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
91.00	09100 EMERGENCY	0	9,021,198	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART	0	2,151,653	0		92.01
93.00	04040 INFUSION	0	2,680,416	0		93.00
93.01	04041 COMMUNITY HEALTH CENTERS	0	0	0		93.01
93.02	04042 RASC	0	0	0		93.02
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	0	155,042,531	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 7:41 pm			
		Title XVIII	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.241101	13,578,092	0	0	3,273,692	50.00
51.00	05100 RECOVERY ROOM	0.296531	2,154,567	0	0	638,896	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.625647	1,308	0	0	818	52.00
53.00	05300 ANESTHESIOLOGY	0.081181	3,133,906	0	0	254,414	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.145403	18,218,623	18	0	2,649,042	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.191481	1,742,672	0	0	333,689	54.01
54.02	05404 ULTRASOUND	0.101618	2,017,225	0	0	204,986	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.454376	4,636,545	53	0	2,106,735	55.00
57.00	05700 CT SCAN	0.043278	10,049,695	0	0	434,931	57.00
58.00	05800 MRI	0.079749	2,957,501	0	0	235,858	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.141562	16,756,128	0	0	2,372,031	59.00
60.00	06000 LABORATORY	0.131518	2,722,559	5,816	0	358,066	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.505211	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.259669	2,243,627	0	0	582,600	65.00
66.00	06600 PHYSICAL THERAPY	0.421711	40,114	0	0	16,917	66.00
69.00	06900 ELECTROCARDIOLOGY	0.152171	2,993,424	0	0	455,512	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.216985	2,502,111	0	0	542,921	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.482509	6,657,628	0	0	3,212,365	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.180458	46,101,483	500	61,663	8,319,381	73.00
75.01	07501 RENAL DIALYSIS (IP)	0.781238	19,937	0	0	15,576	75.01
76.00	03020 CARDIAC REHAB	0.838337	411,858	0	0	345,276	76.00
76.01	03021 OP PSY/CDU	0.224116	610,065	0	0	136,725	76.01
76.02	03022 RIMMS	1.247012	0	0	0	0	76.02
76.03	03023 GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	0	76.03
76.04	03024 PAIN CLINIC	0.000000	0	0	0	0	76.04
76.05	03025 DIABETES	0.791507	158,922	0	0	125,788	76.05
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.579852	1,481,274	0	0	858,920	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
91.00	09100 EMERGENCY	0.141728	9,021,198	0	0	1,278,556	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.217096	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART	0.195653	2,151,653	0	0	420,977	92.01
93.00	04040 INFUSION	0.252729	2,680,416	9	0	677,419	93.00
93.01	04041 COMMUNITY HEALTH CENTERS	0.950578	0	0	0	0	93.01
93.02	04042 RASC	0.000000	0	0	0	0	93.02
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.816413	0	0	0	0	95.00
200.00	Subtotal (see instructions)		155,042,531	6,396	61,663	29,852,091	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		155,042,531	6,396	61,663	29,852,091	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 7:41 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3	0		54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0		54.01
54.02 05404 ULTRASOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	24	0		55.00
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	765	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	90	11,128		73.00
75.01 07501 RENAL DIALYSIS (IP)	0	0		75.01
76.00 03020 CARDIAC REHAB	0	0		76.00
76.01 03021 OP PSY/CDU	0	0		76.01
76.02 03022 RIMMS	0	0		76.02
76.03 03023 GENETIC/OAK PLAZA CLINICS	0	0		76.03
76.04 03024 PAIN CLINIC	0	0		76.04
76.05 03025 DIABETES	0	0		76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04040 INFUSION	2	0		93.00
93.01 04041 COMMUNITY HEALTH CENTERS	0	0		93.01
93.02 04042 RASC	0	0		93.02
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	884	11,128		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	884	11,128		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140186 Component CCN: 14T186		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/29/2014 7:41 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,603,434	74,407,723	0.034989	33,361	1,167	50.00
51.00	05100	RECOVERY ROOM	263,516	12,390,671	0.021267	6,676	142	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	345,136	5,083,142	0.067898	0	0	52.00
53.00	05300	ANESTHESIOLOGY	147,306	25,182,715	0.005849	16,782	98	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,491,660	54,154,547	0.027545	149,853	4,128	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	64,778	4,634,072	0.013979	12,234	171	54.01
54.02	05404	ULTRASOUND	173,667	11,394,523	0.015241	97,672	1,489	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	473,107	11,734,192	0.040319	0	0	55.00
57.00	05700	CT SCAN	243,381	48,524,601	0.005016	168,112	843	57.00
58.00	05800	MRI	298,423	12,567,676	0.023745	59,400	1,410	58.00
59.00	05900	CARDIAC CATHETERIZATION	688,389	44,898,176	0.015332	0	0	59.00
60.00	06000	LABORATORY	990,969	95,260,056	0.010403	701,439	7,297	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	127,720	6,390,930	0.019985	6,142	123	64.00
65.00	06500	RESPIRATORY THERAPY	323,203	14,043,625	0.023014	411,686	9,475	65.00
66.00	06600	PHYSICAL THERAPY	903,317	16,923,885	0.053375	5,352,661	285,698	66.00
69.00	06900	ELECTROCARDIOLOGY	317,526	13,914,790	0.022819	29,880	682	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	253,008	10,926,986	0.023154	204,833	4,743	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	443,964	33,314,469	0.013326	18,052	241	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	444,356	97,446,467	0.004560	1,392,683	6,351	73.00
75.01	07501	RENAL DIALYSIS (IP)	10,089	875,025	0.011530	95,237	1,098	75.01
76.00	03020	CARDIAC REHAB	114,760	876,560	0.130921	0	0	76.00
76.01	03021	OP PSY/CDU	375,418	10,320,729	0.036375	0	0	76.01
76.02	03022	RI MMS	140,623	1,028,970	0.136664	0	0	76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0	0	76.03
76.04	03024	PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05	03025	DIABETES	40,069	615,603	0.065089	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	53,505	2,179,347	0.024551	1,620	40	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	146,241	556,597	0.262741	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100	EMERGENCY	601,993	55,923,828	0.010765	15,425	166	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT	0	1,269,989	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART	152,618	7,997,153	0.019084	76,153	1,453	92.01
93.00	04040	INFUSION	37,467	5,194,521	0.007213	0	0	93.00
93.01	04041	COMMUNITY HEALTH CENTERS	473,353	2,689,880	0.175976	0	0	93.01
93.02	04042	RASC	0	0	0.000000	0	0	93.02
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	12,742,996	682,721,448		8,849,901	326,815	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186 Component CCN: 14T186	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 7:41 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02 05404 ULTRASOUND	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
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
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	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
75.01 07501 RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00 03020 CARDIAC REHAB	0	0	0	0	0	76.00
76.01 03021 OP PSY/CDU	0	0	0	0	0	76.01
76.02 03022 RIMMS	0	0	0	0	0	76.02
76.03 03023 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04 03024 PAIN CLINIC	0	0	0	0	0	76.04
76.05 03025 DIABETES	0	0	0	0	0	76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART	0	0	0	0	0	92.01
93.00 04040 INFUSION	0	0	0	0	0	93.00
93.01 04041 COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
93.02 04042 RASC	0	0	0	0	0	93.02
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
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: 140186 Component CCN: 14T186	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 7:41 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 ÷ col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	74,407,723	0.000000	0.000000	33,361	50.00
51.00 05100 RECOVERY ROOM	0	12,390,671	0.000000	0.000000	6,676	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	5,083,142	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	25,182,715	0.000000	0.000000	16,782	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	54,154,547	0.000000	0.000000	149,853	54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	4,634,072	0.000000	0.000000	12,234	54.01
