

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet S Parts I-III Date/Time Prepared: 11/22/2013 8:46 am
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PART I - COST REPORT STATUS	
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.
Date: 11/22/2013 Time: 8:46 am	
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 ST. ELIZABETH HOSPITAL (140187) for the cost reporting period beginning 07/01/2012 and ending 06/30/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V		Title XVIII		HIT	Title XIX	
	1.00	2.00	Part A	Part B			
PART III - SETTLEMENT SUMMARY							
1.00 Hospital	0	-196,466		144,722	-89,277		0 1.00
2.00 Subprovider - IPF	0	0		0			0 2.00
3.00 Subprovider - IRF	0	-12,319		5			0 3.00
5.00 Swing bed - SNF	0	0		0			0 5.00
6.00 Swing bed - NF	0	0		0			0 6.00
200.00 Total	0	-208,785		144,727	-89,277		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: 140187		Period: From 07/01/2012 To 06/30/2013		Worksheet S-2 Part I Date/Time Prepared: 11/22/2013 8:43 am			
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 211 S 3RD STREET		PO Box:						
2.00	City: BELLEVILLE		State: IL		Zip Code: 62220-		County: ST. CLAIR		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
		1.00	2.00	3.00	4.00	5.00	V	XVIII	
							6.00	7.00	
								8.00	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital		ST. ELIZABETH HOSPITAL	140187	41180	1	07/01/1966	N P O	
4.00	Subprovider - IPF								
5.00	Subprovider - IRF		REHABILITATION	14T187	41180	5	07/01/1987	N P O	
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other		BELLEVILLE HHA	147506	41180		11/01/1991		
						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2012		06/30/2013	
21.00	Type of Control (see instructions)					1			
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	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N	
		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.		4,600	2,020	0	63	1	0	
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.		350	70	0	0	1	0	
						Urban/Rural	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			
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			
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			

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

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00	2.00	3.00	4.00	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20
				1.00	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>					
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			N	63.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))
			1.00	2.00	3.00
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>					
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	14.30	0.000000
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))
			1.00	2.00	3.00
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
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))
			1.00	2.00	3.00
<u>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</u>					
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000

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

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		V 1.00		XIX 2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)					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.	N	N	N	N	109.00	
				1.00	2.00	3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.			N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			0			118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	0			118.01
		1.00		2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N			118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.			N		N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y			121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			Y			140.00

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1.00		2.00		3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: HOSPITAL SISTER HEALTH SYSTEM	Contractor's Name:		Contractor's Number: 00131				
142.00	Street: 4936 LAVERNA ROAD	PO Box:						
143.00	City: SPRINGFIELD	State: IL	Zip Code: 62707					
				1.00				
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00		
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				Y	145.00		
				1.00	2.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00		
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	157.00		
158.00	SUBPROVIDER					158.00		
159.00	SNF	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC		N	N	N	161.00		
				1.00				
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00		
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
				1.00				
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				1.00	169.00		
				Beginning	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)				07/01/2012	06/30/2013	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part II Date/Time Prepared: 11/22/2013 8:43 am	
		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
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	Type	Date	
		1.00	2.00	3.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N	Legal Oper.		
		1.00	2.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		10/02/2013	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part II Date/Time Prepared: 11/22/2013 8:43 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			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.	BKD LLP		BKD LLP	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-581-0435		LV COSTREPORTS@BKD.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	10/02/2013	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BKD LLP	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: 140187

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2013 8:43 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	206	73,076	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)		206	73,076	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	24	8,760	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		230	81,836	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,950		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		260				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140187

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2013 8:43 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,161	3,977	31,466			1.00
2.00 HMO and other (see instructions)	2,330	2,084				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	71				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	13,161	3,977	31,466			7.00
8.00 INTENSIVE CARE UNIT	2,428	469	5,451			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		154	1,980			13.00
14.00 Total (see instructions)	15,589	4,600	38,897	13.64	1,010.84	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	3,215	350	5,212	0.00	236.63	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				13.64	1,247.47	27.00
28.00 Observation Bed Days		360	2,530			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140187

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2013 8:43 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,554	1,260	9,948	1.00	
2.00 HMO and other (see instructions)			492			2.00	
3.00 HMO IPF Subprovider						3.00	
4.00 HMO IRF Subprovider						4.00	
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00	
6.00 Hospital Adults & Peds. Swing Bed NF						6.00	
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00	
8.00 INTENSIVE CARE UNIT						8.00	
9.00 CORONARY CARE UNIT						9.00	
10.00 BURN INTENSIVE CARE UNIT						10.00	
11.00 SURGICAL INTENSIVE CARE UNIT						11.00	
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00	
13.00 NURSERY						13.00	
14.00 Total (see instructions)	0.00	0	3,554	1,260	9,948	14.00	
15.00 CAH visits						15.00	
16.00 SUBPROVIDER - IPF						16.00	
17.00 SUBPROVIDER - IRF	0.00	0	274	30	445	17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY						22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPICE						24.00	
24.10 HOSPICE (non-distinct part)						24.10	
25.00 CMHC - CMHC						25.00	
26.00 RURAL HEALTH CLINIC						26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25	
27.00 Total (sum of lines 14-26)	0.00					27.00	
28.00 Observation Bed Days						28.00	
29.00 Ambulance Trips						29.00	
30.00 Employee discount days (see instruction)						30.00	
31.00 Employee discount days - IRF						31.00	
32.00 Labor & delivery days (see instructions)						32.00	
33.00 LTCH non-covered days						33.00	

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140187

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

Worksheet S-3
Part II
Date/Time Prepared:
11/22/2013 8:43 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	50,133,188	0	50,133,188	2,161,356.46	23.20
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		1,367,244	0	1,367,244	28,974.40	47.19
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,165,462	252,832	1,418,294	58,182.00	24.38
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		4,400,697	0	4,400,697	113,958.22	38.62
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		176,723	0	176,723	936.75	188.66
14.00	Home office salaries & wage-related costs		5,382,425	0	5,382,425	84,393.00	63.78
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		18,713,526	0	18,713,526		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		530,852	0	530,852		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00
27.00	Administrative & General	5.00	6,545,474	0	6,545,474	324,773.76	20.15
28.00	Administrative & General under contract (see inst.)		395,798	0	395,798	4,664.50	84.85
29.00	Maintenance & Repairs	6.00	391,520	0	391,520	14,265.50	27.45
30.00	Operation of Plant	7.00	1,641,401	0	1,641,401	86,061.97	19.07
31.00	Laundry & Linen Service	8.00	96,078	0	96,078	8,233.75	11.67
32.00	Housekeeping	9.00	1,105,544	0	1,105,544	103,599.69	10.67
33.00	Housekeeping under contract (see instructions)		182,188	0	182,188	5,200.00	35.04
34.00	Dietary	10.00	1,069,633	-694,834	374,799	30,768.75	12.18
35.00	Dietary under contract (see instructions)		349,235	0	349,235	9,360.00	37.31
36.00	Cafeteria	11.00	0	694,834	694,834	57,041.61	12.18
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,279,702	0	1,279,702	31,864.70	40.16
39.00	Central Services and Supply	14.00	314,940	0	314,940	23,311.94	13.51
40.00	Pharmacy	15.00	1,901,993	-255,753	1,646,240	50,273.50	32.75
41.00	Medical Records & Medical Records Library	16.00	1,028,860	0	1,028,860	62,863.95	16.37

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140187

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

Worksheet S-3
Part II
Date/Time Prepared:
11/22/2013 8:43 am

		Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Social Service	17.00	1,246,336	0	1,246,336	43,826.75	28.44	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140187

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

Worksheet S-3
Part III
Date/Time Prepared:
11/22/2013 8:43 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	49,693,165	0	49,693,165	2,151,606.56	23.10	1.00
2.00	Excluded area salaries (see instructions)	1,165,462	252,832	1,418,294	58,182.00	24.38	2.00
3.00	Subtotal salaries (line 1 minus line 2)	48,527,703	-252,832	48,274,871	2,093,424.56	23.06	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,959,845	0	9,959,845	199,287.97	49.98	4.00
5.00	Subtotal wage-related costs (see inst.)	18,713,526	0	18,713,526	0.00	38.76	5.00
6.00	Total (sum of lines 3 thru 5)	77,201,074	-252,832	76,948,242	2,292,712.53	33.56	6.00
7.00	Total overhead cost (see instructions)	17,548,702	-255,753	17,292,949	856,110.37	20.20	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet S-3 Part IV Date/Time Prepared: 11/22/2013 8:43 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		5,395,626	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)		7,887,784	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	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)		90,390	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,731,822	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		3,777,926	17.00
18.00	Medicare Taxes - Employers Portion Only		240,687	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		120,143	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		19,244,378	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: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet S-3 Part V Date/Time Prepared: 11/22/2013 8:43 am
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Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			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			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet S-10 Date/Time Prepared: 11/22/2013 8:43 am
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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)		0.255633	1.00		
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		10,775,698	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		604,803	5.00		
6.00	Medicaid charges		71,613,378	6.00		
7.00	Medicaid cost (line 1 times line 6)		18,306,743	7.00		
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		6,926,242	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)		6,926,242	19.00		
			Uninsured patients	Insured patients		
			1.00	2.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		8,346,553	1,396,173	9,742,726	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		2,133,654	356,908	2,490,562	21.00
22.00	Partial payment by patients approved for charity care		125,746	138,038	263,784	22.00
23.00	Cost of charity care (line 21 minus line 22)		2,007,908	218,870	2,226,778	23.00
			1.00			
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)				17,624,150	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				962,797	27.00
28.00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line 26 minus line 27)				16,661,353	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)				4,259,192	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)				6,485,970	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				13,412,212	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet A Date/Time Prepared: 11/22/2013 8:43 am
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		3,933,370	3,933,370	1,641,934	5,575,304	1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		5,461,709	5,461,709	658,359	6,120,068	2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	19,303,726	19,303,726	0	19,303,726	4.00
5.01 00510 COMMUNICATIONS	28,735	-26,102	2,633	0	2,633	5.01
5.02 00511 DATA PROCESSING	9,768	2,418,108	2,427,876	-2,761	2,425,115	5.02
5.03 00512 PURCHASING, RECEIVING AND STORES	174,593	121,229	295,822	-2,562	293,260	5.03
5.04 00513 ADMINISTRATION	1,396,753	145,103	1,541,856	-4,838	1,537,018	5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	730,024	849,872	1,579,896	-2,438	1,577,458	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	4,205,601	25,218,048	29,423,649	-40,513	29,383,136	5.06
6.00 00600 MAINTENANCE & REPAIRS	391,520	1,515,386	1,906,906	-510	1,906,396	6.00
7.00 00700 OPERATION OF PLANT	1,641,401	3,168,933	4,810,334	-10,194	4,800,140	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	96,078	880,021	976,099	-425	975,674	8.00
9.00 00900 HOUSEKEEPING	1,105,544	733,640	1,839,184	-31,019	1,808,165	9.00
10.00 01000 DIETARY	1,069,633	588,659	1,658,292	-1,078,104	580,188	10.00
11.00 01100 CAFETERIA	0	0	0	1,075,602	1,075,602	11.00
13.00 01300 NURSING ADMINISTRATION	1,279,702	82,574	1,362,276	-5,273	1,357,003	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	314,940	341,255	656,195	-1,598,505	-942,310	14.00
15.00 01500 PHARMACY	1,901,993	4,835,446	6,737,439	-4,896,673	1,840,766	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,028,860	911,737	1,940,597	-3,455	1,937,142	16.00
17.00 01700 SOCIAL SERVICE	1,246,336	345,087	1,591,423	-16,069	1,575,354	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,367,244	1,367,244	21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	138,700	138,700	22.00
23.00 02300 PARAMED PRGM	0	0	0	263,557	263,557	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	9,927,749	1,010,466	10,938,215	-242,548	10,695,667	30.00
31.00 03100 INTENSIVE CARE UNIT	3,450,765	613,116	4,063,881	-67,980	3,995,901	31.00
41.00 04100 SUBPROVIDER - I&R	1,161,825	135,785	1,297,610	-15,508	1,282,102	41.00
43.00 04300 NURSERY	513,250	270	513,520	0	513,520	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,733,889	9,427,169	13,161,058	-8,221,272	4,939,786	50.00
51.00 05100 RECOVERY ROOM	553,460	34,077	587,537	-6,825	580,712	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,032,814	3,022	1,035,836	0	1,035,836	52.00
53.00 05300 ANESTHESIOLOGY	33,697	290,526	324,223	-282,689	41,534	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,265,603	388,246	2,653,849	-130,024	2,523,825	54.00
56.00 05600 RADIOISOTOPE	348,123	247,671	595,794	-3,794	592,000	56.00
57.00 05700 CT SCAN	482,481	154,800	637,281	-55,554	581,727	57.00
59.00 05900 CARDIAC CATHETERIZATION	1,233,392	3,767,798	5,001,190	-3,570,067	1,431,123	59.00
60.00 06000 LABORATORY	2,132,360	2,802,457	4,934,817	-163,512	4,771,305	60.00
64.00 06400 INTRAVENOUS THERAPY	108,985	43,230	152,215	-32,613	119,602	64.00
65.00 06500 RESPIRATORY THERAPY	1,166,437	270,319	1,436,756	-217,835	1,218,921	65.00
66.00 06600 PHYSICAL THERAPY	731,163	2,701,763	3,432,926	-470,378	2,962,548	66.00
67.00 06700 OCCUPATIONAL THERAPY	348	257,653	258,001	208,078	466,079	67.00
68.00 06800 SPEECH PATHOLOGY	0	219,947	219,947	132,567	352,514	68.00
69.00 06900 ELECTROCARDIOLOGY	392,670	147,478	540,148	-12,196	527,952	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,060,009	7,060,009	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	7,875,063	7,875,063	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	4,309,890	4,309,890	73.00
74.00 07400 RENAL DIALYSIS	0	323,426	323,426	0	323,426	74.00
76.00 03020 PAIN MANAGEMENT	213,960	279,914	493,874	-255,482	238,392	76.00
76.01 03022 OP CARDIO VASC DIAG	49,830	568,613	618,443	-3,815	614,628	76.01
76.02 03550 ANCILLARY PSYCH	136,557	5,447	142,004	0	142,004	76.02
76.03 03950 SLEEP LAB	309,192	122,251	431,443	-15,562	415,881	76.03
76.04 03650 VASCULAR LAB	195,255	130,217	325,472	-3,747	321,725	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	127,631	14,742,941	14,870,572	-1,552,749	13,317,823	90.00
91.00 09100 EMERGENCY	2,725,726	1,102,487	3,828,213	-111,753	3,716,460	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	480,908	43,543	524,451	-21,242	503,209	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	2,921	0	2,921	-2,921	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	50,132,472	110,662,433	160,794,905	1,577,598	162,372,503
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	716	0	716	0	716	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	2,949,419	2,949,419	-1,581,284	1,368,135	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 WELLNESS/SENIOR VIP	0	0	0	3,686	3,686	193.01
200.00	TOTAL (SUM OF LINES 118-199)	50,133,188	113,611,852	163,745,040	0	163,745,040

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140187

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

Worksheet A
Date/Time Prepared:
11/22/2013 8:43 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-313,737	5,261,567	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	6,120,068	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,742,531	17,561,195	4.00
5.01	00510	COMMUNICATIONS	0	2,633	5.01
5.02	00511	DATA PROCESSING	0	2,425,115	5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	0	293,260	5.03
5.04	00513	ADMINISTRATIVE	0	1,537,018	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	-1,422	1,576,036	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-11,469,477	17,913,659	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	1,906,396	6.00
7.00	00700	OPERATION OF PLANT	-46,208	4,753,932	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-26,082	949,592	8.00
9.00	00900	HOUSEKEEPING	-375	1,807,790	9.00
10.00	01000	DIETARY	-69,335	510,853	10.00
11.00	01100	CAFETERIA	0	1,075,602	11.00
13.00	01300	NURSING ADMINISTRATION	-1,448	1,355,555	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	-942,310	14.00
15.00	01500	PHARMACY	-2,207	1,838,559	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-20,932	1,916,210	16.00
17.00	01700	SOCIAL SERVICE	0	1,575,354	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,367,244	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	138,700	22.00
23.00	02300	PARAMEDICAL PRGM	0	263,557	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-6,644	10,689,023	30.00
31.00	03100	INTENSIVE CARE UNIT	-91,762	3,904,139	31.00
41.00	04100	SUBPROVIDER - I&R	0	1,282,102	41.00
43.00	04300	NURSERY	0	513,520	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-5,173	4,934,613	50.00
51.00	05100	RECOVERY ROOM	0	580,712	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,035,836	52.00
53.00	05300	ANESTHESIOLOGY	0	41,534	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-7,092	2,516,733	54.00
56.00	05600	RADIOISOTOPE	0	592,000	56.00
57.00	05700	CT SCAN	0	581,727	57.00
59.00	05900	CARDIAC CATHETERIZATION	-13,250	1,417,873	59.00
60.00	06000	LABORATORY	-165,525	4,605,780	60.00
64.00	06400	INTRAVENOUS THERAPY	0	119,602	64.00
65.00	06500	RESPIRATORY THERAPY	-227,626	991,295	65.00
66.00	06600	PHYSICAL THERAPY	0	2,962,548	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	466,079	67.00
68.00	06800	SPEECH PATHOLOGY	0	352,514	68.00
69.00	06900	ELECTROCARDIOLOGY	-92,226	435,726	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,060,009	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	7,875,063	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-113,532	4,196,358	73.00
74.00	07400	RENAL DIALYSIS	0	323,426	74.00
76.00	03020	PAIN MANAGEMENT	0	238,392	76.00
76.01	03022	OP CARDIO VASC DIAG	0	614,628	76.01
76.02	03550	ANCILLARY PSYCH	0	142,004	76.02
76.03	03950	SLEEP LAB	-100,756	315,125	76.03
76.04	03650	VASCULAR LAB	-58,952	262,773	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-12,977,056	340,767	90.00
91.00	09100	EMERGENCY	-691,903	3,024,557	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	503,209	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-28,245,251	134,127,252	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	716	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,368,135	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	3,686	193.01
200.00		TOTAL (SUM OF LINES 118-199)	-28,245,251	135,499,789	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - MEDICAL SUPPLIES & IMPLANTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,060,009	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	7,875,063	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	426	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
TOTALS			0	14,935,498	
B - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,309,890	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
TOTALS			0	4,309,890	
C - COMMUNITY RELATIONS					
1.00	WELLNESS/SENIOR VIP	193.01	0	3,686	1.00
TOTALS			0	3,686	
D - RENT					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,641,934	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	658,359	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
	TOTALS		0	2,300,293		
E - CAFETERIA						
1.00	CAFETERIA	11.00	694,834	380,768		1.00
	TOTALS		694,834	380,768		
F - THERAPY						
1.00	OCCUPATIONAL THERAPY	67.00	0	209,414		1.00
2.00	SPEECH PATHOLOGY	68.00	0	136,027		2.00
	TOTALS		0	345,441		
G - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,367,244		1.00
2.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	138,700		2.00
	TOTALS		0	1,505,944		
H - PHARMACY RESIDENCY						
1.00	PARAMED PRGM	23.00	255,753	8,744		1.00
	TOTALS		255,753	8,744		
I - AMBULANCE						
1.00	EMERGENCY	91.00	2,921	0		1.00
	TOTALS		2,921	0		
500.00	Grand Total: Increases		953,508	23,790,264		500.00