54.02 05404 ULTRASOUND	0	11,394,523	0.000000	0.000000	97,672	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	11,734,192	0.000000	0.000000	0	55.00
57.00 05700 CT SCAN	0	48,524,601	0.000000	0.000000	168,112	57.00
58.00 05800 MRI	0	12,567,676	0.000000	0.000000	59,400	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	44,898,176	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	95,260,056	0.000000	0.000000	701,439	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0.000000	0.000000	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	6,390,930	0.000000	0.000000	6,142	64.00
65.00 06500 RESPIRATORY THERAPY	0	14,043,625	0.000000	0.000000	411,686	65.00
66.00 06600 PHYSICAL THERAPY	0	16,923,885	0.000000	0.000000	5,352,661	66.00
69.00 06900 ELECTROCARDIOLOGY	0	13,914,790	0.000000	0.000000	29,880	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	0	10,926,986	0.000000	0.000000	204,833	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	33,314,469	0.000000	0.000000	18,052	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	97,446,467	0.000000	0.000000	1,392,683	73.00
75.01 07501 RENAL DIALYSIS (IP)	0	875,025	0.000000	0.000000	95,237	75.01
76.00 03020 CARDIAC REHAB	0	876,560	0.000000	0.000000	0	76.00
76.01 03021 OP PSY/CDU	0	10,320,729	0.000000	0.000000	0	76.01
76.02 03022 RIMMS	0	1,028,970	0.000000	0.000000	0	76.02
76.03 03023 GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0.000000	0	76.03
76.04 03024 PAIN CLINIC	0	0	0.000000	0.000000	0	76.04
76.05 03025 DIABETES	0	615,603	0.000000	0.000000	0	76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	2,179,347	0.000000	0.000000	1,620	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	556,597	0.000000	0.000000	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00 09100 EMERGENCY	0	55,923,828	0.000000	0.000000	15,425	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	1,269,989	0.000000	0.000000	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART	0	7,997,153	0.000000	0.000000	76,153	92.01
93.00 04040 INFUSION	0	5,194,521	0.000000	0.000000	0	93.00
93.01 04041 COMMUNITY HEALTH CENTERS	0	2,689,880	0.000000	0.000000	0	93.01
93.02 04042 RASC	0	0	0.000000	0.000000	0	93.02
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	682,721,448			8,849,901	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186 Component CCN: 14T186	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 7:41 pm
Title XVII I		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	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 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	54.01
54.02 05404 ULTRASOUND	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
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
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PAT	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
75.01 07501 RENAL DIALYSIS (IP)	0	0	0	75.01
76.00 03020 CARDIAC REHAB	0	0	0	76.00
76.01 03021 OP PSY/CDU	0	0	0	76.01
76.02 03022 RIMMS	0	0	0	76.02
76.03 03023 GENETIC/OAK PLAZA CLINICS	0	0	0	76.03
76.04 03024 PAIN CLINIC	0	0	0	76.04
76.05 03025 DIABETES	0	0	0	76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART	0	0	0	92.01
93.00 04040 INFUSION	0	0	0	93.00
93.01 04041 COMMUNITY HEALTH CENTERS	0	0	0	93.01
93.02 04042 RASC	0	0	0	93.02
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
200.00 Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2014 7:41 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		44,862	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		44,862	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)		44,450	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)		17,913	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		30,021,464	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)		30,021,464	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		30,021,464	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		669.20	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,987,380	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		11,987,380	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/29/2014 7:41 pm		
Cost Center Description			Title XVIII	Hospital	PPS		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,955,242	3,050	1,296.80	2,079	2,696,047	43.00
44.00	CORONARY CARE UNIT	3,540,289	2,462	1,437.97	1,701	2,445,987	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				29,076,012		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				46,205,426		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				1,623,940		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				2,294,292		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				3,918,232		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				42,287,194		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)				412		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				669.20		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				275,710		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140186		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/29/2014 7:41 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,940,269	30,021,464	0.097939	275,710	27,003	90.00
91.00	Nursing School cost	0	30,021,464	0.000000	275,710	0	91.00
92.00	Allied health cost	0	30,021,464	0.000000	275,710	0	92.00
93.00	All other Medical Education	0	30,021,464	0.000000	275,710	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 14T186		Date/Time Prepared: 5/29/2014 7:41 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,564	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,564	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)		6,564	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)		5,212	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,000,346	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)		5,000,346	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,000,346	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		761.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,970,397	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)		3,970,397	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140186		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 14T186				Date/Time Prepared: 5/29/2014 7:41 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,918,814		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,889,211		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)					325,385		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					326,815		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					652,200		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					6,237,011		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140186 Component CCN: 14T186		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/29/2014 7:41 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	409,778	5,000,346	0.081950	0	0	90.00
91.00	Nursing School cost	0	5,000,346	0.000000	0	0	91.00
92.00	Allied health cost	0	5,000,346	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,000,346	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/29/2014 7:41 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		15,686,659	30.00
31.00	03100	INTENSIVE CARE UNIT		2,981,459	31.00
32.00	03200	CORONARY CARE UNIT		2,439,376	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.243522	17,986,505	50.00
51.00	05100	RECOVERY ROOM	0.296531	2,472,690	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.625647	8,108	52.00
53.00	05300	ANESTHESIOLOGY	0.081181	7,006,573	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.145403	4,562,968	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.191481	960,054	54.01
54.02	05404	ULTRASOUND	0.101618	1,725,151	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.458007	61,976	55.00
57.00	05700	CT SCAN	0.043278	9,110,412	57.00
58.00	05800	MRI	0.079749	1,676,386	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.141562	12,153,519	59.00
60.00	06000	LABORATORY	0.131930	20,221,396	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.505211	378,765	64.00
65.00	06500	RESPIRATORY THERAPY	0.259669	5,429,700	65.00
66.00	06600	PHYSICAL THERAPY	0.421711	2,589,165	66.00
69.00	06900	ELECTROCARDIOLOGY	0.152171	3,879,266	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PAT	0.216985	4,438,852	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.482509	13,860,737	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.180458	22,135,734	73.00