RECLASSIFICATIONS

Provider CCN: 140187

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

Worksheet A-6
Date/Time Prepared:
11/22/2013 8:43 am

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - MEDICAL SUPPLIES & IMPLANTS							
1.00	DATA PROCESSING	5.02	0	21	0		1.00
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	81	0		2.00
3.00	ADMINISTRATIVE AND GENERAL	5.04	0	305	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,524	0		4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	93	0		5.00
6.00	OPERATION OF PLANT	7.00	0	576	0		6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	425	0		7.00
8.00	HOUSEKEEPING	9.00	0	28,430	0		8.00
9.00	DIETARY	10.00	0	284	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	269	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,287,536	0		11.00
12.00	PHARMACY	15.00	0	231,938	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	91	0		13.00
14.00	SOCIAL SERVICE	17.00	0	12,926	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	234,279	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	66,655	0		16.00
17.00	SUBPROVIDER - IRF	41.00	0	14,001	0		17.00
18.00	OPERATING ROOM	50.00	0	8,172,042	0		18.00
19.00	RECOVERY ROOM	51.00	0	5,819	0		19.00
20.00	ANESTHESIOLOGY	53.00	0	249,063	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	126,141	0		21.00
22.00	RADIOISOTOPE	56.00	0	3,632	0		22.00
23.00	CT SCAN	57.00	0	54,871	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	3,558,397	0		24.00
25.00	LABORATORY	60.00	0	151,832	0		25.00
26.00	INTRAVENOUS THERAPY	64.00	0	32,613	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	214,513	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	63,208	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	0	1,325	0		29.00
30.00	SPEECH PATHOLOGY	68.00	0	3,460	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	10,302	0		31.00
32.00	PAIN MANAGEMENT	76.00	0	228,323	0		32.00
33.00	OP CARDIO VASC DIAG	76.01	0	3,734	0		33.00
34.00	SLEEP LAB	76.03	0	12,552	0		34.00
35.00	VASCULAR LAB	76.04	0	2,445	0		35.00
36.00	CLINIC	90.00	0	44,805	0		36.00
37.00	EMERGENCY	91.00	0	95,799	0		37.00
38.00	OTHER OUTPATIENT SERVICE	93.00	0	19,188	0		38.00
	COST CENTER						
	TOTALS		0	14,935,498			
B - DRUGS CHARGED TO PATIENTS							
1.00	HOUSEKEEPING	9.00	0	16	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	84,539	0		2.00
3.00	PHARMACY	15.00	0	4,143,674	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	1,472	0		4.00
5.00	OPERATING ROOM	50.00	0	39,011	0		5.00
6.00	RECOVERY ROOM	51.00	0	925	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	31,258	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	145	0		8.00
9.00	CT SCAN	57.00	0	88	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	7,697	0		10.00
11.00	LABORATORY	60.00	0	61	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	1,004	0		12.00
	TOTALS		0	4,309,890			
C - COMMUNITY RELATIONS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,686	0		1.00
	TOTALS		0	3,686			
D - RENT							
1.00	DATA PROCESSING	5.02	0	2,740	10		1.00
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	2,481	10		2.00
3.00	ADMINISTRATIVE AND GENERAL	5.04	0	4,533	0		3.00
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	2,438	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33,303	0		5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	417	0		6.00
7.00	OPERATION OF PLANT	7.00	0	9,618	0		7.00
8.00	HOUSEKEEPING	9.00	0	2,573	0		8.00
9.00	DIETARY	10.00	0	2,218	0		9.00

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
10.00	NURSING ADMINISTRATION	13.00	0	5,004	0		10.00	
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	226,430	0		11.00	
12.00	PHARMACY	15.00	0	256,564	0		12.00	
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,364	0		13.00	
14.00	SOCIAL SERVICE	17.00	0	3,143	0		14.00	
15.00	PARAMEDICAL PRGM	23.00	0	940	0		15.00	
16.00	ADULTS & PEDIATRICS	30.00	0	6,797	0		16.00	
17.00	INTENSIVE CARE UNIT	31.00	0	1,325	0		17.00	
18.00	SUBPROVIDER - IRF	41.00	0	1,507	0		18.00	
19.00	OPERATING ROOM	50.00	0	10,219	0		19.00	
20.00	RECOVERY ROOM	51.00	0	81	0		20.00	
21.00	ANESTHESIOLOGY	53.00	0	2,368	0		21.00	
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,738	0		22.00	
23.00	RADIOISOTOPE	56.00	0	162	0		23.00	
24.00	CT SCAN	57.00	0	595	0		24.00	
25.00	CARDIAC CATHETERIZATION	59.00	0	3,973	0		25.00	
26.00	LABORATORY	60.00	0	11,619	0		26.00	
27.00	RESPIRATORY THERAPY	65.00	0	2,318	0		27.00	
28.00	PHYSICAL THERAPY	66.00	0	61,729	0		28.00	
29.00	OCCUPATIONAL THERAPY	67.00	0	11	0		29.00	
30.00	ELECTROCARDIOLOGY	69.00	0	1,894	0		30.00	
31.00	PAIN MANAGEMENT	76.00	0	27,159	0		31.00	
32.00	OP CARDIOVASC DIAG	76.01	0	81	0		32.00	
33.00	SLEEP LAB	76.03	0	3,010	0		33.00	
34.00	VASCULAR LAB	76.04	0	1,302	0		34.00	
35.00	CLINIC	90.00	0	2,000	0		35.00	
36.00	EMERGENCY	91.00	0	18,875	0		36.00	
37.00	OTHER OUTPATIENT SERVICE	93.00	0	2,054	0		37.00	
38.00	COST CENTER							
38.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,581,710	0		38.00	
	TOTALS		0	2,300,293				
E - CAFETERIA								
1.00	DIETARY	10.00	694,834	380,768	0		1.00	
	TOTALS		694,834	380,768				
F - THERAPY								
1.00	PHYSICAL THERAPY	66.00	0	345,441	0		1.00	
2.00		0.00	0	0	0		2.00	
	TOTALS		0	345,441				
G - INTERNS AND RESIDENTS								
1.00	CLINIC	90.00	0	1,505,944	0		1.00	
2.00		0.00	0	0	0		2.00	
	TOTALS		0	1,505,944				
H - PHARMACY RESIDENCY								
1.00	PHARMACY	15.00	255,753	8,744	0		1.00	
	TOTALS		255,753	8,744				
I - AMBULANCE								
1.00	AMBULANCE SERVICES	95.00	2,921	0	0		1.00	
	TOTALS		2,921	0				
500.00	Grand Total: Decreases		953,508	23,790,264			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140187

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

Worksheet A-7
Part I
Date/Time Prepared:
11/22/2013 8:43 am

		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	3,630,755	0	0	0	0	1.00
2.00	Land Improvements	5,947,914	0	0	0	0	2.00
3.00	Buildings and Fixtures	119,503,264	2,606,381	0	2,606,381	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	76,654,558	0	0	0	2,581,199	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	205,736,491	2,606,381	0	2,606,381	2,581,199	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	205,736,491	2,606,381	0	2,606,381	2,581,199	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,630,755	0				1.00
2.00	Land Improvements	5,947,914	0				2.00
3.00	Buildings and Fixtures	122,109,645	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	74,073,359	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	205,761,673	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	205,761,673	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140187

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

Worksheet A-7
Part II
Date/Time Prepared:
11/22/2013 8:43 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,933,370	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	5,389,899	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,323,269	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	3,933,370				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	71,810	5,461,709				2.00
3.00	Total (sum of lines 1-2)	71,810	9,395,079				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140187

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

Worksheet A-7
Part III
Date/Time Prepared:
11/22/2013 8:43 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	131,688,314	0	131,688,314	0.640004	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	74,073,359	0	74,073,359	0.359996	0	2.00
3.00	Total (sum of lines 1-2)	205,761,673	0	205,761,673	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	3,933,370	1,641,934	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,389,899	658,359	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,323,269	2,300,293	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-313,737	0	0	0	5,261,567	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	71,810	6,120,068	2.00
3.00	Total (sum of lines 1-2)	-313,737	0	0	71,810	11,381,635	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140187

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

Worksheet A-8

Date/Time Prepared:
11/22/2013 8:43 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-313,737	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-310,166	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-15,498,644			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	596,869			0	12.00
13.00 Laundry and linen service	B	-26,082	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00 Cafeteria-employees and guests	B	-54,036	DIETARY	10.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients	B	-113,532	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-20,932	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	-14,917	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		RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant				0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Provider CCN: 140187

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

Worksheet A-8

Date/Time Prepared:
 11/22/2013 8:43 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.00 MI SCCELLANEOUS A&P	B	-6,644	ADULTS & PEDIATRICS	30.00	0 33.00
33.01 MI SCCELLANEOUS CENTRAL SERVICES AND S	B	-191,621	RESPIRATORY THERAPY	65.00	0 33.01
33.02 MI SCCELLANEOUS LAB	B	-18,567	LABORATORY	60.00	0 33.02
33.03 MI SCCELLANEOUS RADIOLOGY	B	-7,092	RADIOLOGY-DIAGNOSTIC	54.00	0 33.03
33.04 MI SCCELLANEOUS VASCULAR LAB	B	-150	VASCULAR LAB	76.04	0 33.04
33.05 MI SCCELLANEOUS INTERN & RESIDENT	B	-4,894	CLINIC	90.00	0 33.05
33.06 MI SCCELLANEOUS DIETARY CONSULTANT	B	-382	DIETARY	10.00	0 33.06
33.07 MI SCCELLANEOUS PLANT OPERATIONS	B	-46,208	OPERATION OF PLANT	7.00	0 33.07
33.08 MI SCCELLANEOUS HOUSEKEEPING	B	-375	HOUSEKEEPING	9.00	0 33.08
33.09 MI SCCELLANEOUS PATIENT ACCOUNTING	B	-1,422	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 33.09
33.10 MI SCCELLANEOUS OPERATING ROOM	B	-2,305	OPERATING ROOM	50.00	0 33.10
33.11 MI SCCELLANEOUS OTHER ADMIN & GENERAL	B	-3,139,556	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.11
33.12 MI SCCELLANEOUS NURSING ADMINISTRATION	B	-1,448	NURSING ADMINISTRATION	13.00	0 33.12
33.13 IHA DUES	A	-25,713	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.13
33.14 CHA DUES	A	-947	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.14
33.15 AHA DUES	A	-6,759	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.15
33.16 ADVERTISING	A	-12,733	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.16
33.17 RECRUITMENT EXPENSE	A	-7,369	CLINIC	90.00	0 33.17
33.18 RECRUITMENT EXPENSE	A	-10,451	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.18
33.19 LIABILITY INSURANCE	A	-246,529	CLINIC	90.00	0 33.19
33.20 LIABILITY INSURANCE	A	-8,761	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.20
33.21 OUTSIDE SERVICES - 8629-67910	A	-9,096	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.21
33.22 OUTSIDE SERVICES - 8611-67910	A	-133,135	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.22
33.23 SEASON TICKETS	A	-16,870	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.23
33.24 PROVIDER TAX ADJUSTMENT	A	-7,087,740	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.24
33.25 SELF INSURANCE	A	-1,503,307	EMPLOYEE BENEFITS	4.00	0 33.25
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-28,245,251			50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 140187
 Period: From 07/01/2012 To 06/30/2013
 Worksheet A-8-1
 Date/Time Prepared: 11/22/2013 8:43 am

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 HOME OFFICE COSTS:					
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	HOME OFFICE ADMINISTRATION	8,633,090	10,410,187
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	HOME OFFICE CAPITAL ME	2,613,190	0
3.00	4.00	EMPLOYEE BENEFITS	HEALTH INSURANCE TRUST FUND	10,760,453	10,999,677
4.00	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			22,006,733	21,409,864

* 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	HSHA/CCC	100.00	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:			0.00	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.

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

Provider CCN: 140187

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

Worksheet A-8-1

Date/Time Prepared:
11/22/2013 8:43 am

	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	-1,777,097	0		1.00
2.00	2,613,190	0		2.00
3.00	-239,224	0		3.00
4.00	0	0		4.00
5.00	596,869			5.00

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

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

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

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

6.00			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: 140187

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

Worksheet A-8-2

Date/Time Prepared:
11/22/2013 8:43 am

1.00	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	1,553,202	1,539,977	13,225	171,400	116	1.00
2.00	15.00	PHARMACY	2,207	2,207	0	171,400	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	91,762	91,762	0	171,400	0	3.00
4.00	50.00	OPERATING ROOM	2,868	2,868	0	204,100	0	4.00
5.00	59.00	CARDIAC CATHETERIZATION	13,250	13,250	0	171,400	0	5.00
6.00	60.00	LABORATORY	146,958	146,958	0	219,500	0	6.00
7.00	65.00	RESPIRATORY THERAPY	43,174	27,905	15,269	171,400	87	7.00
8.00	69.00	ELECTROCARDIOLOGY	92,226	92,226	0	171,400	0	8.00
9.00	76.03	SLEEP LAB	100,756	100,756	0	171,400	0	9.00
10.00	76.04	VASCULAR LAB	58,802	58,802	0	171,400	0	10.00
11.00	90.00	CLINIC	12,718,264	12,718,264	0	171,400	0	11.00
12.00	91.00	EMERGENCY	691,903	691,903	0	171,400	0	12.00
200.00			15,515,372	15,486,878	28,494		203	200.00

1.00	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	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	9,559	478	0	0	0	1.00
2.00	15.00	PHARMACY	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	0	0	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	7,169	358	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	76.03	SLEEP LAB	0	0	0	0	0	9.00
10.00	76.04	VASCULAR LAB	0	0	0	0	0	10.00
11.00	90.00	CLINIC	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	0	0	0	0	0	12.00
200.00			16,728	836	0	0	0	200.00