75.01	07501	RENAL DIALYSIS (IP)	0.781238	666,859	75.01
76.00	03020	CARDIAC REHAB	0.838337	111,908	76.00
76.01	03021	OP PSY/CDU	0.224116	0	76.01
76.02	03022	RIMMS	1.247012	0	76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0.000000	0	76.03
76.04	03024	PAIN CLINIC	0.000000	0	76.04
76.05	03025	DIABETES	0.791507	3,920	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.582168	31,932	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
91.00	09100	EMERGENCY	0.141728	9,577,365	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT)	0.217096	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.195653	2,396,957	92.01
93.00	04040	INFUSION	0.252729	117,032	93.00
93.01	04041	COMMUNITY HEALTH CENTERS	0.950578	0	93.01
93.02	04042	RASC	0.000000	0	93.02
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		143,563,930	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)		143,563,930	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 14T186		Date/Time Prepared: 5/29/2014 7:41 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		4,372,000		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.243522	33,361	8,124	50.00
51.00	05100 RECOVERY ROOM	0.296531	6,676	1,980	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.625647	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.081181	16,782	1,362	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.145403	149,853	21,789	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.191481	12,234	2,343	54.01
54.02	05404 ULTRASOUND	0.101618	97,672	9,925	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.458007	0	0	55.00
57.00	05700 CT SCAN	0.043278	168,112	7,276	57.00
58.00	05800 MRI	0.079749	59,400	4,737	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.141562	0	0	59.00
60.00	06000 LABORATORY	0.131930	701,439	92,541	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD	0.000000	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0.505211	6,142	3,103	64.00
65.00	06500 RESPIRATORY THERAPY	0.259669	411,686	106,902	65.00
66.00	06600 PHYSICAL THERAPY	0.421711	5,352,661	2,257,276	66.00
69.00	06900 ELECTROCARDIOLOGY	0.152171	29,880	4,547	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PAT	0.216985	204,833	44,446	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.482509	18,052	8,710	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.180458	1,392,683	251,321	73.00
75.01	07501 RENAL DIALYSIS (IP)	0.781238	95,237	74,403	75.01
76.00	03020 CARDIAC REHAB	0.838337	0	0	76.00
76.01	03021 OP PSY/CDU	0.224116	0	0	76.01
76.02	03022 RIMMS	1.247012	0	0	76.02
76.03	03023 GENETIC/OAK PLAZA CLINICS	0.000000	0	0	76.03
76.04	03024 PAIN CLINIC	0.000000	0	0	76.04
76.05	03025 DIABETES	0.791507	0	0	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.582168	1,620	943	76.98
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
91.00	09100 EMERGENCY	0.141728	15,425	2,186	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT	0.217096	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART	0.195653	76,153	14,900	92.01
93.00	04040 INFUSION	0.252729	0	0	93.00
93.01	04041 COMMUNITY HEALTH CENTERS	0.950578	0	0	93.01
93.02	04042 RASC	0.000000	0	0	93.02
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		8,849,901	2,918,814	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)		8,849,901		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 7:41 pm
		Title XVII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		32,371,343	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		10,002,048	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)		253,843	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		1,431,051	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		291.87	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		13.33	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)		13.33	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		13.33	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)		13.33	12.00
13.00	Total allowable FTE count for the prior year.		12.85	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.		8.73	15.00
16.00	Adjustment for residents in initial years of the program		12.85	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		21.58	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.073937	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.044201	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.044201	21.00
22.00	IME payment adjustment (see instructions)		1,044,999	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		1,044,999	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.08	30.00
31.00	Percentage of Medicaid patient days (see instructions)		30.04	31.00
32.00	Sum of lines 30 and 31		35.12	32.00
33.00	Allowable disproportionate share percentage (see instructions)		18.19	33.00
34.00	Disproportionate share adjustment (see instructions)		6,343,190	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 7:41 pm	
		Title XVII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)			0	35.00
35.01	Factor 3 (see instructions)			0.00000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			4,481,006	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			1,129,460	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,129,460		36.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			0	46.00
47.00	Subtotal (see instructions)		51,144,883		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)		51,144,883		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,867,653		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).		358,680		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)		55,371,216		59.00
60.00	Primary payer payments		29,752		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		55,341,464		61.00
62.00	Deductibles billed to program beneficiaries		3,978,220		62.00
63.00	Coinurance billed to program beneficiaries		161,320		63.00
64.00	Allowable bad debts (see instructions)		1,066,031		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		692,920		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		811,412		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		51,894,844		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)		-10,342		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-77,742		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: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 7:41 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)		51,806,760		71.00
71.01	Sequestration adjustment (see instructions)		782,282		71.01
72.00	Interim payments		50,978,191		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		46,287		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		1,102,529		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/29/2014 7:41 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12,012	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		29,852,091	2.00
3.00	PPS payments		28,856,091	3.00
4.00	Outlier payment (see instructions)		66,814	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)		12,012	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		68,059	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)		68,059	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		68,059	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		56,047	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)		12,012	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		28,922,905	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,842,555	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)		23,092,362	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		202,363	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)		23,294,725	30.00
31.00	Primary payer payments		3,686	31.00
32.00	Subtotal (line 30 minus line 31)		23,291,039	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,029,345	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		669,074	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		861,472	36.00
37.00	Subtotal (see instructions)		23,960,113	37.00
38.00	MSP-LCC reconciliation amount from PS&R		123	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)		23,959,990	40.00
40.01	Sequestration adjustment (see instructions)		361,796	40.01
41.00	Interim payments		23,448,097	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		150,097	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140186

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2014 7:41 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		47,931,000		23,302,999	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/16/2013	742,696	08/16/2013	145,098	3.01
3.02		01/06/2014	2,304,495		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)		3,047,191		145,098	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)		50,978,191		23,448,097	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		46,287		150,097	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		51,024,478		23,598,194	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: 140186 Component CCN: 14T186	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part I Date/Time Prepared: 5/29/2014 7:41 pm	
		Title XVIII	Subprovider - IRF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		7,178,934		0 2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				0 3.00
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0 3.01
3.02			0		0 3.02
3.03			0		0 3.03
3.04			0		0 3.04
3.05			0		0 3.05
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	08/16/2013	2,685		0 3.50
3.51		01/06/2014	39,196		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)		-41,881		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)		7,137,053		0 4.00
TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)				0 5.00
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0 5.01
5.02			0		0 5.02
5.03			0		0 5.03
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0 5.50
5.51			0		0 5.51
5.52			0		0 5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0 5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				0 6.00
6.01	SETTLEMENT TO PROVIDER		0		0 6.01
6.02	SETTLEMENT TO PROGRAM		3,315		0 6.02
7.00	Total Medicare program liability (see instructions)		7,133,738		0 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140186

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

Worksheet E-1
Part II
Date/Time Prepared:
5/29/2014 7:41 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			10,939 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			21,693 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6 line 2			734 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			49,962 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			747,444,423 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			19,909,837 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)			1,368,776 8.00
9.00	Sequestration adjustment amount (see instructions)			27,376 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,341,400 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,444,624 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)			-103,224 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140186 Component CCN: 14T186	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part III Date/Time Prepared: 5/29/2014 7:41 pm	
		Title XVIIII	Subprovider - IRF	PPS	
			Prior to 10/01	On/After 10/01	
			1.00	1.01	
PART III - MEDICARE PART A SERVICES - IRF PPS					
1.00	Net Federal PPS Payment (see instructions)		4,991,759	2,121,593	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0072		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		122,797	35,855	3.00
4.00	Outlier Payments		88,345		4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00		5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00		5.01
6.00	New Teaching program adjustment. (see instructions)		0.00		6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00		7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00		8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00		9.00
10.00	Average Daily Census (see instructions)		17.983562		10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	0	12.00
13.00	Total PPS Payment (see instructions)		7,360,349		13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0		14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)				15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0		16.00
17.00	Subtotal (see instructions)		7,360,349		17.00
18.00	Primary payer payments		10,052		18.00
19.00	Subtotal (line 17 less line 18).		7,350,297		19.00
20.00	Deductibles		88,772		20.00
21.00	Subtotal (line 19 minus line 20)		7,261,525		21.00
22.00	Coinsurance		30,488		22.00
23.00	Subtotal (line 21 minus line 22)		7,231,037		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		18,572		24.00
25.00	Adjusted reimbursable bad debts (see instructions)		12,072		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		17,324		26.00
27.00	Subtotal (sum of lines 23 and 25)		7,243,109		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0		28.00
29.00	Other pass through costs (see instructions)		0		29.00
30.00	Outlier payments reconciliation		0		30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		31.00
31.99	Recovery of Accelerated Depreciation		0		31.99
32.00	Total amount payable to the provider (see instructions)		7,243,109		32.00
32.01	Sequestration adjustment (see instructions)		109,371		32.01
33.00	Interim payments		7,137,053		33.00
34.00	Tentative settlement (for contractor use only)		0		34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34		-3,315		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0		36.00
TO BE COMPLETED BY CONTRACTOR					
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		88,345		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0		51.00
52.00	The rate used to calculate the Time Value of Money		0.00		52.00
53.00	Time Value of Money (see instructions)		0		53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/29/2014 7:41 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			13.33	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			13.33	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			13.33	6.00
7.00	Enter the lesser of line 5 or line 6			13.33	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	9.07	2.83		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	9.07	2.83		17.00
18.00	Per resident amount	96,565.04	96,565.04		18.00
19.00	Approved amount for resident costs	875,845	273,279	1,149,124	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			96,565.04	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,149,124	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	26,905	807		26.00
27.00	Total Inpatient Days (see instructions)	56,526	56,526		27.00
28.00	Ratio of inpatient days to total inpatient days	0.475976	0.014277		28.00
29.00	Program direct GME amount	546,955	16,406		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		2,318		30.00
31.00	Net Program direct GME amount			561,043	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/29/2014 7:41 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		53,094,637	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		39,804	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		53,054,833	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		29,938,319	42.00
43.00	Primary payer payments (see instructions)		5,446	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		29,932,873	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		82,987,706	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.639310	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.360690	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		561,043	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)		358,680	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		202,363	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 140186 Period: From 01/01/2013 To 12/31/2013 Worksheet G
 Date/Time Prepared: 5/29/2014 7:41 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	62,362,719	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	30,645,816	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	6,181,386	0	0	0	7.00
8.00	Prepaid expenses	4,141,631	0	0	0	8.00
9.00	Other current assets	4,812,619	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)	108,144,171	0	0	0	11.00
FIXED ASSETS						
12.00	Land	7,979,046	0	0	0	12.00
13.00	Land improvements	3,381,215	0	0	0	13.00
14.00	Accumulated depreciation	-2,534,132	0	0	0	14.00
15.00	Buildings	225,940,625	0	0	0	15.00
16.00	Accumulated depreciation	-104,407,816	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	247,688,507	0	0	0	23.00
24.00	Accumulated depreciation	-183,934,478	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)	194,112,967	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	228,345,976	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	7,967,478	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	236,313,454	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	538,570,592	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,773,446	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,632,179	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,724,530	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	44,386,825	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	69,516,980	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	151,076,473	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	151,076,473	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	220,593,453	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	317,977,139				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)	317,977,139	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	538,570,592	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140186

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

Worksheet G-1

Date/Time Prepared:
5/29/2014 7:41 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		278,441,924			0	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		37,293,038				2.00
3.00	Total (sum of line 1 and line 2)		315,734,962			0	3.00
4.00	INCREASE IN UNRESTRICTED NET ASSETS	1,799,055		0		0	4.00
5.00	INCREASE IN TEMPORARILY RESTRICTED N	391,331		0		0	5.00
6.00	CHANGE IN NET UNREALIZED GAINS AND L	51,791		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		2,242,177			0	10.00
11.00	Subtotal (line 3 plus line 10)		317,977,139			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		317,977,139			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	INCREASE IN UNRESTRICTED NET ASSETS		0				4.00
5.00	INCREASE IN TEMPORARILY RESTRICTED N		0				5.00
6.00	CHANGE IN NET UNREALIZED GAINS AND L		0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140186