1.00	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	9,559	3,666	1,543,643	1.00
2.00	15.00	PHARMACY	0	0	0	2,207	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	91,762	3.00
4.00	50.00	OPERATING ROOM	0	0	0	2,868	4.00
5.00	59.00	CARDIAC CATHETERIZATION	0	0	0	13,250	5.00
6.00	60.00	LABORATORY	0	0	0	146,958	6.00
7.00	65.00	RESPIRATORY THERAPY	0	7,169	8,100	36,005	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	92,226	8.00
9.00	76.03	SLEEP LAB	0	0	0	100,756	9.00
10.00	76.04	VASCULAR LAB	0	0	0	58,802	10.00
11.00	90.00	CLINIC	0	0	0	12,718,264	11.00
12.00	91.00	EMERGENCY	0	0	0	691,903	12.00
200.00			0	16,728	11,766	15,498,644	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2013 8:43 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	5,261,567	5,261,567				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	6,120,068		6,120,068			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	17,561,195	0	3,458	17,564,653		4.00
5.01 00510 COMMUNICATIONS	2,633	2,033	0	10,068	14,734	5.01
5.02 00511 DATA PROCESSING	2,425,115	75,092	1,902,991	3,422	235	5.02
5.03 00512 PURCHASING, RECEIVING AND STORES	293,260	24,697	12,687	61,170	96	5.03
5.04 00513 ADMINISTRATION	1,537,018	18,583	7,593	489,366	184	5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	1,576,036	0	15,449	255,771	0	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	17,913,659	810,735	73,683	1,473,474	875	5.06
6.00 00600 MAINTENANCE & REPAIRS	1,906,396	81,835	12,230	137,173	154	6.00
7.00 00700 OPERATION OF PLANT	4,753,932	328,503	77,623	575,081	51	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	949,592	107,152	16,081	33,662	37	8.00
9.00 00900 HOUSEKEEPING	1,807,790	39,129	1,283	387,338	29	9.00
10.00 01000 DIETARY	510,853	145,032	11,120	131,315	191	10.00
11.00 01100 CAFETERIA	1,075,602	0	20,613	243,442	0	11.00
13.00 01300 NURSING ADMINISTRATION	1,355,555	29,640	42,096	448,356	110	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	-942,310	32,410	80,419	110,342	118	14.00
15.00 01500 PHARMACY	1,838,559	34,962	18,883	576,777	162	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,916,210	35,901	19,269	360,471	324	16.00
17.00 01700 SOCIAL SERVICE	1,575,354	15,642	6,415	436,666	213	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	1,367,244	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	138,700	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	263,557	0	0	89,606	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	10,689,023	665,276	531,793	3,478,277	1,434	30.00
31.00 03100 INTENSIVE CARE UNIT	3,904,139	89,113	158,739	1,209,010	301	31.00
41.00 04100 SUBPROVIDER - IIRF	1,282,102	112,638	9,590	407,057	206	41.00
43.00 04300 NURSERY	513,520	0	0	179,822	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	4,934,613	306,211	849,987	1,308,205	1,132	50.00
51.00 05100 RECOVERY ROOM	580,712	24,247	37,615	193,910	81	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,035,836	0	0	361,857	0	52.00
53.00 05300 ANESTHESIOLOGY	41,534	12,896	113,575	11,806	81	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,516,733	120,087	892,251	793,777	551	54.00
56.00 05600 RADIOISOTOPE	592,000	23,828	63,290	121,968	51	56.00
57.00 05700 CT SCAN	581,727	25,411	85,336	169,042	66	57.00
59.00 05900 CARDIAC CATHETERIZATION	1,417,873	116,494	339,266	432,131	279	59.00
60.00 06000 LABORATORY	4,605,780	96,243	78,428	747,094	228	60.00
64.00 06400 INTRAVENOUS THERAPY	119,602	0	2,615	38,184	0	64.00
65.00 06500 RESPIRATORY THERAPY	991,295	31,471	90,759	408,673	74	65.00
66.00 06600 PHYSICAL THERAPY	2,962,548	185,845	35,389	256,170	287	66.00
67.00 06700 OCCUPATIONAL THERAPY	466,079	7,806	4,151	122	0	67.00
68.00 06800 SPEECH PATHOLOGY	352,514	12,058	4,920	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	435,726	24,736	68,783	137,576	66	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,060,009	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	7,875,063	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	4,196,358	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	323,426	8,543	0	0	22	74.00
76.00 03020 PAIN MANAGEMENT	238,392	23,021	6,222	74,963	0	76.00
76.01 03022 OP CARDIO VASC DIAG	614,628	13,617	51,439	17,458	0	76.01
76.02 03550 ANCILLARY PSYCH	142,004	27,413	0	47,844	0	76.02
76.03 03950 SLEEP LAB	315,125	40,130	50,312	108,329	125	76.03
76.04 03650 VASCULAR LAB	262,773	8,597	52,639	68,410	37	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	340,767	207,640	168,209	44,717	1,809	90.00
91.00 09100 EMERGENCY	3,024,557	77,971	76,709	956,009	353	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	503,209	0	2,738	168,491	96	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	134,127,252	4,042,638	6,096,648	17,564,402	10,058	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	716	7,976	0	251	74	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,368,135	1,210,953	23,420	0	4,602	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 WELLNESS/SENIOR VIP	3,686	0	0	0	0	193.01
200.00 Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2013 8:43 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	135,499,789	5,261,567	6,120,068	17,564,653	14,734	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part I Date/Time Prepared: 11/22/2013 8:43 am			
Cost Center Description		DATA PROCESSING 5.02	PURCHASING, RECEIVING AND STORES 5.03	ADMINITTING 5.04	CASHIERING/ACCOUNTS RECEIVABLE 5.05	Subtotal 5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.01	00510	COMMUNICATIONS				5.01	
5.02	00511	DATA PROCESSING	4,406,855			5.02	
5.03	00512	PURCHASING, RECEIVING AND STORES	0	391,910		5.03	
5.04	00513	ADMINITTING	0	34,531	2,087,275	5.04	
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	3,722	0	5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	4,406,855	31,736	0	24,711,017	
6.00	00600	MAINTENANCE & REPAIRS	0	53	0	2,137,841	
7.00	00700	OPERATION OF PLANT	0	67,272	0	5,802,462	
8.00	00800	LAUNDRY & LINEN SERVICE	0	716	0	1,107,240	
9.00	00900	HOUSEKEEPING	0	134	0	2,235,703	
10.00	01000	DIETARY	0	1,446	0	799,957	
11.00	01100	CAFETERIA	0	2,681	0	1,342,338	
13.00	01300	NURSING ADMINISTRATION	0	6,983	0	1,882,740	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,218	0	-715,803	
15.00	01500	PHARMACY	0	7,608	0	2,476,951	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,418	0	2,337,593	
17.00	01700	SOCIAL SERVICE	0	2,748	0	2,037,038	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,367,244	
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	138,700	
23.00	02300	PARAMED ED PRGM	0	0	0	353,163	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	47,395	181,216	15,755,114	
31.00	03100	INTENSIVE CARE UNIT	0	4,144	45,934	5,452,114	
41.00	04100	SUBPROVIDER - I&R	0	4,632	21,980	1,857,696	
43.00	04300	NURSERY	0	0	8,287	708,978	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	72,067	203,116	7,855,451	
51.00	05100	RECOVERY ROOM	0	2,854	19,324	875,880	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	24,258	1,443,463	
53.00	05300	ANESTHESIOLOGY	0	1,942	46,257	269,111	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,087	171,391	4,658,863	
56.00	05600	RADIOISOTOPE	0	750	22,898	845,090	
57.00	05700	CT SCAN	0	7,765	174,437	1,198,472	
59.00	05900	CARDIAC CATHETERIZATION	0	5,388	104,817	2,509,198	
60.00	06000	LABORATORY	0	9,589	253,629	6,015,923	
64.00	06400	INTRAVENOUS THERAPY	0	0	1,670	163,552	
65.00	06500	RESPIRATORY THERAPY	0	4,123	61,746	1,642,896	
66.00	06600	PHYSICAL THERAPY	0	11,242	57,023	3,559,071	
67.00	06700	OCCUPATIONAL THERAPY	0	308	17,315	511,135	
68.00	06800	SPEECH PATHOLOGY	0	1,762	9,699	389,554	
69.00	06900	ELECTROCARDIOLOGY	0	3,146	45,792	756,432	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	68,390	7,189,046	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	84,367	8,034,245	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	143,203	4,466,551	
74.00	07400	RENAL DIALYSIS	0	118	7,329	345,937	
76.00	03020	PAIN MANAGEMENT	0	5,376	25,894	396,831	
76.01	03022	OP CARDIO VASC DIAG	0	791	39,676	772,793	
76.02	03550	ANCILLARY PSYCH	0	31	9,418	235,062	
76.03	03950	SLEEP LAB	0	2,077	17,419	548,964	
76.04	03650	VASCULAR LAB	0	471	11,843	415,272	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	8,223	2,601	776,273	
91.00	09100	EMERGENCY	0	12,429	184,473	4,496,088	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	3,809	21,873	719,612	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,406,855	390,785	2,087,275	1,850,978	132,878,851
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	9,017	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	411	0	2,607,521	
193.00	19300	NONPAID WORKERS	0	0	0	0	
193.01	19301	WELLNESS/SENIOR VIP	0	714	0	4,400	
200.00		Cross Foot Adjustments	0	0	0	0	
201.00		Negative Cost Centers	0	0	0	0	
202.00		TOTAL (sum lines 118-201)	4,406,855	391,910	2,087,275	1,850,978	135,499,789

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part I Date/Time Prepared: 11/22/2013 8:43 am		
Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01 00510	COMMUNICATIONS					5.01	
5.02 00511	DATA PROCESSING					5.02	
5.03 00512	PURCHASING, RECEIVING AND STORES					5.03	
5.04 00513	ADMINITTING					5.04	
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	24,711,017				5.06	
6.00 00600	MAINTENANCE & REPAIRS	473,775	2,611,616			6.00	
7.00 00700	OPERATION OF PLANT	1,285,907	201,931	7,290,300		7.00	
8.00 00800	LAUNDRY & LINEN SERVICE	245,380	65,867	199,274	1,617,761	8.00	
9.00 00900	HOUSEKEEPING	495,463	24,053	72,769	62,607	2,890,595	9.00
10.00 01000	DIETARY	177,282	89,151	269,720	15,271	25,079	10.00
11.00 01100	CAFETERIA	297,481	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	417,242	18,219	55,122	0	35,947	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	19,922	60,273	1,430	55,174	14.00
15.00 01500	PHARMACY	548,927	21,491	65,020	233	25,497	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	518,043	22,068	66,766	0	2,508	16.00
17.00 01700	SOCIAL SERVICE	451,436	9,615	29,090	0	2,508	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	303,000	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	30,738	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM	78,266	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	3,491,598	408,946	1,237,233	747,928	1,099,726	30.00
31.00 03100	INTENSIVE CARE UNIT	1,208,265	54,778	165,725	109,938	182,452	31.00
41.00 04100	SUBPROVIDER - I&R	411,691	69,239	209,476	86,369	98,436	41.00
43.00 04300	NURSERY	157,119	0	0	13,512	48,591	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	1,740,878	188,228	569,469	148,599	438,051	50.00
51.00 05100	RECOVERY ROOM	194,107	14,905	45,093	12,023	32,394	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	319,892	0	0	0	115,887	52.00
53.00 05300	ANESTHESIOLOGY	59,639	7,927	23,982	461	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,032,469	73,818	223,329	41,830	145,669	54.00
56.00 05600	RADIOISOTOPE	187,284	14,647	44,314	4,814	24,243	56.00
57.00 05700	CT SCAN	265,598	15,620	47,257	20,603	0	57.00
59.00 05900	CARDIAC CATHETERIZATION	556,073	71,609	216,648	43,208	44,307	59.00
60.00 06000	LABORATORY	1,333,213	59,161	178,986	145	50,159	60.00
64.00 06400	INTRAVENOUS THERAPY	36,245	0	0	174	0	64.00
65.00 06500	RESPIRATORY THERAPY	364,089	19,345	58,527	0	55,592	65.00
66.00 06600	PHYSICAL THERAPY	788,740	114,239	345,621	10,845	50,159	66.00
67.00 06700	OCCUPATIONAL THERAPY	113,275	4,798	14,516	11,741	0	67.00
68.00 06800	SPEECH PATHOLOGY	86,331	7,412	22,424	0	25,079	68.00
69.00 06900	ELECTROCARDIOLOGY	167,636	15,205	46,002	2,717	44,307	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,593,193	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	1,780,501	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	989,850	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	76,664	5,251	15,887	1,307	6,270	74.00
76.00 03020	PAIN MANAGEMENT	87,943	14,151	42,813	12,511	0	76.00
76.01 03022	OP CARDIO VASC DIAG	171,262	8,370	25,324	8,768	0	76.01
76.02 03550	ANCILLARY PSYCH	52,093	16,851	50,980	0	0	76.02
76.03 03950	SLEEP LAB	121,658	24,668	74,631	13,724	34,275	76.03
76.04 03650	VASCULAR LAB	92,030	5,285	15,988	5,815	44,307	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	172,033	127,637	386,154	8,634	0	90.00
91.00 09100	EMERGENCY	996,396	47,929	145,004	197,442	203,978	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04950	OTHER OUTPATIENT SERVICE COST CENTER	159,476	0	0	35,112	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	24,130,181	1,862,336	5,023,417	1,617,761	2,890,595	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,998	4,903	14,834	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	577,863	744,377	2,252,049	0	0	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301	WELLNESS/SENIOR VIP	975	0	0	0	0	193.01
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)	24,711,017	2,611,616	7,290,300	1,617,761	2,890,595	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

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

Worksheet B
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
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	1,376,460					10.00
11.00	01100	0	1,639,819				11.00
13.00	01300	0	34,006	2,443,276			13.00
14.00	01400	0	24,883	0	-554,121		14.00
15.00	01500	0	53,650	0	0	3,191,769	15.00
16.00	01600	0	67,079	0	0	0	16.00
17.00	01700	0	46,769	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	6,970	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,055,418	441,584	1,117,354	0	0	30.00
31.00	03100	115,591	118,931	300,912	0	0	31.00
41.00	04100	168,594	52,451	132,720	0	0	41.00
43.00	04300	0	19,689	49,798	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	155,201	392,683	0	0	50.00
51.00	05100	5,022	17,758	44,905	0	0	51.00
52.00	05200	0	45,814	115,935	0	0	52.00
53.00	05300	0	2,042	0	0	0	53.00
54.00	05400	0	94,403	0	0	0	54.00
56.00	05600	0	8,768	0	0	0	56.00
57.00	05700	0	18,246	0	0	0	57.00
59.00	05900	10,979	41,952	0	0	0	59.00
60.00	06000	0	109,897	0	0	0	60.00
64.00	06400	0	2,597	0	0	0	64.00
65.00	06500	0	51,297	0	0	0	65.00
66.00	06600	0	31,586	0	0	0	66.00
67.00	06700	0	22	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	16,781	0	0	0	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	3,191,769	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	11,831	0	0	0	76.00
76.01	03022	0	1,421	0	0	0	76.01
76.02	03550	842	6,437	0	0	0	76.02
76.03	03950	0	15,183	0	0	0	76.03
76.04	03650	0	5,638	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	4,684	0	0	0	90.00
91.00	09100	20,014	114,203	288,969	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04950	0	15,382	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		1,376,460	1,637,155	2,443,276	0	3,191,769	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	2,664	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	0	0	0	193.01
200.00		0	0	0	0	0	200.00
201.00		0	0	0	-554,121	0	201.00
202.00		1,376,460	1,639,819	2,443,276	-554,121	3,191,769	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

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

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM		
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS			
			16.00	17.00			21.00
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00510 COMMUNICATIONS						5.01	
5.02 00511 DATA PROCESSING						5.02	
5.03 00512 PURCHASING, RECEIVING AND STORES						5.03	
5.04 00513 ADMITTING						5.04	
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE						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	3,014,057					16.00	
17.00 01700 SOCIAL SERVICE	0	2,576,456				17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,670,244			21.00	
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	169,438		22.00	
23.00 02300 PARAMED PRGM	0	0	0	0	438,399	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	1,178,204	1,691,584	989,199	100,350	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	198,463	649,288	327,334	33,206	0	31.00	
41.00 04100 SUBPROVIDER - I&R	189,782	235,584	0	0	0	41.00	
43.00 04300 NURSERY	72,141	0	0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	181,999	0	81,534	8,271	0	50.00	
51.00 05100 RECOVERY ROOM	14,967	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	10,178	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	30,233	0	5,995	608	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	203,551	0	16,786	1,703	0	54.00	
56.00 05600 RADIOISOTOPE	16,164	0	0	0	0	56.00	
57.00 05700 CT SCAN	184,394	0	0	0	0	57.00	
59.00 05900 CARDIAC CATHETERIZATION	103,871	0	0	0	0	59.00	
60.00 06000 LABORATORY	160,446	0	4,796	487	0	60.00	
64.00 06400 INTRAVENOUS THERAPY	2,395	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	10,776	0	4,796	487	0	65.00	
66.00 06600 PHYSICAL THERAPY	51,786	0	8,393	851	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	6,585	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	7,783	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	25,444	0	19,184	1,946	0	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	438,399	73.00	
74.00 07400 RENAL DIALYSIS	299	0	0	0	0	74.00	
76.00 03020 PAIN MANAGEMENT	40,710	0	0	0	0	76.00	
76.01 03022 OP CARDIO VASC DIAG	56,575	0	0	0	0	76.01	
76.02 03550 ANCILLARY PSYCH	13,171	0	0	0	0	76.02	
76.03 03950 SLEEP LAB	24,546	0	0	0	0	76.03	
76.04 03650 VASCULAR LAB	7,783	0	0	0	0	76.04	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	3,592	0	104,315	10,582	0	90.00	
91.00 09100 EMERGENCY	186,489	0	107,912	10,947	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	31,730	0	0	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,014,057	2,576,456	1,670,244	169,438	438,399	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
193.01 19301 WELLNESS/SENIOR VIP	0	0	0	0	0	193.01	
200.00	Cross Foot Adjustments	0	0	0	0	200.00	
201.00	Negative Cost Centers	0	0	0	0	201.00	
202.00	TOTAL (sum lines 118-201)	3,014,057	2,576,456	1,670,244	169,438	438,399	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00510				5.01
5.02	00511				5.02
5.03	00512				5.03
5.04	00513				5.04
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	29,314,238	-1,089,549	28,224,689	30.00
31.00	03100	8,916,997	-360,540	8,556,457	31.00
41.00	04100	3,512,038	0	3,512,038	41.00
43.00	04300	1,069,828	0	1,069,828	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	11,760,364	-89,805	11,670,559	50.00
51.00	05100	1,257,054	0	1,257,054	51.00
52.00	05200	2,051,169	0	2,051,169	52.00
53.00	05300	399,998	-6,603	393,395	53.00
54.00	05400	6,492,421	-18,489	6,473,932	54.00
56.00	05600	1,145,324	0	1,145,324	56.00
57.00	05700	1,750,190	0	1,750,190	57.00
59.00	05900	3,597,845	0	3,597,845	59.00
60.00	06000	7,913,213	-5,283	7,907,930	60.00
64.00	06400	204,963	0	204,963	64.00
65.00	06500	2,207,805	-5,283	2,202,522	65.00
66.00	06600	4,961,291	-9,244	4,952,047	66.00
67.00	06700	662,072	0	662,072	67.00
68.00	06800	538,583	0	538,583	68.00
69.00	06900	1,095,654	-21,130	1,074,524	69.00
71.00	07100	8,782,239	0	8,782,239	71.00
72.00	07200	9,814,746	0	9,814,746	72.00
73.00	07300	9,086,569	0	9,086,569	73.00
74.00	07400	451,615	0	451,615	74.00
76.00	03020	606,790	0	606,790	76.00
76.01	03022	1,044,513	0	1,044,513	76.01
76.02	03550	375,436	0	375,436	76.02
76.03	03950	857,649	0	857,649	76.03
76.04	03650	592,118	0	592,118	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	1,593,904	-114,897	1,479,007	90.00
91.00	09100	6,815,371	-118,859	6,696,512	91.00
92.00	09200		0		92.00
93.00	04950	961,312	0	961,312	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		129,833,309	-1,839,682	127,993,627	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	30,752	0	30,752	190.00
192.00	19200	6,184,474	0	6,184,474	192.00
193.00	19300	0	0	0	193.00
193.01	19301	5,375	0	5,375	193.01
200.00		0	0	0	200.00
201.00		-554,121	0	-554,121	201.00
202.00		135,499,789	-1,839,682	133,660,107	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140187

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

Worksheet B
Part II
Date/Time Prepared:
11/22/2013 8:43 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	3,458	3,458	4.00
5.01 00510	COMMUNICATIONS	0	2,033	0	2,033	5.01
5.02 00511	DATA PROCESSING	0	75,092	1,902,991	1,978,083	5.02
5.03 00512	PURCHASING, RECEIVING AND STORES	0	24,697	12,687	37,384	5.03
5.04 00513	ADMITTING	0	18,583	7,593	26,176	5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	15,449	15,449	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	810,735	73,683	884,418	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	81,835	12,230	94,065	6.00
7.00 00700	OPERATION OF PLANT	0	328,503	77,623	406,126	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	107,152	16,081	123,233	8.00
9.00 00900	HOUSEKEEPING	0	39,129	1,283	40,412	9.00
10.00 01000	DIETARY	0	145,032	11,120	156,152	10.00
11.00 01100	CAFETERIA	0	0	20,613	20,613	11.00
13.00 01300	NURSING ADMINISTRATION	0	29,640	42,096	71,736	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	32,410	80,419	112,829	14.00
15.00 01500	PHARMACY	0	34,962	18,883	53,845	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	35,901	19,269	55,170	16.00
17.00 01700	SOCIAL SERVICE	0	15,642	6,415	22,057	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	665,276	531,793	1,197,069	30.00
31.00 03100	INTENSIVE CARE UNIT	0	89,113	158,739	247,852	31.00
41.00 04100	SUBPROVIDER - IRF	0	112,638	9,590	122,228	41.00
43.00 04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	306,211	849,987	1,156,198	50.00
51.00 05100	RECOVERY ROOM	0	24,247	37,615	61,862	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	12,896	113,575	126,471	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	120,087	892,251	1,012,338	54.00
56.00 05600	RADIOLOGY-SOTOPE	0	23,828	63,290	87,118	56.00
57.00 05700	CT SCAN	0	25,411	85,336	110,747	57.00
59.00 05900	CARDIAC CATHETERIZATION	0	116,494	339,266	455,760	59.00
60.00 06000	LABORATORY	0	96,243	78,428	174,671	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	2,615	2,615	64.00
65.00 06500	RESPIRATORY THERAPY	0	31,471	90,759	122,230	65.00
66.00 06600	PHYSICAL THERAPY	0	185,845	35,389	221,234	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	7,806	4,151	11,957	67.00
68.00 06800	SPEECH PATHOLOGY	0	12,058	4,920	16,978	68.00
69.00 06900	ELECTROCARDIOLOGY	0	24,736	68,783	93,519	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	8,543	0	8,543	74.00
76.00 03020	PAIN MANAGEMENT	0	23,021	6,222	29,243	76.00
76.01 03022	OP CARDIO VASC DIAG	0	13,617	51,439	65,056	76.01
76.02 03550	ANCILLARY PSYCH	0	27,413	0	27,413	76.02
76.03 03950	SLEEP LAB	0	40,130	50,312	90,442	76.03
76.04 03650	VASCULAR LAB	0	8,597	52,639	61,236	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	207,640	168,209	375,849	90.00
91.00 09100	EMERGENCY	0	77,971	76,709	154,680	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	2,738	2,738	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	4,042,638	6,096,648	10,139,286	3,458
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,976	0	7,976	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	1,210,953	23,420	1,234,373	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
193.01 19301	WELLNESS/SENIOR VIP	0	0	0	0	193.01
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
202.00	TOTAL (sum lines 118-201)	0	1.00 5,261,567	2.00 6,120,068	2A 11,381,635	4.00 3,458	202.00

Provider CCN: 140187

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

Worksheet B
Part II
Date/Time Prepared:
11/22/2013 8:43 am

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140187

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

Worksheet B Part II Date/Time Prepared: 11/22/2013 8:43 am

Cost Center Description		COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510	2,035					5.01
5.02	00511	32	1,978,116				5.02
5.03	00512	13		37,409			5.03
5.04	00513	25		3,296	29,593		5.04
5.05	00514	0		355	0	15,854	5.05
5.06	00560	121	1,978,116	3,029	0	0	5.06
6.00	00600	21		5	0	0	6.00
7.00	00700	7		6,421	0	0	7.00
8.00	00800	5		68	0	0	8.00
9.00	00900	4		13	0	0	9.00
10.00	01000	26		138	0	0	10.00
11.00	01100	0		256	0	0	11.00
13.00	01300	15		667	0	0	13.00
14.00	01400	16		307	0	0	14.00
15.00	01500	22		726	0	0	15.00
16.00	01600	45		517	0	0	16.00
17.00	01700	29		262	0	0	17.00
21.00	02100	0		0	0	0	21.00
22.00	02200	0		0	0	0	22.00
23.00	02300	0		0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	198	0	4,524	2,565	1,391	30.00
31.00	03100	42	0	396	650	353	31.00
41.00	04100	28	0	442	311	169	41.00
43.00	04300	0	0	0	117	64	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	156	0	6,882	2,875	1,559	50.00
51.00	05100	11	0	272	273	148	51.00
52.00	05200	0	0	0	343	186	52.00
53.00	05300	11	0	185	655	355	53.00
54.00	05400	76	0	1,154	2,426	1,316	54.00
56.00	05600	7	0	72	324	176	56.00
57.00	05700	9	0	741	2,469	1,339	57.00
59.00	05900	39	0	514	1,483	805	59.00
60.00	06000	31	0	915	3,641	1,777	60.00
64.00	06400	0	0	0	24	13	64.00
65.00	06500	10	0	394	874	474	65.00
66.00	06600	40	0	1,073	807	438	66.00
67.00	06700	0	0	29	245	133	67.00
68.00	06800	0	0	168	137	74	68.00
69.00	06900	9	0	300	648	351	69.00
71.00	07100	0	0	0	968	525	71.00
72.00	07200	0	0	0	1,194	648	72.00
73.00	07300	0	0	0	2,027	1,099	73.00
74.00	07400	3	0	11	104	56	74.00
76.00	03020	0	0	513	366	199	76.00
76.01	03022	0	0	76	561	305	76.01
76.02	03550	0	0	3	133	72	76.02
76.03	03950	17	0	198	247	134	76.03
76.04	03650	5	0	45	168	91	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	250	0	785	37	20	90.00
91.00	09100	49	0	1,186	2,611	1,416	91.00
92.00	09200						92.00
93.00	04950	13	0	364	310	168	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		1,385	1,978,116	37,302	29,593	15,854	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	10	0	0	0	0	190.00
192.00	19200	640	0	39	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	68	0	0	193.01
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		2,035	1,978,116	37,409	29,593	15,854	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140187		Period: From 07/01/2012 To 06/30/2013		Worksheet B Part II Date/Time Prepared: 11/22/2013 8:43 am	
Cost Center Description			OTHER ADMINI STRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMINITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINI STRATIVE AND GENERAL	2,865,974					5.06
6.00	00600	MAINTENANCE & REPAIRS	54,949	149,067				6.00
7.00	00700	OPERATION OF PLANT	149,141	11,526	573,334			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	28,459	3,760	15,672	171,204		8.00
9.00	00900	HOUSEKEEPING	57,464	1,373	5,723	6,626	111,691	9.00
10.00	01000	DIETARY	20,561	5,089	21,212	1,616	969	10.00
11.00	01100	CAFETERIA	34,502	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	48,392	1,040	4,335	0	1,389	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,137	4,740	151	2,132	14.00
15.00	01500	PHARMACY	63,665	1,227	5,113	25	985	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	60,083	1,260	5,251	0	97	16.00
17.00	01700	SOCIAL SERVICE	52,358	549	2,288	0	97	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	35,142	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	3,565	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	9,077	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	404,925	23,342	97,300	79,151	42,491	30.00
31.00	03100	INTENSIVE CARE UNIT	140,136	3,127	13,033	11,635	7,050	31.00
41.00	04100	SUBPROVIDER - I&R	47,748	3,952	16,474	9,140	3,804	41.00
43.00	04300	NURSERY	18,223	0	0	1,430	1,878	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	201,909	10,744	44,785	15,726	16,926	50.00
51.00	05100	RECOVERY ROOM	22,513	851	3,546	1,272	1,252	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,101	0	0	0	4,478	52.00
53.00	05300	ANESTHESIOLOGY	6,917	452	1,886	49	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	119,747	4,213	17,563	4,427	5,629	54.00
56.00	05600	RADIOISOTOPE	21,721	836	3,485	509	937	56.00
57.00	05700	CT SCAN	30,804	892	3,716	2,180	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	64,494	4,087	17,038	4,573	1,712	59.00
60.00	06000	LABORATORY	154,627	3,377	14,076	15	1,938	60.00
64.00	06400	INTRAVENOUS THERAPY	4,204	0	0	18	0	64.00
65.00	06500	RESPIRATORY THERAPY	42,227	1,104	4,603	0	2,148	65.00
66.00	06600	PHYSICAL THERAPY	91,479	6,521	27,181	1,148	1,938	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,138	274	1,142	1,243	0	67.00
68.00	06800	SPEECH PATHOLOGY	10,013	423	1,763	0	969	68.00
69.00	06900	ELECTROCARDIOLOGY	19,443	868	3,618	288	1,712	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	184,780	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	206,504	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	114,804	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	8,892	300	1,249	138	242	74.00
76.00	03020	PAIN MANAGEMENT	10,200	808	3,367	1,324	0	76.00
76.01	03022	OP CARDIO VASC DIAG	19,863	478	1,992	928	0	76.01
76.02	03550	ANCILLARY PSYCH	6,042	962	4,009	0	0	76.02
76.03	03950	SLEEP LAB	14,110	1,408	5,869	1,452	1,324	76.03
76.04	03650	VASCULAR LAB	10,674	302	1,257	615	1,712	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	19,953	7,285	30,368	914	0	90.00
91.00	09100	EMERGENCY	115,563	2,736	11,404	20,895	7,882	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	18,496	0	0	3,716	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,798,608	106,303	395,058	171,204	111,691	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	232	280	1,167	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	67,021	42,484	177,109	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	113	0	0	0	0	193.01
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)	2,865,974	149,067	573,334	171,204	111,691	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140187

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
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	205,789					10.00
11.00	01100	0	55,419				11.00
13.00	01300	0	1,149	128,811			13.00
14.00	01400	0	841	0	122,175		14.00
15.00	01500	0	1,813	0	0	127,535	15.00
16.00	01600	0	2,267	0	0	0	16.00
17.00	01700	0	1,581	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	236	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	157,791	14,923	58,909	0	0	30.00
31.00	03100	17,282	4,019	15,864	0	0	31.00
41.00	04100	25,206	1,773	6,997	0	0	41.00
43.00	04300	0	665	2,625	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	5,245	20,702	0	0	50.00
51.00	05100	751	600	2,367	0	0	51.00
52.00	05200	0	1,548	6,112	0	0	52.00
53.00	05300	0	69	0	0	0	53.00
54.00	05400	0	3,190	0	0	0	54.00
56.00	05600	0	296	0	0	0	56.00
57.00	05700	0	617	0	0	0	57.00
59.00	05900	1,641	1,418	0	0	0	59.00
60.00	06000	0	3,714	0	0	0	60.00
64.00	06400	0	88	0	0	0	64.00
65.00	06500	0	1,734	0	0	0	65.00
66.00	06600	0	1,067	0	0	0	66.00
67.00	06700	0	1	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	567	0	0	0	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	127,535	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	400	0	0	0	76.00
76.01	03022	0	48	0	0	0	76.01
76.02	03550	126	218	0	0	0	76.02
76.03	03950	0	513	0	0	0	76.03
76.04	03650	0	191	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	158	0	0	0	90.00
91.00	09100	2,992	3,860	15,235	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04950	0	520	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		205,789	55,329	128,811	0	127,535	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	90	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	0	0	0	193.01
200.00		0	0	0	0	0	200.00
201.00		0	0	0	122,175	0	201.00
202.00		205,789	55,419	128,811	122,175	127,535	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140187

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

Worksheet B
Part II
Date/Time Prepared:
11/22/2013 8:43 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00510 COMMUNICATIONS						5.01
5.02 00511 DATA PROCESSING						5.02
5.03 00512 PURCHASING, RECEIVING AND STORES						5.03
5.04 00513 ADMITTING						5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE						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	124,761					16.00
17.00 01700 SOCIAL SERVICE	0	79,307				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	35,142			21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	3,565		22.00
23.00 02300 PARAMED PRGM	0	0	0	0	9,331	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	48,770	52,069				30.00
31.00 03100 INTENSIVE CARE UNIT	8,215	19,986				31.00
41.00 04100 SUBPROVIDER - I&R	7,856	7,252				41.00
43.00 04300 NURSERY	2,986	0				43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	7,533	0				50.00
51.00 05100 RECOVERY ROOM	620	0				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	421	0				52.00
53.00 05300 ANESTHESIOLOGY	1,251	0				53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	8,426	0				54.00
56.00 05600 RADIOISOTOPE	669	0				56.00
57.00 05700 CT SCAN	7,633	0				57.00
59.00 05900 CARDIAC CATHETERIZATION	4,300	0				59.00
60.00 06000 LABORATORY	6,641	0				60.00
64.00 06400 INTRAVENOUS THERAPY	99	0				64.00
65.00 06500 RESPIRATORY THERAPY	446	0				65.00
66.00 06600 PHYSICAL THERAPY	2,144	0				66.00
67.00 06700 OCCUPATIONAL THERAPY	273	0				67.00
68.00 06800 SPEECH PATHOLOGY	322	0				68.00
69.00 06900 ELECTROCARDIOLOGY	1,053	0				69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0				73.00
74.00 07400 RENAL DIALYSIS	12	0				74.00
76.00 03020 PAIN MANAGEMENT	1,685	0				76.00
76.01 03022 OP CARDIO VASC DIAG	2,342	0				76.01
76.02 03550 ANCILLARY PSYCH	545	0				76.02
76.03 03950 SLEEP LAB	1,016	0				76.03
76.04 03650 VASCULAR LAB	322	0				76.04
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	149	0				90.00
91.00 09100 EMERGENCY	7,719	0				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	1,313	0				93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0				95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	124,761	79,307	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
193.00 19300 NONPAID WORKERS	0	0				193.00
193.01 19301 WELLNESS/SENIOR VIP	0	0				193.01
200.00	Cross Foot Adjustments			35,142	3,565	9,331
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118-201)	124,761	79,307	35,142	3,565	9,331

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140187

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00510				5.01
5.02	00511				5.02
5.03	00512				5.03
5.04	00513				5.04
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	2,186,106	0	2,186,106	30.00
31.00	03100	489,878	0	489,878	31.00
41.00	04100	253,460	0	253,460	41.00
43.00	04300	28,023	0	28,023	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	1,491,498	0	1,491,498	50.00
51.00	05100	96,376	0	96,376	51.00
52.00	05200	50,260	0	50,260	52.00
53.00	05300	138,303	0	138,303	53.00
54.00	05400	1,180,661	0	1,180,661	54.00
56.00	05600	116,174	0	116,174	56.00
57.00	05700	161,180	0	161,180	57.00
59.00	05900	557,949	0	557,949	59.00
60.00	06000	365,570	0	365,570	60.00
64.00	06400	7,069	0	7,069	64.00
65.00	06500	176,324	0	176,324	65.00
66.00	06600	355,120	0	355,120	66.00
67.00	06700	28,435	0	28,435	67.00
68.00	06800	30,847	0	30,847	68.00
69.00	06900	122,403	0	122,403	69.00
71.00	07100	186,273	0	186,273	71.00
72.00	07200	208,346	0	208,346	72.00
73.00	07300	245,465	0	245,465	73.00
74.00	07400	19,550	0	19,550	74.00
76.00	03020	48,120	0	48,120	76.00
76.01	03022	91,652	0	91,652	76.01
76.02	03550	39,532	0	39,532	76.02
76.03	03950	116,751	0	116,751	76.03
76.04	03650	76,631	0	76,631	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	435,777	0	435,777	90.00
91.00	09100	348,416	0	348,416	91.00
92.00	09200		0		92.00
93.00	04950	27,671	0	27,671	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		9,679,820	0	9,679,820	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	9,665	0	9,665	190.00
192.00	19200	1,521,756	0	1,521,756	192.00
193.00	19300	0	0	0	193.00
193.01	19301	181	0	181	193.01
200.00		48,038	0	48,038	200.00
201.00		122,175	0	122,175	201.00
202.00		11,381,635	0	11,381,635	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:
11/22/2013 8:43 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (# OF TELEPHONES)	DATA PROCESSING (TIME SPENT)		
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	678,120					1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		5,389,899				2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	3,045	50,133,188			4.00	
5.01 00510 COMMUNICATIONS	262	0	28,735	2,004		5.01	
5.02 00511 DATA PROCESSING	9,678	1,675,951	9,768	32	1,000	5.02	
5.03 00512 PURCHASING, RECEIVING AND STORES	3,183	11,173	174,593	13	0	5.03	
5.04 00513 ADMINISTRATION	2,395	6,687	1,396,753	25	0	5.04	
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	0	13,606	730,024	0	0	5.05	
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	104,489	64,892	4,205,601	119	1,000	5.06	
6.00 00600 MAINTENANCE & REPAIRS	10,547	10,771	391,520	21	0	6.00	
7.00 00700 OPERATION OF PLANT	42,338	68,362	1,641,401	7	0	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	13,810	14,162	96,078	5	0	8.00	
9.00 00900 HOUSEKEEPING	5,043	1,130	1,105,544	4	0	9.00	
10.00 01000 DIETARY	18,692	9,793	374,799	26	0	10.00	
11.00 01100 CAFETERIA	0	18,154	694,834	0	0	11.00	
13.00 01300 NURSING ADMINISTRATION	3,820	37,074	1,279,702	15	0	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	4,177	70,824	314,940	16	0	14.00	
15.00 01500 PHARMACY	4,506	16,630	1,646,240	22	0	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	4,627	16,970	1,028,860	44	0	16.00	
17.00 01700 SOCIAL SERVICE	2,016	5,650	1,246,336	29	0	17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00	
23.00 02300 PARAMED ED PRGM	0	0	255,753	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	85,742	468,346	9,927,749	195	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	11,485	139,800	3,450,765	41	0	31.00	
41.00 04100 SUBPROVIDER - I&R	14,517	8,446	1,161,825	28	0	41.00	
43.00 04300 NURSERY	0	0	513,250	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	39,465	748,577	3,733,889	154	0	50.00	
51.00 05100 RECOVERY ROOM	3,125	33,127	553,460	11	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	1,032,814	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	1,662	100,025	33,697	11	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	15,477	785,799	2,265,603	75	0	54.00	
56.00 05600 RADIOISOTOPE	3,071	55,739	348,123	7	0	56.00	
57.00 05700 CT SCAN	3,275	75,155	482,481	9	0	57.00	
59.00 05900 CARDIAC CATHETERIZATION	15,014	298,789	1,233,392	38	0	59.00	
60.00 06000 LABORATORY	12,404	69,071	2,132,360	31	0	60.00	
64.00 06400 INTRAVENOUS THERAPY	0	2,303	108,985	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	4,056	79,931	1,166,437	10	0	65.00	
66.00 06600 PHYSICAL THERAPY	23,952	31,167	731,163	39	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	1,006	3,656	348	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	1,554	4,333	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	3,188	60,577	392,670	9	0	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00 07400 RENAL DIALYSIS	1,101	0	0	3	0	74.00	
76.00 03020 PAIN MANAGEMENT	2,967	5,480	213,960	0	0	76.00	
76.01 03022 OP CARDIO VASC DIAG	1,755	45,302	49,830	0	0	76.01	
76.02 03550 ANCILLARY PSYCH	3,533	0	136,557	0	0	76.02	
76.03 03950 SLEEP LAB	5,172	44,309	309,192	17	0	76.03	
76.04 03650 VASCULAR LAB	1,108	46,359	195,255	5	0	76.04	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	26,761	148,140	127,631	246	0	90.00	
91.00 09100 EMERGENCY	10,049	67,557	2,728,647	48	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	2,411	480,908	13	0	93.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	521,022	5,369,273	50,132,472	1,368	1,000	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,028	0	716	10	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	156,070	20,626	0	626	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
193.01 19301 WELLNESS/SENIOR VIP	0	0	0	0	0	193.01	
200.00	Cross Foot Adjustments					200.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:
11/22/2013 8:43 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (# OF TELEPHONES)	DATA PROCESSING (TIME SPENT)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,261,567	6,120,068	17,564,653	14,734	4,406,855	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.759050	1.135470	0.350360	7.352295	4,406.855000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			3,458	2,035	1,978,116	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000069	1.015469	1,978.116000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:
11/22/2013 8:43 am