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2014 7:41 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	38,272,443		38,272,443	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	5,510,520		5,510,520	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	43,782,963		43,782,963	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,381,611		4,381,611	11.00
12.00	CORONARY CARE UNIT	3,509,709		3,509,709	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,891,320		7,891,320	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	51,674,283		51,674,283	17.00
18.00	Ancillary services	239,386,664	372,347,909	611,734,573	18.00
19.00	Outpatient services	20,020,829	53,054,542	73,075,371	19.00
20.00	RURAL HEALTH CLINIC	0	556,597	556,597	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		4,920,436	4,920,436	22.00
23.00	AMBULANCE SERVICES	291,480	5,513,819	5,805,299	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	39,966,030	39,966,030	27.00
27.01	JOINT VENTURE REVENUE	0	11,823,215	11,823,215	27.01
28.00	Total patient revenues (sum of lines 17-27) (transfer column 3 to Wkst. G-3, line 1)	311,373,256	488,182,548	799,555,804	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		244,956,247		29.00
30.00	JOINT VENTURE EXPENSE	1,708,656			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)		1,708,656		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)		246,664,903		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140186

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

Worksheet G-3

Date/Time Prepared:
5/29/2014 7:41 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	799,555,804	1.00
2.00	Less contractual allowances and discounts on patients' accounts	548,997,924	2.00
3.00	Net patient revenues (line 1 minus line 2)	250,557,880	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	246,664,903	4.00
5.00	Net income from service to patients (line 3 minus line 4)	3,892,977	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	7,869,428	24.00
24.01	NON OPERATING INCOME	25,532,925	24.01
25.00	Total other income (sum of lines 6-24)	33,402,353	25.00
26.00	Total (line 5 plus line 25)	37,295,330	26.00
27.00	MISCELLANEOUS EXPENSE	2,292	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	2,292	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	37,293,038	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140186

Period: From 01/01/2013

Worksheet H

HHA CCN: 147400

To 12/31/2013

Date/Time Prepared: 5/29/2014 7:41 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	892,720	0	0	203,004	1,095,724	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	870,030	0	0	0	870,030	6.00
7.00	Physical Therapy	816,911	0	0	0	816,911	7.00
8.00	Occupational Therapy	149,723	0	0	0	149,723	8.00
9.00	Speech Pathology	23,686	0	0	0	23,686	9.00
10.00	Medical Social Services	1,458	0	0	0	1,458	10.00
11.00	Home Health Aide	22,325	0	0	0	22,325	11.00
12.00	Supplies (see instructions)	0	0	0	32,492	32,492	12.00
13.00	Drugs	0	0	0	616	616	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,776,853	0	0	236,112	3,012,965	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	18,446	1,114,170	0	1,114,170		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	17,977	888,007	0	888,007		6.00
7.00	Physical Therapy	16,880	833,791	0	833,791		7.00
8.00	Occupational Therapy	3,094	152,817	0	152,817		8.00
9.00	Speech Pathology	489	24,175	0	24,175		9.00
10.00	Medical Social Services	30	1,488	0	1,488		10.00
11.00	Home Health Aide	461	22,786	0	22,786		11.00
12.00	Supplies (see instructions)	0	32,492	0	32,492		12.00
13.00	Drugs	0	616	0	616		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
24.00	Total (sum of lines 1-23)	57,377	3,070,342	0	3,070,342		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet H-1 Part I Date/Time Prepared: 5/29/2014 7:41 pm
		HHA CCN: 147400	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
	0	1.00	2.00	3.00	4.00	4A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,114,170	0	0	0	1,114,170	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	888,007	0	0	0	888,007	6.00
7.00	Physical Therapy	833,791	0	0	0	833,791	7.00
8.00	Occupational Therapy	152,817	0	0	0	152,817	8.00
9.00	Speech Pathology	24,175	0	0	0	24,175	9.00
10.00	Medical Social Services	1,488	0	0	0	1,488	10.00
11.00	Home Health Aide	22,786	0	0	0	22,786	11.00
12.00	Supplies (see instructions)	32,492	0	0	0	32,492	12.00
13.00	Drugs	616	0	0	0	616	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	3,070,342	0	0	0	3,070,342	24.00
	Administrative & General		Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	1,114,170					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	505,780	1,393,787				6.00
7.00	Physical Therapy	474,899	1,308,690				7.00
8.00	Occupational Therapy	87,039	239,856				8.00
9.00	Speech Pathology	13,769	37,944				9.00
10.00	Medical Social Services	848	2,336				10.00
11.00	Home Health Aide	12,978	35,764				11.00
12.00	Supplies (see instructions)	18,506	50,998				12.00
13.00	Drugs	351	967				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		3,070,342				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140186 HHA CCN: 147400	Period: From 01/01/2013 To 12/31/2013	Worksheet H-1 Part II Date/Time Prepared: 5/29/2014 7:41 pm
			Home Health Agency I	PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-1,114,170	1,956,172
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	888,007
7.00	Physical Therapy	0	0	0	0	0	833,791
8.00	Occupational Therapy	0	0	0	0	0	152,817
9.00	Speech Pathology	0	0	0	0	0	24,175
10.00	Medical Social Services	0	0	0	0	0	1,488
11.00	Home Health Aide	0	0	0	0	0	22,786
12.00	Supplies (see instructions)	0	0	0	0	0	32,492
13.00	Drugs	0	0	0	0	0	616
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,114,170	1,956,172
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,114,170
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.569566

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet H-2 Part I Date/Time Prepared: 5/29/2014 7:41 pm
		HHA CCN: 147400	Home Health Agency I	PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	5.01	5.02	
1.00 Administrative and General	0	41,953	109,024	703,173	20,927	484,637	1.00
2.00 Skilled Nursing Care	1,393,787	0	0	0	0	0	2.00
3.00 Physical Therapy	1,308,690	0	0	0	0	0	3.00
4.00 Occupational Therapy	239,856	0	0	0	0	0	4.00
5.00 Speech Pathology	37,944	0	0	0	0	0	5.00
6.00 Medical Social Services	2,336	0	0	0	0	0	6.00
7.00 Home Health Aide	35,764	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	50,998	0	0	0	0	0	8.00
9.00 Drugs	967	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	3,070,342	41,953	109,024	703,173	20,927	484,637	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
	5.03	5.05	5A.05	5.06	6.00	7.00	
1.00 Administrative and General	2,965	49,470	1,412,149	168,471	14,731	42,061	1.00
2.00 Skilled Nursing Care	0	0	1,393,787	166,280	0	0	2.00
3.00 Physical Therapy	0	0	1,308,690	156,128	0	0	3.00
4.00 Occupational Therapy	0	0	239,856	28,615	0	0	4.00
5.00 Speech Pathology	0	0	37,944	4,527	0	0	5.00
6.00 Medical Social Services	0	0	2,336	279	0	0	6.00
7.00 Home Health Aide	0	0	35,764	4,267	0	0	7.00
8.00 Supplies (see instructions)	0	0	50,998	6,084	0	0	8.00
9.00 Drugs	0	0	967	115	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	2,965	49,470	4,482,491	534,766	14,731	42,061	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000				21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140186