Cost Center Description			PURCHASING, RECEIVING AND STORES (SUPPLIES)	ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	446,898					5.03
5.04	00513	ADMITTING	39,376	500,692,107				5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	4,244	0	500,692,107			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	36,189	0	0	-24,711,017	111,504,575	5.06
6.00	00600	MAINTENANCE & REPAIRS	61	0	0	0	2,137,841	6.00
7.00	00700	OPERATION OF PLANT	76,711	0	0	0	5,802,462	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	816	0	0	0	1,107,240	8.00
9.00	00900	HOUSEKEEPING	153	0	0	0	2,235,703	9.00
10.00	01000	DIETARY	1,649	0	0	0	799,957	10.00
11.00	01100	CAFETERIA	3,057	0	0	0	1,342,338	11.00
13.00	01300	NURSING ADMINISTRATION	7,963	0	0	0	1,882,740	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,669	0	0	715,803	0	14.00
15.00	01500	PHARMACY	8,676	0	0	0	2,476,951	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,178	0	0	0	2,337,593	16.00
17.00	01700	SOCIAL SERVICE	3,134	0	0	0	2,037,038	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,367,244	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	138,700	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	353,163	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	54,045	43,467,588	43,467,588	0	15,755,114	30.00
31.00	03100	INTENSIVE CARE UNIT	4,726	11,018,087	11,018,087	0	5,452,114	31.00
41.00	04100	SUBPROVIDER - I&R	5,282	5,272,220	5,272,220	0	1,857,696	41.00
43.00	04300	NURSERY	0	1,987,705	1,987,705	0	708,978	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	82,178	48,720,646	48,720,646	0	7,855,451	50.00
51.00	05100	RECOVERY ROOM	3,255	4,635,276	4,635,276	0	875,880	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,818,734	5,818,734	0	1,443,463	52.00
53.00	05300	ANESTHESIOLOGY	2,214	11,095,556	11,095,556	0	269,111	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,783	41,110,705	41,110,705	0	4,658,863	54.00
56.00	05600	RADIOISOTOPE	855	5,492,392	5,492,392	0	845,090	56.00
57.00	05700	CT SCAN	8,854	41,841,378	41,841,378	0	1,198,472	57.00
59.00	05900	CARDIAC CATHETERIZATION	6,144	25,141,969	25,141,969	0	2,509,198	59.00
60.00	06000	LABORATORY	10,934	60,863,494	60,863,494	0	6,015,923	60.00
64.00	06400	INTRAVENOUS THERAPY	0	400,659	400,659	0	163,552	64.00
65.00	06500	RESPIRATORY THERAPY	4,702	14,810,668	14,810,668	0	1,642,896	65.00
66.00	06600	PHYSICAL THERAPY	12,819	13,677,871	13,677,871	0	3,559,071	66.00
67.00	06700	OCCUPATIONAL THERAPY	351	4,153,160	4,153,160	0	511,135	67.00
68.00	06800	SPEECH PATHOLOGY	2,009	2,326,447	2,326,447	0	389,554	68.00
69.00	06900	ELECTROCARDIOLOGY	3,587	10,983,811	10,983,811	0	756,432	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,404,457	16,404,457	0	7,189,046	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	20,236,736	20,236,736	0	8,034,245	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	34,349,533	34,349,533	0	4,466,551	73.00
74.00	07400	RENAL DIALYSIS	135	1,758,001	1,758,001	0	345,937	74.00
76.00	03020	PAIN MANAGEMENT	6,130	6,211,123	6,211,123	0	396,831	76.00
76.01	03022	OP CARDIO VASC DIAG	902	9,516,863	9,516,863	0	772,793	76.01
76.02	03550	ANCILLARY PSYCH	35	2,258,996	2,258,996	0	235,062	76.02
76.03	03950	SLEEP LAB	2,368	4,178,273	4,178,273	0	548,964	76.03
76.04	03650	VASCULAR LAB	537	2,840,642	2,840,642	0	415,272	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,377	623,912	623,912	0	776,273	90.00
91.00	09100	EMERGENCY	14,173	44,248,700	44,248,700	0	4,496,088	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	4,344	5,246,505	5,246,505	0	719,612	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	445,615	500,692,107	500,692,107	-23,995,214	108,883,637	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	9,017	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	469	0	0	0	2,607,521	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	814	0	0	0	4,400	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:
11/22/2013 8:43 am

Cost Center Description		PURCHASING, RECEIVING AND STORES (SUPPLIES)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
202.00	Cost to be allocated (per Wkst. B, Part I)	391,910	2,087,275	1,850,978		24,711,017	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.876956	0.004169	0.003697		0.221614	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	37,409	29,593	15,854		2,865,974	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.083708	0.000059	0.000032		0.025703	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1
Date/Time Prepared:
11/22/2013 8:43 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
6.00	00600	547,566					6.00
7.00	00700	42,338	505,228				7.00
8.00	00800	13,810	13,810	1,124,165			8.00
9.00	00900	5,043	5,043	43,505	27,662		9.00
10.00	01000	18,692	18,692	10,612	240	132,393	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	3,820	3,820	0	344	0	13.00
14.00	01400	4,177	4,177	994	528	0	14.00
15.00	01500	4,506	4,506	162	244	0	15.00
16.00	01600	4,627	4,627	0	24	0	16.00
17.00	01700	2,016	2,016	0	24	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	85,742	85,742	519,725	10,524	101,514	30.00
31.00	03100	11,485	11,485	76,395	1,746	11,118	31.00
41.00	04100	14,517	14,517	60,017	942	16,216	41.00
43.00	04300	0	0	9,389	465	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	39,465	39,465	103,260	4,192	0	50.00
51.00	05100	3,125	3,125	8,355	310	483	51.00
52.00	05200	0	0	0	1,109	0	52.00
53.00	05300	1,662	1,662	320	0	0	53.00
54.00	05400	15,477	15,477	29,067	1,394	0	54.00
56.00	05600	3,071	3,071	3,345	232	0	56.00
57.00	05700	3,275	3,275	14,317	0	0	57.00
59.00	05900	15,014	15,014	30,025	424	1,056	59.00
60.00	06000	12,404	12,404	101	480	0	60.00
64.00	06400	0	0	121	0	0	64.00
65.00	06500	4,056	4,056	0	532	0	65.00
66.00	06600	23,952	23,952	7,536	480	0	66.00
67.00	06700	1,006	1,006	8,159	0	0	67.00
68.00	06800	1,554	1,554	0	240	0	68.00
69.00	06900	3,188	3,188	1,888	424	0	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
74.00	07400	1,101	1,101	908	60	0	74.00
76.00	03020	2,967	2,967	8,694	0	0	76.00
76.01	03022	1,755	1,755	6,093	0	0	76.01
76.02	03550	3,533	3,533	0	0	81	76.02
76.03	03950	5,172	5,172	9,537	328	0	76.03
76.04	03650	1,108	1,108	4,041	424	0	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	26,761	26,761	6,000	0	0	90.00
91.00	09100	10,049	10,049	137,200	1,952	1,925	91.00
92.00	09200						92.00
93.00	04950	0	0	24,399	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		390,468	348,130	1,124,165	27,662	132,393	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,028	1,028	0	0	0	190.00
192.00	19200	156,070	156,070	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	0	0	0	193.01
200.00							200.00
201.00							201.00
202.00		2,611,616	7,290,300	1,617,761	2,890,595	1,376,460	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:
11/22/2013 8:43 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	4.769500	14.429723	1.439078	104.496963	10.396773	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	149,067	573,334	171,204	111,691	205,789	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.272236	1.134803	0.152294	4.037705	1.554380	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1
Date/Time Prepared:
11/22/2013 8:43 am

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		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
5.04	00513						5.04
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	73,876					11.00
13.00	01300	1,532	904,836				13.00
14.00	01400	1,121	0	1,000			14.00
15.00	01500	2,417	0	0	1,000		15.00
16.00	01600	3,022	0	0	0	10,069	16.00
17.00	01700	2,107	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	314	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	19,894	413,798	0	0	3,936	30.00
31.00	03100	5,358	111,439	0	0	663	31.00
41.00	04100	2,363	49,151	0	0	634	41.00
43.00	04300	887	18,442	0	0	241	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,992	145,425	0	0	608	50.00
51.00	05100	800	16,630	0	0	50	51.00
52.00	05200	2,064	42,935	0	0	34	52.00
53.00	05300	92	0	0	0	101	53.00
54.00	05400	4,253	0	0	0	680	54.00
56.00	05600	395	0	0	0	54	56.00
57.00	05700	822	0	0	0	616	57.00
59.00	05900	1,890	0	0	0	347	59.00
60.00	06000	4,951	0	0	0	536	60.00
64.00	06400	117	0	0	0	8	64.00
65.00	06500	2,311	0	0	0	36	65.00
66.00	06600	1,423	0	0	0	173	66.00
67.00	06700	1	0	0	0	22	67.00
68.00	06800	0	0	0	0	26	68.00
69.00	06900	756	0	0	0	85	69.00
71.00	07100	0	0	470	0	0	71.00
72.00	07200	0	0	530	0	0	72.00
73.00	07300	0	0	0	1,000	0	73.00
74.00	07400	0	0	0	0	1	74.00
76.00	03020	533	0	0	0	136	76.00
76.01	03022	64	0	0	0	189	76.01
76.02	03550	290	0	0	0	44	76.02
76.03	03950	684	0	0	0	82	76.03
76.04	03650	254	0	0	0	26	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	211	0	0	0	12	90.00
91.00	09100	5,145	107,016	0	0	623	91.00
92.00	09200						92.00
93.00	04950	693	0	0	0	106	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00							
	SUBTOTALS (SUM OF LINES 1-117)	73,756	904,836	1,000	1,000	10,069	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	120	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	0	0	0	193.01
200.00							
	Cross Foot Adjustments						200.00
201.00							
	Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:
11/22/2013 8:43 am

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,639,819	2,443,276	-554,121	3,191,769	3,014,057	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	22.196911	2.700242	0.000000	3,191.769000	299.340252	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	55,419	128,811	122,175	127,535	124,761	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.750162	0.142358	122.175000	127.535000	12.390605	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:
11/22/2013 8:43 am

Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM (TIME SPENT)	
	SOCIAL SERVICE (TIME SPENT)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)			
		17.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00510	COMMUNICATIONS					5.01
5.02 00511	DATA PROCESSING					5.02
5.03 00512	PURCHASING, RECEIVING AND STORES					5.03
5.04 00513	ADMITTING					5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE					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	13,944				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,393			21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0		1,393		22.00
23.00 02300	PARAMED PRGM	0			1,000	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	9,155	825	825	0	30.00
31.00 03100	INTENSIVE CARE UNIT	3,514	273	273	0	31.00
41.00 04100	SUBPROVIDER - IRF	1,275	0	0	0	41.00
43.00 04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	68	68	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	5	5	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	14	14	0	54.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	4	4	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	4	4	0	65.00
66.00 06600	PHYSICAL THERAPY	0	7	7	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	16	16	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,000	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00 03020	PAIN MANAGEMENT	0	0	0	0	76.00
76.01 03022	OP CARDIO VASC DIAG	0	0	0	0	76.01
76.02 03550	ANCILLARY PSYCH	0	0	0	0	76.02
76.03 03950	SLEEP LAB	0	0	0	0	76.03
76.04 03650	VASCULAR LAB	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	87	87	0	90.00
91.00 09100	EMERGENCY	0	90	90	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	13,944	1,393	1,393	1,000	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
193.01 19301	WELLNESS/SENIOR VIP	0	0	0	0	193.01
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

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

Worksheet B-1

Date/Time Prepared:
11/22/2013 8:43 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT) 17.00	INTERNS & RESIDENTS		PARAMED PRGM (TIME SPENT) 23.00		
		SERVICES-SALARY & FRINGES (ASSIGNED TIME) 21.00	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME) 22.00			
		202.00	Cost to be allocated (per Wkst. B, Part I)			2,576,456
203.00	Unit cost multiplier (Wkst. B, Part I)	184.771658	1,199.026561	121.635319	438.399000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	79,307	35,142	3,565	9,331	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.687536	25.227566	2.559225	9.331000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140187

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

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Dissallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	28,224,689		28,224,689	0	28,224,689	30.00
31.00	03100 INTENSIVE CARE UNIT	8,556,457		8,556,457	0	8,556,457	31.00
41.00	04100 SUBPROVIDER - I RF	3,512,038		3,512,038	0	3,512,038	41.00
43.00	04300 NURSERY	1,069,828		1,069,828	0	1,069,828	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	11,670,559		11,670,559	0	11,670,559	50.00
51.00	05100 RECOVERY ROOM	1,257,054		1,257,054	0	1,257,054	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,051,169		2,051,169	0	2,051,169	52.00
53.00	05300 ANESTHESIOLOGY	393,395		393,395	0	393,395	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,473,932		6,473,932	0	6,473,932	54.00
56.00	05600 RADIO SOTOPE	1,145,324		1,145,324	0	1,145,324	56.00
57.00	05700 CT SCAN	1,750,190		1,750,190	0	1,750,190	57.00
59.00	05900 CARDIAC CATHETERIZATION	3,597,845		3,597,845	0	3,597,845	59.00
60.00	06000 LABORATORY	7,907,930		7,907,930	0	7,907,930	60.00
64.00	06400 INTRAVENOUS THERAPY	204,963		204,963	0	204,963	64.00
65.00	06500 RESPIRATORY THERAPY	2,202,522	0	2,202,522	8,100	2,210,622	65.00
66.00	06600 PHYSICAL THERAPY	4,952,047	0	4,952,047	0	4,952,047	66.00
67.00	06700 OCCUPATIONAL THERAPY	662,072	0	662,072	0	662,072	67.00
68.00	06800 SPEECH PATHOLOGY	538,583	0	538,583	0	538,583	68.00
69.00	06900 ELECTROCARDIOLOGY	1,074,524		1,074,524	0	1,074,524	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,782,239		8,782,239	0	8,782,239	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	9,814,746		9,814,746	0	9,814,746	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,086,569		9,086,569	0	9,086,569	73.00
74.00	07400 RENAL DIALYSIS	451,615		451,615	0	451,615	74.00
76.00	03020 PAIN MANAGEMENT	606,790		606,790	0	606,790	76.00
76.01	03022 OP CARDIO VASC DIAG	1,044,513		1,044,513	0	1,044,513	76.01
76.02	03550 ANCILLARY PSYCH	375,436		375,436	0	375,436	76.02
76.03	03950 SLEEP LAB	857,649		857,649	0	857,649	76.03
76.04	03650 VASCULAR LAB	592,118		592,118	0	592,118	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,479,007		1,479,007	0	1,479,007	90.00
91.00	09100 EMERGENCY	6,696,512		6,696,512	0	6,696,512	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,100,507		2,100,507	0	2,100,507	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	961,312		961,312	0	961,312	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
200.00	Subtotal (see instructions)	130,094,134	0	130,094,134	8,100	130,102,234	200.00
201.00	Less Observation Beds	2,100,507		2,100,507		2,100,507	201.00
202.00	Total (see instructions)	127,993,627	0	127,993,627	8,100	128,001,727	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140187

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

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
Title VIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	38,308,735		38,308,735		30.00
31.00	03100	INTENSIVE CARE UNIT	11,018,087		11,018,087		31.00
41.00	04100	SUBPROVIDER - IRF	5,272,220		5,272,220		41.00
43.00	04300	NURSERY	1,987,705		1,987,705		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,310,252	24,410,394	48,720,646	0.239540	50.00
51.00	05100	RECOVERY ROOM	2,178,380	2,456,896	4,635,276	0.271193	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,375,721	1,443,013	5,818,734	0.352511	52.00
53.00	05300	ANESTHESIOLOGY	6,098,561	4,996,995	11,095,556	0.035455	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,099,218	33,011,487	41,110,705	0.157476	54.00
56.00	05600	RADIOISOTOPE	2,815,193	2,677,199	5,492,392	0.208529	56.00
57.00	05700	CT SCAN	12,300,281	29,541,097	41,841,378	0.041829	57.00
59.00	05900	CARDIAC CATHETERIZATION	11,081,787	14,060,182	25,141,969	0.143101	59.00
60.00	06000	LABORATORY	34,005,529	26,857,965	60,863,494	0.129929	60.00
64.00	06400	INTRAVENOUS THERAPY	287,478	113,181	400,659	0.511565	64.00
65.00	06500	RESPIRATORY THERAPY	13,132,049	1,678,619	14,810,668	0.148712	65.00
66.00	06600	PHYSICAL THERAPY	5,140,240	8,537,631	13,677,871	0.362048	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,073,432	1,079,728	4,153,160	0.159414	67.00
68.00	06800	SPEECH PATHOLOGY	1,028,470	1,297,977	2,326,447	0.231505	68.00
69.00	06900	ELECTROCARDIOLOGY	7,041,984	3,941,827	10,983,811	0.097828	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,573,723	3,830,734	16,404,457	0.535357	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	12,577,035	7,659,701	20,236,736	0.484996	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,002,980	12,346,553	34,349,533	0.264533	73.00
74.00	07400	RENAL DIALYSIS	1,662,797	95,204	1,758,001	0.256891	74.00
76.00	03020	PAIN MANAGEMENT	47,617	6,163,506	6,211,123	0.097694	76.00
76.01	03022	OP CARDIO VASC DIAG	21,731	9,495,132	9,516,863	0.109754	76.01
76.02	03550	ANCILLARY PSYCH	58,079	2,200,917	2,258,996	0.166196	76.02
76.03	03950	SLEEP LAB	193,056	3,985,217	4,178,273	0.205264	76.03
76.04	03650	VASCULAR LAB	1,535,959	1,304,683	2,840,642	0.208445	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,118	618,794	623,912	2.370538	90.00
91.00	09100	EMERGENCY	12,875,429	31,373,271	44,248,700	0.151338	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	740,129	4,418,724	5,158,853	0.407166	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	28,047	5,218,458	5,246,505	0.183229	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
200.00		Subtotal (see instructions)	255,877,022	244,815,085	500,692,107		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	255,877,022	244,815,085	500,692,107		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/22/2013 8:43 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.239540		50.00
51.00	05100 RECOVERY ROOM	0.271193		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.352511		52.00
53.00	05300 ANESTHESIOLOGY	0.035455		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.157476		54.00
56.00	05600 RADIOISOTOPE	0.208529		56.00
57.00	05700 CT SCAN	0.041829		57.00
59.00	05900 CARDIAC CATHETERIZATION	0.143101		59.00
60.00	06000 LABORATORY	0.129929		60.00
64.00	06400 INTRAVENOUS THERAPY	0.511565		64.00
65.00	06500 RESPIRATORY THERAPY	0.149259		65.00
66.00	06600 PHYSICAL THERAPY	0.362048		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.159414		67.00
68.00	06800 SPEECH PATHOLOGY	0.231505		68.00
69.00	06900 ELECTROCARDIOLOGY	0.097828		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.535357		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.484996		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.264533		73.00
74.00	07400 RENAL DIALYSIS	0.256891		74.00
76.00	03020 PAIN MANAGEMENT	0.097694		76.00
76.01	03022 OP CARDIO VASC DIAG	0.109754		76.01
76.02	03550 ANCILLARY PSYCH	0.166196		76.02
76.03	03950 SLEEP LAB	0.205264		76.03
76.04	03650 VASCULAR LAB	0.208445		76.04
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	2.370538		90.00
91.00	09100 EMERGENCY	0.151338		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.407166		92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.183229		93.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
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: 140187

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

Worksheet C
Part I
Date/Time Prepared:
11/22/2013 8:43 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Dissallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	28,224,689		28,224,689	0	0 30.00
31.00	03100 INTENSIVE CARE UNIT	8,556,457		8,556,457	0	0 31.00
41.00	04100 SUBPROVIDER - I RF	3,512,038		3,512,038	0	0 41.00
43.00	04300 NURSERY	1,069,828		1,069,828	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	11,670,559		11,670,559	0	0 50.00
51.00	05100 RECOVERY ROOM	1,257,054		1,257,054	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,051,169		2,051,169	0	0 52.00
53.00	05300 ANESTHESIOLOGY	393,395		393,395	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,473,932		6,473,932	0	0 54.00
56.00	05600 RADIOISOTOPE	1,145,324		1,145,324	0	0 56.00
57.00	05700 CT SCAN	1,750,190		1,750,190	0	0 57.00
59.00	05900 CARDIAC CATHETERIZATION	3,597,845		3,597,845	0	0 59.00
60.00	06000 LABORATORY	7,907,930		7,907,930	0	0 60.00
64.00	06400 INTRAVENOUS THERAPY	204,963		204,963	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	2,202,522	0	2,202,522	0	0 65.00
66.00	06600 PHYSICAL THERAPY	4,952,047	0	4,952,047	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	662,072	0	662,072	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	538,583	0	538,583	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	1,074,524		1,074,524	0	0 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,782,239		8,782,239	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	9,814,746		9,814,746	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,086,569		9,086,569	0	0 73.00
74.00	07400 RENAL DIALYSIS	451,615		451,615	0	0 74.00
76.00	03020 PAIN MANAGEMENT	606,790		606,790	0	0 76.00
76.01	03022 OP CARDIO VASC DIAG	1,044,513		1,044,513	0	0 76.01
76.02	03550 ANCILLARY PSYCH	375,436		375,436	0	0 76.02
76.03	03950 SLEEP LAB	857,649		857,649	0	0 76.03
76.04	03650 VASCULAR LAB	592,118		592,118	0	0 76.04
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1,479,007		1,479,007	0	0 90.00
91.00	09100 EMERGENCY	6,696,512		6,696,512	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,100,507		2,100,507	0	0 92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	961,312		961,312	0	0 93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0		0	0	0 95.00
200.00	Subtotal (see instructions)	130,094,134	0	130,094,134	0	0 200.00
201.00	Less Observation Beds	2,100,507		2,100,507		0 201.00
202.00	Total (see instructions)	127,993,627	0	127,993,627	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140187		Period: From 07/01/2012 To 06/30/2013		Worksheet C Part I Date/Time Prepared: 11/22/2013 8:43 am	
			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	38,308,735		38,308,735			30.00
31.00	03100	INTENSIVE CARE UNIT	11,018,087		11,018,087			31.00
41.00	04100	SUBPROVIDER - IRF	5,272,220		5,272,220			41.00
43.00	04300	NURSERY	1,987,705		1,987,705			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,310,252	24,410,394	48,720,646	0.239540	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,178,380	2,456,896	4,635,276	0.271193	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,375,721	1,443,013	5,818,734	0.352511	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	6,098,561	4,996,995	11,095,556	0.035455	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,099,218	33,011,487	41,110,705	0.157476	0.000000	54.00
56.00	05600	RADIOISOTOPE	2,815,193	2,677,199	5,492,392	0.208529	0.000000	56.00
57.00	05700	CT SCAN	12,300,281	29,541,097	41,841,378	0.041829	0.000000	57.00
59.00	05900	CARDIAC CATHETERIZATION	11,081,787	14,060,182	25,141,969	0.143101	0.000000	59.00
60.00	06000	LABORATORY	34,005,529	26,857,965	60,863,494	0.129929	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	287,478	113,181	400,659	0.511565	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	13,132,049	1,678,619	14,810,668	0.148712	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,140,240	8,537,631	13,677,871	0.362048	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,073,432	1,079,728	4,153,160	0.159414	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,028,470	1,297,977	2,326,447	0.231505	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	7,041,984	3,941,827	10,983,811	0.097828	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,573,723	3,830,734	16,404,457	0.535357	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	12,577,035	7,659,701	20,236,736	0.484996	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,002,980	12,346,553	34,349,533	0.264533	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,662,797	95,204	1,758,001	0.256891	0.000000	74.00
76.00	03020	PAIN MANAGEMENT	47,617	6,163,506	6,211,123	0.097694	0.000000	76.00
76.01	03022	OP CARDIO VASC DIAG	21,731	9,495,132	9,516,863	0.109754	0.000000	76.01
76.02	03550	ANCILLARY PSYCH	58,079	2,200,917	2,258,996	0.166196	0.000000	76.02
76.03	03950	SLEEP LAB	193,056	3,985,217	4,178,273	0.205264	0.000000	76.03
76.04	03650	VASCULAR LAB	1,535,959	1,304,683	2,840,642	0.208445	0.000000	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,118	618,794	623,912	2.370538	0.000000	90.00
91.00	09100	EMERGENCY	12,875,429	31,373,271	44,248,700	0.151338	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	740,129	4,418,724	5,158,853	0.407166	0.000000	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	28,047	5,218,458	5,246,505	0.183229	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
200.00		Subtotal (see instructions)	255,877,022	244,815,085	500,692,107			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	255,877,022	244,815,085	500,692,107			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/22/2013 8:43 am
		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
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
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
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03020 PAIN MANAGEMENT	0.000000		76.00
76.01	03022 OP CARDIO VASC DIAG	0.000000		76.01
76.02	03550 ANCILLARY PSYCH	0.000000		76.02
76.03	03950 SLEEP LAB	0.000000		76.03
76.04	03650 VASCULAR LAB	0.000000		76.04
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 140187

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

Worksheet C Part II Date/Time Prepared: 11/22/2013 8:43 am

Cost Center Description		Title XIX Hospital Cost				
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	11,670,559	1,491,498	10,179,061	0	0
51.00	05100 RECOVERY ROOM	1,257,054	96,376	1,160,678	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,051,169	50,260	2,000,909	0	0
53.00	05300 ANESTHESIOLOGY	393,395	138,303	255,092	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,473,932	1,180,661	5,293,271	0	0
56.00	05600 RADIOISOTOPE	1,145,324	116,174	1,029,150	0	0
57.00	05700 CT SCAN	1,750,190	161,180	1,589,010	0	0
59.00	05900 CARDIAC CATHETERIZATION	3,597,845	557,949	3,039,896	0	0
60.00	06000 LABORATORY	7,907,930	365,570	7,542,360	0	0
64.00	06400 INTRAVENOUS THERAPY	204,963	7,069	197,894	0	0
65.00	06500 RESPIRATORY THERAPY	2,202,522	176,324	2,026,198	0	0
66.00	06600 PHYSICAL THERAPY	4,952,047	355,120	4,596,927	0	0
67.00	06700 OCCUPATIONAL THERAPY	662,072	28,435	633,637	0	0
68.00	06800 SPEECH PATHOLOGY	538,583	30,847	507,736	0	0
69.00	06900 ELECTROCARDIOLOGY	1,074,524	122,403	952,121	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,782,239	186,273	8,595,966	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	9,814,746	208,346	9,606,400	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	9,086,569	245,465	8,841,104	0	0
74.00	07400 RENAL DIALYSIS	451,615	19,550	432,065	0	0
76.00	03020 PAIN MANAGEMENT	606,790	48,120	558,670	0	0
76.01	03022 OP CARDIO VASC DIAG	1,044,513	91,652	952,861	0	0
76.02	03550 ANCILLARY PSYCH	375,436	39,532	335,904	0	0
76.03	03950 SLEEP LAB	857,649	116,751	740,898	0	0
76.04	03650 VASCULAR LAB	592,118	76,631	515,487	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1,479,007	435,777	1,043,230	0	0
91.00	09100 EMERGENCY	6,696,512	348,416	6,348,096	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,100,507	162,693	1,937,814	0	0
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	961,312	27,671	933,641	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0
200.00	Subtotal (sum of lines 50 thru 199)	88,731,122	6,885,046	81,846,076	0	0
201.00	Less Observation Beds	2,100,507	162,693	1,937,814	0	0
202.00	Total (line 200 minus line 201)	86,630,615	6,722,353	79,908,262	0	0

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

Provider CCN: 140187

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

Worksheet C Part II Date/Time Prepared: 11/22/2013 8:43 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital Cost
		6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	11,670,559	48,720,646	0.239540	50.00
51.00	05100 RECOVERY ROOM	1,257,054	4,635,276	0.271193	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,051,169	5,818,734	0.352511	52.00
53.00	05300 ANESTHESIOLOGY	393,395	11,095,556	0.035455	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,473,932	41,110,705	0.157476	54.00
56.00	05600 RADIOISOTOPE	1,145,324	5,492,392	0.208529	56.00
57.00	05700 CT SCAN	1,750,190	41,841,378	0.041829	57.00
59.00	05900 CARDIAC CATHETERIZATION	3,597,845	25,141,969	0.143101	59.00
60.00	06000 LABORATORY	7,907,930	60,863,494	0.129929	60.00
64.00	06400 INTRAVENOUS THERAPY	204,963	400,659	0.511565	64.00
65.00	06500 RESPIRATORY THERAPY	2,202,522	14,810,668	0.148712	65.00
66.00	06600 PHYSICAL THERAPY	4,952,047	13,677,871	0.362048	66.00
67.00	06700 OCCUPATIONAL THERAPY	662,072	4,153,160	0.159414	67.00
68.00	06800 SPEECH PATHOLOGY	538,583	2,326,447	0.231505	68.00
69.00	06900 ELECTROCARDIOLOGY	1,074,524	10,983,811	0.097828	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,782,239	16,404,457	0.535357	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	9,814,746	20,236,736	0.484996	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,086,569	34,349,533	0.264533	73.00
74.00	07400 RENAL DIALYSIS	451,615	1,758,001	0.256891	74.00
76.00	03020 PAIN MANAGEMENT	606,790	6,211,123	0.097694	76.00
76.01	03022 OP CARDIO VASC DIAG	1,044,513	9,516,863	0.109754	76.01
76.02	03550 ANCILLARY PSYCH	375,436	2,258,996	0.166196	76.02
76.03	03950 SLEEP LAB	857,649	4,178,273	0.205264	76.03
76.04	03650 VASCULAR LAB	592,118	2,840,642	0.208445	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1,479,007	623,912	2.370538	90.00
91.00	09100 EMERGENCY	6,696,512	44,248,700	0.151338	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,100,507	5,158,853	0.407166	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	961,312	5,246,505	0.183229	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	95.00
200.00	Subtotal (sum of lines 50 thru 199)	88,731,122	444,105,360		200.00
201.00	Less Observation Beds	2,100,507	0		201.00
202.00	Total (line 200 minus line 201)	86,630,615	444,105,360		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140187		Period: From 07/01/2012 To 06/30/2013		Worksheet D Part I Date/Time Prepared: 11/22/2013 8:43 am		
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	2,186,106	0	2,186,106	33,996	64.30	30.00	
31.00	INTENSIVE CARE UNIT	489,878		489,878	5,451	89.87	31.00	
41.00	SUBPROVIDER - IRF	253,460	0	253,460	5,212	48.63	41.00	
43.00	NURSERY	28,023		28,023	1,980	14.15	43.00	
200.00	Total (lines 30-199)	2,957,467		2,957,467	46,639		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	13,161	846,252					30.00
31.00	INTENSIVE CARE UNIT	2,428	218,204					31.00
41.00	SUBPROVIDER - IRF	3,215	156,345					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30-199)	18,804	1,220,801					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part II Date/Time Prepared: 11/22/2013 8:43 am
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Cost Center Description		Title XVII			Hospital		PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,491,498	48,720,646	0.030613	9,914,375	303,509	50.00
51.00	05100 RECOVERY ROOM	96,376	4,635,276	0.020792	840,645	17,479	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	50,260	5,818,734	0.008638	17,932	155	52.00
53.00	05300 ANESTHESIOLOGY	138,303	11,095,556	0.012465	2,382,980	29,704	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,180,661	41,110,705	0.028719	4,160,415	119,483	54.00
56.00	05600 RADIOISOTOPE	116,174	5,492,392	0.021152	1,379,361	29,176	56.00
57.00	05700 CT SCAN	161,180	41,841,378	0.003852	5,598,546	21,566	57.00
59.00	05900 CARDIAC CATHETERIZATION	557,949	25,141,969	0.022192	5,195,048	115,289	59.00
60.00	06000 LABORATORY	365,570	60,863,494	0.006006	15,486,216	93,010	60.00
64.00	06400 INTRAVENOUS THERAPY	7,069	400,659	0.017643	168,697	2,976	64.00
65.00	06500 RESPIRATORY THERAPY	176,324	14,810,668	0.011905	6,680,887	79,536	65.00
66.00	06600 PHYSICAL THERAPY	355,120	13,677,871	0.025963	1,509,135	39,182	66.00
67.00	06700 OCCUPATIONAL THERAPY	28,435	4,153,160	0.006847	145,528	996	67.00
68.00	06800 SPEECH PATHOLOGY	30,847	2,326,447	0.013259	99,368	1,318	68.00
69.00	06900 ELECTROCARDIOLOGY	122,403	10,983,811	0.011144	2,691,154	29,990	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	186,273	16,404,457	0.011355	5,844,590	66,365	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	208,346	20,236,736	0.010295	5,273,474	54,290	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	245,465	34,349,533	0.007146	9,461,431	67,611	73.00
74.00	07400 RENAL DIALYSIS	19,550	1,758,001	0.011121	1,086,191	12,080	74.00
76.00	03020 PAIN MANAGEMENT	48,120	6,211,123	0.007747	16,108	125	76.00
76.01	03022 OP CARDIO VASC DIAG	91,652	9,516,863	0.009630	0	0	76.01
76.02	03550 ANCILLARY PSYCH	39,532	2,258,996	0.017500	24,108	422	76.02
76.03	03950 SLEEP LAB	116,751	4,178,273	0.027942	93,833	2,622	76.03
76.04	03650 VASCULAR LAB	76,631	2,840,642	0.026977	813,525	21,946	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	435,777	623,912	0.698459	5,118	3,575	90.00
91.00	09100 EMERGENCY	348,416	44,248,700	0.007874	5,084,454	40,035	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	162,693	5,158,853	0.031537	393,236	12,401	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	27,671	5,246,505	0.005274	903	5	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	6,885,046	444,105,360		84,367,258	1,164,846	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140187		Period: From 07/01/2012 To 06/30/2013		Worksheet D Part III Date/Time Prepared: 11/22/2013 8:43 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	PPS	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			6.00	7.00	8.00	9.00		
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
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	33,996	0.00	13,161	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,451	0.00	2,428	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	5,212	0.00	3,215	0	0	41.00
43.00	04300	NURSERY	1,980	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	46,639		18,804	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140187