Period: From 01/01/2013

Worksheet H-2

HHA CCN: 147400

To 12/31/2013

Part I
Date/Time Prepared: 5/29/2014 7:41 pm

Home Health Agency I

PPS

Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	8.00	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	38,900	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	38,900	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS			
	15.00	16.00	17.00	SERVICES-SALARY & FRINGES A	SERVICES-OTHER PRGM COSTS A	PARAMED PRGM	
	15.00	16.00	17.00	21.00	22.00	23.00	
1.00 Administrative and General	0	22,555	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	22,555	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet H-2 Part I Date/Time Prepared: 5/29/2014 7:41 pm
		HHA CCN: 147400	Home Health Agency I	PPS

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	24.00	25.00	26.00	27.00	28.00	
1.00 Administrative and General	1,698,867	0	1,698,867			1.00
2.00 Skilled Nursing Care	1,560,067	0	1,560,067	771,203	2,331,270	2.00
3.00 Physical Therapy	1,464,818	0	1,464,818	724,118	2,188,936	3.00
4.00 Occupational Therapy	268,471	0	268,471	132,716	401,187	4.00
5.00 Speech Pathology	42,471	0	42,471	20,995	63,466	5.00
6.00 Medical Social Services	2,615	0	2,615	1,293	3,908	6.00
7.00 Home Health Aide	40,031	0	40,031	19,789	59,820	7.00
8.00 Supplies (see instructions)	57,082	0	57,082	28,218	85,300	8.00
9.00 Drugs	1,082	0	1,082	535	1,617	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	5,135,504	0	5,135,504	1,698,867	5,135,504	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.494340		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
 (2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 140186 HHA CCN: 147400	Period: From 01/01/2013 To 12/31/2013	Worksheet H-2 Part II Date/Time Prepared: 5/29/2014 7:41 pm
			Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	PURCHASING (REQS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	2,848	108,764	672,758	19	35	41,714	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	2,848	108,764	672,758	19	35	41,714	20.00
21.00 Total cost to be allocated	41,953	109,024	703,173	20,927	484,637	2,965	21.00
22.00 Unit cost multiplier	14.730688	1.002390	1.045209	1,101.421053	13,846.771429	0.071079	22.00
Cost Center Description	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.05	5A.06	5.06	6.00	7.00	8.00	
1.00 Administrative and General	4,920,436	0	1,412,149	8	2,848	0	1.00
2.00 Skilled Nursing Care	0	0	1,393,787	0	0	0	2.00
3.00 Physical Therapy	0	0	1,308,690	0	0	0	3.00
4.00 Occupational Therapy	0	0	239,856	0	0	0	4.00
5.00 Speech Pathology	0	0	37,944	0	0	0	5.00
6.00 Medical Social Services	0	0	2,336	0	0	0	6.00
7.00 Home Health Aide	0	0	35,764	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	50,998	0	0	0	8.00
9.00 Drugs	0	0	967	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	4,920,436	0	4,482,491	8	2,848	0	20.00
21.00 Total cost to be allocated	49,470	0	534,766	14,731	42,061	0	21.00
22.00 Unit cost multiplier	0.010054	0	0.119301	1,841.375000	14.768610	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 140186 HHA CCN: 147400	Period: From 01/01/2013 To 12/31/2013	Worksheet H-2 Part II Date/Time Prepared: 5/29/2014 7:41 pm
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			Home Health Agency I	PPS
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Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	9.00	10.00	11.00	13.00	14.00	15.00	
1.00 Administrative and General	2,848	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	2,848	0	0	0	0	0	20.00
21.00 Total cost to be allocated	38,900	0	0	0	0	0	21.00
22.00 Unit cost multiplier	13.658708	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMEDICAL PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES A (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS A (ASSIGNED TIME)		
			21.00	22.00		
1.00 Administrative and General	4,920,436	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	4,920,436	0	0	0	0	20.00
21.00 Total cost to be allocated	22,555	0	0	0	0	21.00
22.00 Unit cost multiplier	0.004584	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS					Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part I Date/Time Prepared: 5/29/2014 7:41 pm
					HHA CCN: 147400	Title XVII I	Home Health Agency I
					Total HHA Costs (col. s. 1 + 2)		Average Cost Per Visit (col. 3 ÷ col. 4)
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)			Total Visits	
	0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	2,331,270		2,331,270	11,885	196.15
2.00	Physical Therapy	3.00	2,188,936	0	2,188,936	8,580	255.12
3.00	Occupational Therapy	4.00	401,187	0	401,187	1,374	291.98
4.00	Speech Pathology	5.00	63,466	0	63,466	355	178.78
5.00	Medical Social Services	6.00	3,908		3,908	29	134.76
6.00	Home Health Aide	7.00	59,820		59,820	836	71.56
7.00	Total (sum of lines 1-6)		5,048,587	0	5,048,587	23,059	
Program Visits							
Cost Center Description							
Cost Limits		CBSA No. (1)	Part A	Part B			
				Not Subject to Deductibles & Insurance	Subject to Deductibles		
0		1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care		16580	19	2		8.00
8.01	Skilled Nursing Care		16974	630	473		8.01
8.02	Skilled Nursing Care		28100	4,649	3,302		8.02
8.03	Skilled Nursing Care		99914	351	294		8.03
9.00	Physical Therapy		16580	11	10		9.00
9.01	Physical Therapy		16974	595	260		9.01
9.02	Physical Therapy		28100	3,034	2,483		9.02
9.03	Physical Therapy		99914	282	169		9.03
10.00	Occupational Therapy		16580	0	0		10.00
10.01	Occupational Therapy		16974	68	27		10.01
10.02	Occupational Therapy		28100	532	427		10.02
10.03	Occupational Therapy		99914	41	8		10.03
11.00	Speech Pathology		16580	0	0		11.00
11.01	Speech Pathology		16974	51	9		11.01
11.02	Speech Pathology		28100	76	123		11.02
11.03	Speech Pathology		99914	23	0		11.03
12.00	Medical Social Services		16580	1	0		12.00
12.01	Medical Social Services		16974	3	1		12.01
12.02	Medical Social Services		28100	11	11		12.02
12.03	Medical Social Services		99914	0	1		12.03
13.00	Home Health Aide		16580	0	0		13.00
13.01	Home Health Aide		16974	46	172		13.01
13.02	Home Health Aide		28100	306	265		13.02
13.03	Home Health Aide		99914	7	22		13.03
14.00	Total (sum of lines 8-13)			10,736	8,059		14.00
Cost Center Description							
From Wkst. H-2 Part I, col. 28, line		Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. s. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)	
0		1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	85,300	0	85,300	0	0.000000
16.00	Cost of Drugs	9.00	1,617	0	1,617	567	2.851852