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2013 8:43 am

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	438,399	0	438,399	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03020	PAIN MANAGEMENT	0	0	0	0	0	0	76.00
76.01	03022	OP CARDIO VASC DIAG	0	0	0	0	0	0	76.01
76.02	03550	ANCILLARY PSYCH	0	0	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	0	0	0	0	0	76.03
76.04	03650	VASCULAR LAB	0	0	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	438,399	0	438,399	0	95.00
200.00		Total (lines 50-199)	0	0	438,399	0	438,399	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/22/2013 8:43 am
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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	48,720,646	0.000000	0.000000	9,914,375	50.00
51.00	05100	RECOVERY ROOM	0	4,635,276	0.000000	0.000000	840,645	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,818,734	0.000000	0.000000	17,932	52.00
53.00	05300	ANESTHESIOLOGY	0	11,095,556	0.000000	0.000000	2,382,980	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	41,110,705	0.000000	0.000000	4,160,415	54.00
56.00	05600	RADIOISOTOPE	0	5,492,392	0.000000	0.000000	1,379,361	56.00
57.00	05700	CT SCAN	0	41,841,378	0.000000	0.000000	5,598,546	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,141,969	0.000000	0.000000	5,195,048	59.00
60.00	06000	LABORATORY	0	60,863,494	0.000000	0.000000	15,486,216	60.00
64.00	06400	INTRAVENOUS THERAPY	0	400,659	0.000000	0.000000	168,697	64.00
65.00	06500	RESPIRATORY THERAPY	0	14,810,668	0.000000	0.000000	6,680,887	65.00
66.00	06600	PHYSICAL THERAPY	0	13,677,871	0.000000	0.000000	1,509,135	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,153,160	0.000000	0.000000	145,528	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,326,447	0.000000	0.000000	99,368	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,983,811	0.000000	0.000000	2,691,154	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,404,457	0.000000	0.000000	5,844,590	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	20,236,736	0.000000	0.000000	5,273,474	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	438,399	34,349,533	0.012763	0.012763	9,461,431	73.00
74.00	07400	RENAL DIALYSIS	0	1,758,001	0.000000	0.000000	1,086,191	74.00
76.00	03020	PAIN MANAGEMENT	0	6,211,123	0.000000	0.000000	16,108	76.00
76.01	03022	OP CARDIO VASC DIAG	0	9,516,863	0.000000	0.000000	0	76.01
76.02	03550	ANCILLARY PSYCH	0	2,258,996	0.000000	0.000000	24,108	76.02
76.03	03950	SLEEP LAB	0	4,178,273	0.000000	0.000000	93,833	76.03
76.04	03650	VASCULAR LAB	0	2,840,642	0.000000	0.000000	813,525	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	623,912	0.000000	0.000000	5,118	90.00
91.00	09100	EMERGENCY	0	44,248,700	0.000000	0.000000	5,084,454	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,158,853	0.000000	0.000000	393,236	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	5,246,505	0.000000	0.000000	903	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	438,399	444,105,360			84,367,258	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/22/2013 8:43 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	5,825,602	0	50.00
51.00	05100 RECOVERY ROOM	0	587,207	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,189	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,152,911	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	6,739,466	0	54.00
56.00	05600 RADIOISOTOPE	0	1,019,218	0	56.00
57.00	05700 CT SCAN	0	6,856,096	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	4,026,877	0	59.00
60.00	06000 LABORATORY	0	436,075	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	35,208	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	231,812	0	65.00
66.00	06600 PHYSICAL THERAPY	0	395,619	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	24,017	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,511,753	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,059,142	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	2,375,449	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	120,756	3,095,338	39,506	73.00
74.00	07400 RENAL DIALYSIS	0	25,826	0	74.00
76.00	03020 PAIN MANAGEMENT	0	1,986,612	0	76.00
76.01	03022 OP CARDIO VASC DIAG	0	2,246,200	0	76.01
76.02	03550 ANCILLARY PSYCH	0	298,119	0	76.02
76.03	03950 SLEEP LAB	0	722,307	0	76.03
76.04	03650 VASCULAR LAB	0	317,584	0	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	174,692	0	90.00
91.00	09100 EMERGENCY	0	4,344,361	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,035,162	0	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0	402,463	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	120,756	46,928,305	39,506	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/22/2013 8:43 am
		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	0.239540	5,825,602	0	1,395,465	50.00
51.00	05100 RECOVERY ROOM	0.271193	587,207	0	159,246	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.352511	3,189	0	1,124	52.00
53.00	05300 ANESTHESIOLOGY	0.035455	1,152,911	0	40,876	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.157476	6,739,466	0	1,061,304	54.00
56.00	05600 RADIOISOTOPE	0.208529	1,019,218	0	212,537	56.00
57.00	05700 CT SCAN	0.041829	6,856,096	0	286,784	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.143101	4,026,877	0	576,250	59.00
60.00	06000 LABORATORY	0.129929	436,075	1,420	56,659	60.00
64.00	06400 INTRAVENOUS THERAPY	0.511565	35,208	0	18,011	64.00
65.00	06500 RESPIRATORY THERAPY	0.148712	231,812	0	34,473	65.00
66.00	06600 PHYSICAL THERAPY	0.362048	395,619	120	143,233	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.159414	24,017	0	3,829	67.00
68.00	06800 SPEECH PATHOLOGY	0.231505	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.097828	1,511,753	0	147,892	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.535357	1,059,142	174	567,019	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.484996	2,375,449	0	1,152,083	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.264533	3,095,338	83,445	818,819	73.00
74.00	07400 RENAL DIALYSIS	0.256891	25,826	0	6,634	74.00
76.00	03020 PAIN MANAGEMENT	0.097694	1,986,612	0	194,080	76.00
76.01	03022 OP CARDIO VASC DIAG	0.109754	2,246,200	0	246,529	76.01
76.02	03550 ANCILLARY PSYCH	0.166196	298,119	0	49,546	76.02
76.03	03950 SLEEP LAB	0.205264	722,307	0	148,264	76.03
76.04	03650 VASCULAR LAB	0.208445	317,584	0	66,199	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	2.370538	174,692	0	414,114	90.00
91.00	09100 EMERGENCY	0.151338	4,344,361	0	657,467	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.407166	1,035,162	0	421,483	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.183229	402,463	0	73,743	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.000000		0		95.00
200.00	Subtotal (see instructions)		46,928,305	85,159	8,953,663	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		46,928,305	85,159	8,953,663	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/22/2013 8:43 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	184	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	43	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	93	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	22,074	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 PAIN MANAGEMENT	0	0	76.00
76.01	03022 OP CARDIO VASC DIAG	0	0	76.01
76.02	03550 ANCILLARY PSYCH	0	0	76.02
76.03	03950 SLEEP LAB	0	0	76.03
76.04	03650 VASCULAR LAB	0	0	76.04
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	22,394	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	22,394	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140187 Component CCN: 14T187		Period: From 07/01/2012 To 06/30/2013		Worksheet D Part II Date/Time Prepared: 11/22/2013 8:43 am		
				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	1,491,498	48,720,646	0.030613	28,245	865	50.00
51.00	05100	RECOVERY ROOM	96,376	4,635,276	0.020792	3,581	74	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	50,260	5,818,734	0.008638	0	0	52.00
53.00	05300	ANESTHESIOLOGY	138,303	11,095,556	0.012465	2,117	26	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,180,661	41,110,705	0.028719	90,788	2,607	54.00
56.00	05600	RADIOISOTOPE	116,174	5,492,392	0.021152	14,455	306	56.00
57.00	05700	CT SCAN	161,180	41,841,378	0.003852	103,108	397	57.00
59.00	05900	CARDIAC CATHETERIZATION	557,949	25,141,969	0.022192	15,853	352	59.00
60.00	06000	LABORATORY	365,570	60,863,494	0.006006	820,192	4,926	60.00
64.00	06400	INTRAVENOUS THERAPY	7,069	400,659	0.017643	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	176,324	14,810,668	0.011905	322,543	3,840	65.00
66.00	06600	PHYSICAL THERAPY	355,120	13,677,871	0.025963	1,727,435	44,849	66.00
67.00	06700	OCCUPATIONAL THERAPY	28,435	4,153,160	0.006847	1,436,849	9,838	67.00
68.00	06800	SPEECH PATHOLOGY	30,847	2,326,447	0.013259	438,389	5,813	68.00
69.00	06900	ELECTROCARDIOLOGY	122,403	10,983,811	0.011144	31,201	348	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	186,273	16,404,457	0.011355	559,172	6,349	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	208,346	20,236,736	0.010295	890	9	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	245,465	34,349,533	0.007146	772,973	5,524	73.00
74.00	07400	RENAL DIALYSIS	19,550	1,758,001	0.011121	116,216	1,292	74.00
76.00	03020	PAIN MANAGEMENT	48,120	6,211,123	0.007747	0	0	76.00
76.01	03022	OP CARDIO VASC DIAG	91,652	9,516,863	0.009630	0	0	76.01
76.02	03550	ANCILLARY PSYCH	39,532	2,258,996	0.017500	1,001	18	76.02
76.03	03950	SLEEP LAB	116,751	4,178,273	0.027942	6,201	173	76.03
76.04	03650	VASCULAR LAB	76,631	2,840,642	0.026977	40,535	1,094	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	435,777	623,912	0.698459	0	0	90.00
91.00	09100	EMERGENCY	348,416	44,248,700	0.007874	10,005	79	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,158,853	0.000000	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	27,671	5,246,505	0.005274	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	6,722,353	444,105,360		6,541,749	88,779	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/22/2013 8:43 am
	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
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
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
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	438,399	0	438,399	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 PAIN MANAGEMENT	0	0	0	0	0	76.00
76.01	03022 OP CARDIO VASC DIAG	0	0	0	0	0	76.01
76.02	03550 ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950 SLEEP LAB	0	0	0	0	0	76.03
76.04	03650 VASCULAR LAB	0	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	438,399	0	438,399	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/22/2013 8:43 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	48,720,646	0.000000	0.000000	28,245 50.00
51.00 05100 RECOVERY ROOM	0	4,635,276	0.000000	0.000000	3,581 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	5,818,734	0.000000	0.000000	0 52.00
53.00 05300 ANESTHESIOLOGY	0	11,095,556	0.000000	0.000000	2,117 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	41,110,705	0.000000	0.000000	90,788 54.00
56.00 05600 RADIOISOTOPE	0	5,492,392	0.000000	0.000000	14,455 56.00
57.00 05700 CT SCAN	0	41,841,378	0.000000	0.000000	103,108 57.00
59.00 05900 CARDIAC CATHETERIZATION	0	25,141,969	0.000000	0.000000	15,853 59.00
60.00 06000 LABORATORY	0	60,863,494	0.000000	0.000000	820,192 60.00
64.00 06400 INTRAVENOUS THERAPY	0	400,659	0.000000	0.000000	0 64.00
65.00 06500 RESPIRATORY THERAPY	0	14,810,668	0.000000	0.000000	322,543 65.00
66.00 06600 PHYSICAL THERAPY	0	13,677,871	0.000000	0.000000	1,727,435 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	4,153,160	0.000000	0.000000	1,436,849 67.00
68.00 06800 SPEECH PATHOLOGY	0	2,326,447	0.000000	0.000000	438,389 68.00
69.00 06900 ELECTROCARDIOLOGY	0	10,983,811	0.000000	0.000000	31,201 69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,404,457	0.000000	0.000000	559,172 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	20,236,736	0.000000	0.000000	890 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	438,399	34,349,533	0.012763	0.012763	772,973 73.00
74.00 07400 RENAL DIALYSIS	0	1,758,001	0.000000	0.000000	116,216 74.00
76.00 03020 PAIN MANAGEMENT	0	6,211,123	0.000000	0.000000	0 76.00
76.01 03022 OP CARDIO VASC DIAG	0	9,516,863	0.000000	0.000000	0 76.01
76.02 03550 ANCILLARY PSYCH	0	2,258,996	0.000000	0.000000	1,001 76.02
76.03 03950 SLEEP LAB	0	4,178,273	0.000000	0.000000	6,201 76.03
76.04 03650 VASCULAR LAB	0	2,840,642	0.000000	0.000000	40,535 76.04
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	623,912	0.000000	0.000000	0 90.00
91.00 09100 EMERGENCY	0	44,248,700	0.000000	0.000000	10,005 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,158,853	0.000000	0.000000	0 92.00
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	5,246,505	0.000000	0.000000	0 93.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES					
200.00 Total (lines 50-199)	438,399	444,105,360			6,541,749 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/22/2013 8:43 am
	Component CCN: 14T187	Title XVIII	Subprovider - IRF PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	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	1,147	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,720	0	59.00
60.00	06000 LABORATORY	0	632	0	60.00
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
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	335	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,865	602	8	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 PAIN MANAGEMENT	0	0	0	76.00
76.01	03022 OP CARDIO VASC DIAG	0	0	0	76.01
76.02	03550 ANCILLARY PSYCH	0	0	0	76.02
76.03	03950 SLEEP LAB	0	0	0	76.03
76.04	03650 VASCULAR LAB	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	9,865	4,436	8	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/22/2013 8:43 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.239540	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.271193	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.352511	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.035455	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.157476	1,147	0	0	181	54.00
56.00 05600 RADIOISOTOPE	0.208529	0	0	0	0	56.00
57.00 05700 CT SCAN	0.041829	0	0	0	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	0.143101	1,720	0	0	246	59.00
60.00 06000 LABORATORY	0.129929	632	0	0	82	60.00
64.00 06400 INTRAVENOUS THERAPY	0.511565	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.148712	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.362048	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.159414	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.231505	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.097828	335	0	0	33	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.535357	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.484996	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.264533	602	0	0	159	73.00
74.00 07400 RENAL DIALYSIS	0.256891	0	0	0	0	74.00
76.00 03020 PAIN MANAGEMENT	0.097694	0	0	0	0	76.00
76.01 03022 OP CARDIO VASC DIAG	0.109754	0	0	0	0	76.01
76.02 03550 ANCILLARY PSYCH	0.166196	0	0	0	0	76.02
76.03 03950 SLEEP LAB	0.205264	0	0	0	0	76.03
76.04 03650 VASCULAR LAB	0.208445	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	2.370538	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.151338	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.407166	0	0	0	0	92.00
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0.183229	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000		0	0		95.00
200.00	Subtotal (see instructions)		4,436	0	701	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (Line 200 +/- Line 201)		4,436	0	701	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/22/2013 8:43 am
	Title XVII I	Subprovider - IRF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
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
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 PAIN MANAGEMENT	0	0		76.00
76.01 03022 OP CARDIO VASC DIAG	0	0		76.01
76.02 03550 ANCILLARY PSYCH	0	0		76.02
76.03 03950 SLEEP LAB	0	0		76.03
76.04 03650 VASCULAR LAB	0	0		76.04
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0		93.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00	Subtotal (see instructions)	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (Line 200 +/- Line 201)	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/22/2013 8:43 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.239540	0	2,657,592	0	0	50.00
51.00	05100 RECOVERY ROOM	0.271193	0	298,571	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.352511	0	611,651	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.035455	0	703,814	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.157476	0	5,309,096	0	0	54.00
56.00	05600 RADIOISOTOPE	0.208529	0	360,002	0	0	56.00
57.00	05700 CT SCAN	0.041829	0	5,155,084	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.143101	0	710,212	0	0	59.00
60.00	06000 LABORATORY	0.129929	0	4,700,654	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.511565	0	80,012	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.148712	0	273,209	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.362048	0	647,050	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.159414	0	249,278	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.231505	0	672,553	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.097828	0	653,215	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.535357	0	1,083,786	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.484996	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.264533	0	1,117,722	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.256891	0	69,378	0	0	74.00
76.00	03020 PAIN MANAGEMENT	0.097694	0	1,857,425	0	0	76.00
76.01	03022 OP CARDIO VASC DIAG	0.109754	0	398,321	0	0	76.01
76.02	03550 ANCILLARY PSYCH	0.166196	0	469,478	0	0	76.02
76.03	03950 SLEEP LAB	0.205264	0	413,227	0	0	76.03
76.04	03650 VASCULAR LAB	0.208445	0	92,902	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2.370538	0	147,628	0	0	90.00
91.00	09100 EMERGENCY	0.151338	0	8,143,535	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.407166	0	991,237	0	0	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.183229	0	1,497,435	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)		0	39,364,067	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	39,364,067	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/22/2013 8:43 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs			Cost
	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	636,600	0	50.00
51.00	05100 RECOVERY ROOM	80,970	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	215,614	0	52.00
53.00	05300 ANESTHESIOLOGY	24,954	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	836,055	0	54.00
56.00	05600 RADIOISOTOPE	75,071	0	56.00
57.00	05700 CT SCAN	215,632	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	101,632	0	59.00
60.00	06000 LABORATORY	610,751	0	60.00
64.00	06400 INTRAVENOUS THERAPY	40,931	0	64.00
65.00	06500 RESPIRATORY THERAPY	40,629	0	65.00
66.00	06600 PHYSICAL THERAPY	234,263	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	39,738	0	67.00
68.00	06800 SPEECH PATHOLOGY	155,699	0	68.00
69.00	06900 ELECTROCARDIOLOGY	63,903	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	580,212	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	295,674	0	73.00
74.00	07400 RENAL DIALYSIS	17,823	0	74.00
76.00	03020 PAIN MANAGEMENT	181,459	0	76.00
76.01	03022 OP CARDIO VASC DIAG	43,717	0	76.01
76.02	03550 ANCILLARY PSYCH	78,025	0	76.02
76.03	03950 SLEEP LAB	84,821	0	76.03
76.04	03650 VASCULAR LAB	19,365	0	76.04
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	349,958	0	90.00
91.00	09100 EMERGENCY	1,232,426	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	403,598	0	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	274,374	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	6,933,894	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	6,933,894	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/22/2013 8:43 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		33,996	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		33,996	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)		31,466	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		13,161	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		28,224,689	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		28,224,689	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		28,224,689	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)		830.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,926,789	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)		10,926,789	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/22/2013 8:43 am	
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)	
Title XVIII		1.00	2.00	3.00	4.00	5.00	
Hospital							
PPS							
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,556,457	5,451	1,569.70	2,428	3,811,232	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					18,170,268	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					32,908,289	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)					1,064,456	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,285,602	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,350,058	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					30,558,231	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,530	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					830.24	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,100,507	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/22/2013 8:43 am	
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	2,186,106	28,224,689	0.077454	2,100,507	162,693	90.00
91.00	Nursing School cost	0	28,224,689	0.000000	2,100,507	0	91.00
92.00	Allied health cost	0	28,224,689	0.000000	2,100,507	0	92.00
93.00	All other Medical Education	0	28,224,689	0.000000	2,100,507	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/22/2013 8:43 am
		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)			5,212 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,212 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)			5,212 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)			3,215 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			3,512,038 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			3,512,038 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			3,512,038 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)			673.84 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,166,396 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			2,166,396 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1	
		Component CCN: 14T187				Date/Time Prepared: 11/22/2013 8:43 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,690,946		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,857,342		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)					156,345		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					98,644		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					254,989		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,602,353		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: 140187 Component CCN: 14T187		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/22/2013 8:43 am	
		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	253,460	3,512,038	0.072169	0	0	90.00
91.00	Nursing School cost	0	3,512,038	0.000000	0	0	91.00
92.00	Allied health cost	0	3,512,038	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,512,038	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 11/22/2013 8:43 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		33,996	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		33,996	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)		31,466	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)		3,977	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)		1,980	15.00
16.00	Nursery days (title V or XIX only)		154	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		28,224,689	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		28,224,689	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		28,224,689	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)		830.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,301,864	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)		3,301,864	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1	
Date/Time Prepared: 11/22/2013 8:43 am		Title XIX		Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	1,069,828	1,980	540.32	154	83,209		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	8,556,457	5,451	1,569.70	469	736,189		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,215,239		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					8,336,501		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)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					2,530		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					830.24		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,100,507		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/22/2013 8:43 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1
		Component CCN: 14T187		Date/Time Prepared: 11/22/2013 8:43 am
		Title XIX	Subprovider - IRF	Cost
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)		5,212	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,212	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)		5,212	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)		350	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)		1,980	15.00
16.00	Nursery days (title V or XIX only)		154	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,512,038	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,512,038	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,512,038	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)		673.84	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		235,844	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)		235,844	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1	
		Component CCN: 14T187				Date/Time Prepared: 11/22/2013 8:43 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					173,579		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					409,423		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)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0		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: 140187 Component CCN: 14T187		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/22/2013 8:43 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/22/2013 8:43 am	
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		17,202,900		30.00
31.00	03100 INTENSIVE CARE UNIT		5,153,125		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.239540	9,914,375	2,374,889	50.00
51.00	05100 RECOVERY ROOM	0.271193	840,645	227,977	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.352511	17,932	6,321	52.00
53.00	05300 ANESTHESIOLOGY	0.035455	2,382,980	84,489	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.157476	4,160,415	655,166	54.00
56.00	05600 RADIOISOTOPE	0.208529	1,379,361	287,637	56.00
57.00	05700 CT SCAN	0.041829	5,598,546	234,182	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.143101	5,195,048	743,417	59.00
60.00	06000 LABORATORY	0.129929	15,486,216	2,012,109	60.00
64.00	06400 INTRAVENOUS THERAPY	0.511565	168,697	86,299	64.00
65.00	06500 RESPIRATORY THERAPY	0.149259	6,680,887	997,183	65.00
66.00	06600 PHYSICAL THERAPY	0.362048	1,509,135	546,379	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.159414	145,528	23,199	67.00
68.00	06800 SPEECH PATHOLOGY	0.231505	99,368	23,004	68.00
69.00	06900 ELECTROCARDIOLOGY	0.097828	2,691,154	263,270	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.535357	5,844,590	3,128,942	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.484996	5,273,474	2,557,614	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.264533	9,461,431	2,502,861	73.00
74.00	07400 RENAL DIALYSIS	0.256891	1,086,191	279,033	74.00
76.00	03020 PAIN MANAGEMENT	0.097694	16,108	1,574	76.00
76.01	03022 OP CARDIO VASC DIAG	0.109754	0	0	76.01
76.02	03550 ANCILLARY PSYCH	0.166196	24,108	4,007	76.02
76.03	03950 SLEEP LAB	0.205264	93,833	19,261	76.03
76.04	03650 VASCULAR LAB	0.208445	813,525	169,575	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	2.370538	5,118	12,132	90.00
91.00	09100 EMERGENCY	0.151338	5,084,454	769,471	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.407166	393,236	160,112	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.183229	903	165	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		84,367,258	18,170,268	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)		84,367,258		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/22/2013 8:43 am	
		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
41.00	04100 SUBPROVIDER - IRF		3,271,776		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.239540	28,245	6,766	50.00
51.00	05100 RECOVERY ROOM	0.271193	3,581	971	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.352511	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.035455	2,117	75	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.157476	90,788	14,297	54.00
56.00	05600 RADIOISOTOPE	0.208529	14,455	3,014	56.00
57.00	05700 CT SCAN	0.041829	103,108	4,313	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.143101	15,853	2,269	59.00
60.00	06000 LABORATORY	0.129929	820,192	106,567	60.00
64.00	06400 INTRAVENOUS THERAPY	0.511565	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.149259	322,543	48,142	65.00
66.00	06600 PHYSICAL THERAPY	0.362048	1,727,435	625,414	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.159414	1,436,849	229,054	67.00
68.00	06800 SPEECH PATHOLOGY	0.231505	438,389	101,489	68.00
69.00	06900 ELECTROCARDIOLOGY	0.097828	31,201	3,052	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.535357	559,172	299,357	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.484996	890	432	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.264533	772,973	204,477	73.00
74.00	07400 RENAL DIALYSIS	0.256891	116,216	29,855	74.00
76.00	03020 PAIN MANAGEMENT	0.097694	0	0	76.00
76.01	03022 OP CARDIO VASC DIAG	0.109754	0	0	76.01
76.02	03550 ANCILLARY PSYCH	0.166196	1,001	166	76.02
76.03	03950 SLEEP LAB	0.205264	6,201	1,273	76.03
76.04	03650 VASCULAR LAB	0.208445	40,535	8,449	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	2.370538	0	0	90.00
91.00	09100 EMERGENCY	0.151338	10,005	1,514	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.407166	0	0	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.183229	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		6,541,749	1,690,946	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		6,541,749		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/22/2013 8:43 am	
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		5,839,032	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.239540	2,481,720	50.00
51.00	05100	RECOVERY ROOM	0.271193	443,427	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.352511	1,131,165	52.00
53.00	05300	ANESTHESIOLOGY	0.035455	711,697	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.157476	898,406	54.00
56.00	05600	RADIOISOTOPE	0.208529	184,350	56.00
57.00	05700	CT SCAN	0.041829	1,259,374	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.143101	445,857	59.00
60.00	06000	LABORATORY	0.129929	4,112,408	60.00
64.00	06400	INTRAVENOUS THERAPY	0.511565	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.148712	797,508	65.00
66.00	06600	PHYSICAL THERAPY	0.362048	120,090	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.159414	12,444	67.00
68.00	06800	SPEECH PATHOLOGY	0.231505	105,834	68.00
69.00	06900	ELECTROCARDIOLOGY	0.097828	537,240	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.535357	2,438,949	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.484996	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.264533	2,268,497	73.00
74.00	07400	RENAL DIALYSIS	0.256891	60,875	74.00
76.00	03020	PAIN MANAGEMENT	0.097694	0	76.00
76.01	03022	OP CARDIO VASC DIAG	0.109754	0	76.01
76.02	03550	ANCILLARY PSYCH	0.166196	8,723	76.02
76.03	03950	SLEEP LAB	0.205264	0	76.03
76.04	03650	VASCULAR LAB	0.208445	0	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.370538	0	90.00
91.00	09100	EMERGENCY	0.151338	401,608	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.407166	51,640	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.183229	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		18,471,812	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)		18,471,812	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3	
		Component CCN: 14T187		Date/Time Prepared: 11/22/2013 8:43 am	
		Title XIX	Subprovider - IRF	Cost	
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
41.00	04100 SUBPROVIDER - IRF		357,379		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.239540	4,139	991	50.00
51.00	05100 RECOVERY ROOM	0.271193	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.352511	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.035455	108	4	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.157476	8,722	1,374	54.00
56.00	05600 RADIOISOTOPE	0.208529	0	0	56.00
57.00	05700 CT SCAN	0.041829	5,059	212	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.143101	0	0	59.00
60.00	06000 LABORATORY	0.129929	74,062	9,623	60.00
64.00	06400 INTRAVENOUS THERAPY	0.511565	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.148712	10,430	1,551	65.00
66.00	06600 PHYSICAL THERAPY	0.362048	192,246	69,602	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.159414	154,937	24,699	67.00
68.00	06800 SPEECH PATHOLOGY	0.231505	62,977	14,579	68.00
69.00	06900 ELECTROCARDIOLOGY	0.097828	5,408	529	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.535357	54,773	29,323	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.484996	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.264533	79,518	21,035	73.00
74.00	07400 RENAL DIALYSIS	0.256891	0	0	74.00
76.00	03020 PAIN MANAGEMENT	0.097694	0	0	76.00
76.01	03022 OP CARDIO VASC DIAG	0.109754	0	0	76.01
76.02	03550 ANCILLARY PSYCH	0.166196	341	57	76.02
76.03	03950 SLEEP LAB	0.205264	0	0	76.03
76.04	03650 VASCULAR LAB	0.208445	0	0	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	2.370538	0	0	90.00
91.00	09100 EMERGENCY	0.151338	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.407166	0	0	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.183229	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		652,720	173,579	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		652,720		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/22/2013 8:43 am	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		27,376,847		1.00
2.00	Outlier payments for discharges. (see instructions)		450,609		2.00
2.01	Outlier reconciliation amount		0		2.01
3.00	Managed Care Simulated Payments		3,684,104		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		217.28		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)		8.67		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(F)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(F)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		8.67		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		13.64		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)		8.67		12.00
13.00	Total allowable FTE count for the prior year.		8.67		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.		8.67		14.00
15.00	Sum of lines 12 through 14 divided by 3.		8.67		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		8.67		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.039902		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.045462		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.039902		21.00
22.00	IME payment adjustment (see instructions)		669,736		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)		4.97		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment. (see instructions)		0.000000		27.00
28.00	IME Adjustment (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		669,736		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.71		30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.18		31.00
32.00	Sum of lines 30 and 31		23.89		32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.92		33.00
34.00	Disproportionate share adjustment (see instructions)		2,442,015		34.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/22/2013 8:43 am	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 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	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)		30,939,207		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)		30,939,207		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,367,243		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).		465,068		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		8,172		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)		120,756		58.00
59.00	Total (sum of amounts on lines 49 through 58)		33,900,446		59.00
60.00	Primary payer payments		8,481		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		33,891,965		61.00
62.00	Deductibles billed to program beneficiaries		2,805,430		62.00
63.00	Coinurance billed to program beneficiaries		131,373		63.00
64.00	Allowable bad debts (see instructions)		802,138		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		561,497		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		802,138		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		31,516,659		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		0		70.00
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		51,663		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-20,582		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume Payment-1 (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low Volume Payment-2 (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		31,547,740		71.00
71.01	Sequestration adjustment (see instructions)		157,739		71.01
72.00	Interim payments		31,586,467		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		-196,466		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		896,096		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/22/2013 8:43 am	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
		0	1.00	1.01	
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/22/2013 8:43 am
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		22,394	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,914,157	2.00
3.00	PPS payments		8,704,505	3.00
4.00	Outlier payment (see instructions)		44,101	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		39,506	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		22,394	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		85,159	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		85,159	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		85,159	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		62,765	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		22,394	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)		8,788,112	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		59	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,876,010	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)		6,934,437	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		113,525	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		7,047,962	30.00
31.00	Primary payer payments		4,239	31.00
32.00	Subtotal (line 30 minus line 31)		7,043,723	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)		573,285	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		401,300	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		573,285	36.00
37.00	Subtotal (see instructions)		7,445,023	37.00
38.00	MSP-LCC reconciliation amount from PS&R		64	38.00
39.00	OTHER ADJUSTMENTS		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		7,444,959	40.00
40.01	Sequestration adjustment (see instructions)		37,225	40.01
41.00	Interim payments		7,263,012	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		144,722	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/22/2013 8:43 am
		Component CCN: 14T187	Title XVIIII	Subprovider - IRF
				PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		693	2.00
3.00	PPS payments		745	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		8	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		753	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)		219	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)		534	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		534	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		534	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		534	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		534	40.00
40.01	Sequestration adjustment (see instructions)		3	40.01
41.00	Interim payments		526	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		5	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140187