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part I Date/Time Prepared: 5/29/2014 7:41 pm		
				HHA CCN: 147400	Title XVIII		Home Health Agency I	
Cost Center Description	Program Visits			Cost of Services				
	Part A	Part B			Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	5,649	4,071		1,108,051	798,527	1.00	
2.00	Physical Therapy	3,922	2,922		1,000,581	745,461	2.00	
3.00	Occupational Therapy	641	462		187,159	134,895	3.00	
4.00	Speech Pathology	150	132		26,817	23,599	4.00	
5.00	Medical Social Services	15	13		2,021	1,752	5.00	
6.00	Home Health Aide	359	459		25,690	32,846	6.00	
7.00	Total (sum of lines 1-6)	10,736	8,059		2,350,319	1,737,080	7.00	
Cost Center Description								
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care						8.00	
8.01	Skilled Nursing Care						8.01	
8.02	Skilled Nursing Care						8.02	
8.03	Skilled Nursing Care						8.03	
9.00	Physical Therapy						9.00	
9.01	Physical Therapy						9.01	
9.02	Physical Therapy						9.02	
9.03	Physical Therapy						9.03	
10.00	Occupational Therapy						10.00	
10.01	Occupational Therapy						10.01	
10.02	Occupational Therapy						10.02	
10.03	Occupational Therapy						10.03	
11.00	Speech Pathology						11.00	
11.01	Speech Pathology						11.01	
11.02	Speech Pathology						11.02	
11.03	Speech Pathology						11.03	
12.00	Medical Social Services						12.00	
12.01	Medical Social Services						12.01	
12.02	Medical Social Services						12.02	
12.03	Medical Social Services						12.03	
13.00	Home Health Aide						13.00	
13.01	Home Health Aide						13.01	
13.02	Home Health Aide						13.02	
13.03	Home Health Aide						13.03	
14.00	Total (sum of lines 8-13)						14.00	
Program Covered Charges								
Cost Center Description	Part A	Part B		Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	6.00	7.00	8.00	9.00	10.00	11.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies						15.00	
16.00	Cost of Drugs		567	0		1,617	16.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140186 HHA CCN: 147400	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part I Date/Time Prepared: 5/29/2014 7:41 pm
		Title XVII I	Home Health Agency I	PPS

Cost Center Description	Total Program Cost (sum of col.s. 9-10)		
	12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION			
Cost Per Visit Computation			
1.00	Skilled Nursing Care	1,906,578	1.00
2.00	Physical Therapy	1,746,042	2.00
3.00	Occupational Therapy	322,054	3.00
4.00	Speech Pathology	50,416	4.00
5.00	Medical Social Services	3,773	5.00
6.00	Home Health Aide	58,536	6.00
7.00	Total (sum of lines 1-6)	4,087,399	7.00
Cost Center Description			
		12.00	
Limitation Cost Computation			
8.00	Skilled Nursing Care		8.00
8.01	Skilled Nursing Care		8.01
8.02	Skilled Nursing Care		8.02
8.03	Skilled Nursing Care		8.03
9.00	Physical Therapy		9.00
9.01	Physical Therapy		9.01
9.02	Physical Therapy		9.02
9.03	Physical Therapy		9.03
10.00	Occupational Therapy		10.00
10.01	Occupational Therapy		10.01
10.02	Occupational Therapy		10.02
10.03	Occupational Therapy		10.03
11.00	Speech Pathology		11.00
11.01	Speech Pathology		11.01
11.02	Speech Pathology		11.02
11.03	Speech Pathology		11.03
12.00	Medical Social Services		12.00
12.01	Medical Social Services		12.01
12.02	Medical Social Services		12.02
12.03	Medical Social Services		12.03
13.00	Home Health Aide		13.00
13.01	Home Health Aide		13.01
13.02	Home Health Aide		13.02
13.03	Home Health Aide		13.03
14.00	Total (sum of lines 8-13)		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140186 HHA CCN: 147400	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part II Date/Time Prepared: 5/29/2014 7:41 pm
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.421711	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy					2.00
3.00	Speech Pathology					3.00
4.00	Cost of Medical Supplies	71.00	0.216985	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.180458	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140186 HHA CCN: 147400	Period: From 01/01/2013 To 12/31/2013	Worksheet H-4 Part I-II Date/Time Prepared: 5/29/2014 7:41 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	1,617	0
2.00	Total charges	0	567	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	567	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	1,050	0
9.00	Primary payer amounts	0	1,760	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	-143
11.00	Total PPS Reimbursement - Full Episodes without Outliers		2,050,503	1,501,285
12.00	Total PPS Reimbursement - Full Episodes with Outliers		23,354	11,695
13.00	Total PPS Reimbursement - LUPA Episodes		26,773	36,385
14.00	Total PPS Reimbursement - PEP Episodes		12,815	18,098
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		9,718	2,525
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	29
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		2,123,163	1,569,874
23.00	Excess reasonable cost (from line 8)		0	1,050
24.00	Subtotal (line 22 minus line 23)		2,123,163	1,568,824
25.00	Coinurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		2,123,163	1,568,824
27.00	Reimbursable bad debts (from your records)			
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			
29.00	Total costs - current cost reporting period (line 26 plus line 27)		2,123,163	1,568,824
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		2,123,163	1,568,824
31.01	Sequestration adjustment (see instructions)		30,070	26,206
32.00	Interim payments (see instructions)		2,093,093	1,542,618
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet H-5
	HHA CCN: 147400	Home Health Agency I	Date/Time Prepared: 5/29/2014 7:41 pm PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,093,093		1,542,618	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		2,093,093		1,542,618	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,093,093		1,542,618	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/29/2014 7:41 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,373,596	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		91,924	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)		136.88	3.00
4.00	Number of interns & residents (see instructions)		21.58	4.00
5.00	Indirect medical education percentage (see instructions)		4.55	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		153,499	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.08	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		30.04	8.00
9.00	Sum of lines 7 and 8		35.12	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.37	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		248,634	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		3,867,653	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 140186 Component CCN: 143976	Period: From 01/01/2013 To 12/31/2013	Worksheet M-1 Date/Time Prepared: 5/29/2014 7:41 pm
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		Compensation	Other Costs	Total (col. 1 + col. 2)	Rural Health Clinic (RHC) I Reclassified	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	71,543	0	71,543	0	71,543	1.00
2.00	Physician Assistant	99,792	0	99,792	0	99,792	2.00
3.00	Nurse Practitioner	0	0	0	0	0	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	0	0	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	135,427	0	135,427	1,409	136,836	9.00
10.00	Subtotal (sum of lines 1-9)	306,762	0	306,762	1,409	308,171	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11-13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	1,412	1,412	0	1,412	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	3,583	3,583	0	3,583	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	4,995	4,995	0	4,995	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	306,762	4,995	311,757	1,409	313,166	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0	0	0	0	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	0	58,187	58,187	15,582	73,769	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	58,187	58,187	15,582	73,769	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	306,762	63,182	369,944	16,991	386,935	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet M-1
	Component CCN: 143976	Rural Health Clinic (RHC) I	Date/Time Prepared: 5/29/2014 7:41 pm

	Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
	6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS			
1.00 Physician	-71,543	0	1.00
2.00 Physician Assistant	0	99,792	2.00
3.00 Nurse Practitioner	0	0	3.00
4.00 Visiting Nurse	0	0	4.00
5.00 Other Nurse	0	0	5.00
6.00 Clinical Psychologist	0	0	6.00
7.00 Clinical Social Worker	0	0	7.00
8.00 Laboratory Technician	0	0	8.00
9.00 Other Facility Health Care Staff Costs	0	136,836	9.00
10.00 Subtotal (sum of lines 1-9)	-71,543	236,628	10.00
11.00 Physician Services Under Agreement	0	0	11.00
12.00 Physician Supervision Under Agreement	0	0	12.00
13.00 Other Costs Under Agreement	0	0	13.00
14.00 Subtotal (sum of lines 11-13)	0	0	14.00
15.00 Medical Supplies	0	1,412	15.00
16.00 Transportation (Health Care Staff)	0	0	16.00
17.00 Depreciation-Medical Equipment	0	0	17.00
18.00 Professional Liability Insurance	0	0	18.00
19.00 Other Health Care Costs	0	3,583	19.00
20.00 Allowable GME Costs	0	0	20.00
21.00 Subtotal (sum of lines 15-20)	0	4,995	21.00
22.00 Total Cost of Health Care Services (sum of lines 10, 14, and 21)	-71,543	241,623	22.00
COSTS OTHER THAN RHC/FOHC SERVICES			
23.00 Pharmacy	0	0	23.00
24.00 Dental	0	0	24.00
25.00 Optometry	0	0	25.00
26.00 All other nonreimbursable costs	0	0	26.00
27.00 Nonallowable GME costs	0	0	27.00
28.00 Total Nonreimbursable Costs (sum of lines 23-27)	0	0	28.00
FACILITY OVERHEAD			
29.00 Facility Costs	0	0	29.00
30.00 Administrative Costs	0	73,769	30.00
31.00 Total Facility Overhead (sum of lines 29 and 30)	0	73,769	31.00
32.00 Total facility costs (sum of lines 22, 28 and 31)	-71,543	315,392	32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 140186 Component CCN: 143976	Period: From 01/01/2013 To 12/31/2013	Worksheet M-2 Date/Time Prepared: 5/29/2014 7:41 pm
			Rural Health Clinic (RHC) I	Cost

	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Posi tions						
1.00	Physician	0.32	1,401	4,200	1,344	1.00
2.00	Physician Assistant	0.44	1,377	2,100	924	2.00
3.00	Nurse Practitioner	0.55	1,583	2,100	1,155	3.00
4.00	Subtotal (sum of lines 1-3)	1.31	4,361		3,423	4,361 4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4-7)	1.31	4,361			4,361 8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Worksheet M-1, column 7, line 22)				241,623	10.00
11.00	Total nonreimbursable costs (from Worksheet M-1, column 7, line 28)				0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				241,623	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)				1.000000	13.00
14.00	Total facility overhead - (from Worksheet M-1, column 7, line 31)				73,769	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				303,807	15.00
16.00	Total overhead (sum of lines 14 and 15)				377,576	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Subtract line 17 from line 16				377,576	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)				377,576	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)				619,199	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet M-3
		Component CCN: 143976		Date/Time Prepared: 5/29/2014 7:41 pm
		Title XVIII	Rural Health Clinic (RHC) I	Cost
				1.00
DETERMINATION OF RATE FOR RHC/FQHC SERVICES				
1.00	Total Allowable Cost of RHC/FQHC Services (from Worksheet M-2, line 20)		619,199	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		0	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		619,199	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		4,361	4.00
5.00	Physicians visits under agreement (from Worksheet M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		4,361	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		141.99	7.00
		Calculation of Limit (1)		
		Prior to January 1	On or After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 100-04, chapter 9, §20.6 or your contractor)	79.17	79.17	8.00
9.00	Rate for Program covered visits (see instructions)	79.17	79.17	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	0	917	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	72,599	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)		0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		72,599	16.00
16.01	Total program charges (see instructions)(from contractor's records)		143,157	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		50,882	16.04
16.05	Total program cost (see instructions)		50,882	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		8,996	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		26,832	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		50,882	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		50,882	22.00
23.00	Allowable bad debts (see instructions)		0	23.00
23.01	Adjusted reimbursable bad debts (see instructions)		0	23.01
24.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
26.00	Net reimbursable amount (see instructions)		50,882	26.00
26.01	Sequestration adjustment (see instructions)		768	26.01
27.00	Interim payments		49,441	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program line 26 minus lines 26.01, 27 and 28		673	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter 1, section 115.2		0	30.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140186	Period: From 01/01/2013 To 12/31/2013	Worksheet M-5
	Component CCN: 143976	Rural Health Clinic (RHC) I	Date/Time Prepared: 5/29/2014 7:41 pm

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		49,441	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		49,441	4.00
TO BE COMPLETED BY CONTRACTOR				
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
Program to Provider				
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		673	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		50,114	7.00
		Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00

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