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

Worksheet E-1
Part I
Date/Time Prepared:
11/22/2013 8:43 am

		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		31,217,476		7,196,205	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	03/04/2013	224,513	03/04/2013	46,717	3.01	
3.02		05/08/2013	144,478	05/08/2013	20,090	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)		368,991		66,807	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)		31,586,467		7,263,012	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		181,947	6.01	
6.02	SETTLEMENT TO PROGRAM		38,727		0	6.02	
7.00	Total Medicare program liability (see instructions)		31,547,740		7,444,959	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: 140187
Component CCN: 14T187

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

Worksheet E-1
Part I
Date/Time Prepared:
11/22/2013 8:43 am
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,054,851		526	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		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	03/04/2013	23,772		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		23,772		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,078,623		526	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		8,115		8	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,086,738		534	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet E-1 Part II Date/Time Prepared: 11/22/2013 8:43 am
		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			9,948 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			15,589 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			2,330 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			36,917 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			500,692,107 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			9,742,726 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)			1,861,101 8.00
9.00	Sequestration adjustment amount (see instructions)			37,222 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,823,879 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,913,156 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)			-89,277 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part III Date/Time Prepared: 11/22/2013 8:43 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,848,657 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0526 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			228,995 3.00
4.00	Outlier Payments			38,064 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)			14.279452 10.00
11.00	Indirect Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$.			0.000000 11.00
12.00	Indirect Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			4,115,716 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)			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,115,716 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,115,716 19.00
20.00	Deductibles			26,896 20.00
21.00	Subtotal (line 19 minus line 20)			4,088,820 21.00
22.00	Coinurance			11,947 22.00
23.00	Subtotal (line 21 minus line 22)			4,076,873 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,076,873 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)			9,865 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,086,738 32.00
32.01	Sequestration adjustment (see instructions)			20,434 32.01
33.00	Interim payments			4,078,623 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			-12,319 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			38,064 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part VII Date/Time Prepared: 11/22/2013 8:43 am	
		Title XIX	Hospital	Cost	
		Inpatient	Outpatient		
		1.00	2.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	8,336,501			1.00
2.00	Medical and other services		6,933,894		2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	8,336,501	6,933,894		4.00
5.00	Inpatient primary payer payments	0			5.00
6.00	Outpatient primary payer payments		0		6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	8,336,501	6,933,894		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	0			8.00
9.00	Ancillary service charges	18,471,812	39,364,067		9.00
10.00	Organ acquisition charges, net of revenue	0			10.00
11.00	Incentive from target amount computation	0			11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	18,471,812	39,364,067		12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0		13.00
14.00	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	0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000		15.00
16.00	Total customary charges (see instructions)	18,471,812	39,364,067		16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	10,135,311	32,430,173		17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0		18.00
19.00	Interns and Residents (see instructions)	0	0		19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0		20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	8,336,501	6,933,894		21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments	0	0		22.00
23.00	Outlier payments	0	0		23.00
24.00	Program capital payments	0			24.00
25.00	Capital exception payments (see instructions)	0			25.00
26.00	Routine and Ancillary service other pass through costs	0	0		26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0		27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	8,336,501	6,933,894		29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	0	0		30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	8,336,501	6,933,894		31.00
32.00	Deductibles	0	0		32.00
33.00	Coinurance	0	0		33.00
34.00	Allowable bad debts (see instructions)	0	0		34.00
35.00	Utilization review	0			35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	8,336,501	6,933,894		36.00
37.00	ZERO OUT MEDICAID SETTLEMENT	13,928	-427,157		37.00
38.00	Subtotal (line 36 ± line 37)	8,350,429	6,506,737		38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0			39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	8,350,429	6,506,737		40.00
41.00	Interim payments	8,350,429	6,506,737		41.00
42.00	Balance due provider/program (line 40 minus 41)	0	0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0		43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part VII Date/Time Prepared: 11/22/2013 8:43 am
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	409,423		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	409,423	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	409,423	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	652,720	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	652,720	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	652,720	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	243,297	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	409,423	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	409,423	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	409,423	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	409,423	0	36.00
37.00		0	0	37.00
38.00	Subtotal (line 36 ± line 37)	409,423	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	409,423	0	40.00
41.00	Interim payments	409,423	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet E-4 Date/Time Prepared: 11/22/2013 8:43 am	
		Title XVII I	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.			14.41	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			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)			14.41	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			13.64	6.00
7.00	Enter the lesser of line 5 or line 6			13.64	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.	8.30	5.34	13.64	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.	8.30	5.34	13.64	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	8.30	5.34		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	14.30	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	14.41	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	12.34	1.78		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	12.34	1.78		17.00
18.00	Per resident amount	82,976.94	82,976.94		18.00
19.00	Approved amount for resident costs	1,023,935	147,699	1,171,634	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)			82,976.94	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)			1,171,634	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	18,804	2,330		26.00
27.00	Total Inpatient Days (see instructions)	42,129	42,129		27.00
28.00	Ratio of inpatient days to total inpatient days	0.446343	0.055306		28.00
29.00	Program direct GME amount	522,951	64,798		29.00
30.00	Reduction for direct GME payments for Medicare managed care		9,156		30.00
31.00	Net Program direct GME amount			578,593	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet E-4 Date/Time Prepared: 11/22/2013 8:43 am
		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)		1,758,001	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)		36,765,631	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)		8,481	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		36,757,150	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		8,976,758	42.00
43.00	Primary payer payments (see instructions)		4,239	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		8,972,519	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		45,729,669	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.803792	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.196208	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		578,593	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		465,068	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		113,525	50.00

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

Provider CCN: 140187

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

Worksheet G

Date/Time Prepared:
11/22/2013 8:43 am

		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	2,288,109	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	152,784	0	0	0	3.00
4.00	Accounts receivable	89,546,510	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-63,944,733	0	0	0	6.00
7.00	Inventory	2,421,398	0	0	0	7.00
8.00	Prepaid expenses	6,462,780	0	0	0	8.00
9.00	Other current assets	1,839,606	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)	38,766,454	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,630,755	0	0	0	12.00
13.00	Land improvements	5,947,914	0	0	0	13.00
14.00	Accumulated depreciation	-5,508,039	0	0	0	14.00
15.00	Buildings	122,109,645	0	0	0	15.00
16.00	Accumulated depreciation	-30,513,126	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	74,073,359	0	0	0	23.00
24.00	Accumulated depreciation	-109,476,632	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)	60,263,876	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	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	14,704,816	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	14,704,816	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	113,735,146	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	252,039	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,217,893	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	31,580,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	38,049,932	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	21,639,041	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	58,082,955	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	79,721,996	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	117,771,928	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-4,036,782	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-4,036,782	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	113,735,146	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140187

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

Worksheet G-1

Date/Time Prepared:
11/22/2013 8:43 am

		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		6,552,071			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-10,588,853				2.00
3.00	Total (sum of line 1 and line 2)		-4,036,782			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		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)		0			0	10.00
11.00	Subtotal (line 3 plus line 10)		-4,036,782			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)		-4,036,782			0	19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140187

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/22/2013 8:43 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	46,866,081		46,866,081	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	5,343,185		5,343,185	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	52,209,266		52,209,266	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,834,685		11,834,685	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	11,834,685		11,834,685	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	64,043,951		64,043,951	17.00
18.00	Ancillary services	186,459,682	204,565,709	391,025,391	18.00
19.00	Outpatient services	13,002,332	37,669,719	50,672,051	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	2,711,128	94,652	2,805,780	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	266,217,093	242,330,080	508,547,173	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		163,745,040		29.00
30.00	EXPENSES NOT INCLUDED ON WORKSHEET A	17,624,151			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)		17,624,151		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)		181,369,191		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140187

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

Worksheet G-3

Date/Time Prepared:
11/22/2013 8:43 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	508,547,173	1.00
2.00	Less contractual allowances and discounts on patients' accounts	350,000,124	2.00
3.00	Net patient revenues (line 1 minus line 2)	158,547,049	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	181,369,191	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-22,822,142	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	5,518,476	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	310,166	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	26,082	13.00
14.00	Revenue from meals sold to employees and guests	54,418	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	20,932	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	14,917	21.00
22.00	Rental of hospital space	2,143,159	22.00
23.00	Governmental appropriations	0	23.00
24.00	IDENTIFIED ON TRIAL BALANCE	4,145,139	24.00
25.00	Total other income (sum of lines 6-24)	12,233,289	25.00
26.00	Total (line 5 plus line 25)	-10,588,853	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-10,588,853	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet 1-5 Date/Time Prepared: 11/22/2013 8:43 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)	0	0	2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)	0	0	2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014			5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)	0	0	10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140187	Period: From 07/01/2012 To 06/30/2013	Worksheet L Parts I-III Date/Time Prepared: 11/22/2013 8:43 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,173,142	1.00
2.00	Capital DRG outlier payments		33,071	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		101.14	3.00
4.00	Number of interns & residents (see instructions)		8.67	4.00
5.00	Indirect medical education percentage (see instructions)		2.45	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		53,242	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.71	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.18	8.00
9.00	Sum of lines 7 and 8		23.89	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.96	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		107,788	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,367,243	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