

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: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/27/2014 1:40 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/27/2014	Time: 1:40 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CONDELL MEDICAL CENTER ( 140202 ) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00 Hospital	0	-463,478	178,433	-35,710	0 1.00
2.00 Subprovider - IPF	0	0	0	0	0 2.00
3.00 Subprovider - IRF	0	0	0	0	0 3.00
4.00 SUBPROVIDER I	0	0	0	0	0 4.00
5.00 Swing bed - SNF	0	0	0	0	0 5.00
6.00 Swing bed - NF	0	0	0	0	0 6.00
8.00 NURSING FACILITY	0	0	0	0	0 8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
200.00 Total	0	-463,478	178,433	-35,710	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: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 1:39 pm
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code: 60648-		4.00 County: LAKE		1.00
1.00	Street: 900 GARFIELD AVE	2.00 State: IL		3.00 Zip Code: 60648-		4.00 County: LAKE		2.00
2.00	City: LIBERTYVILLE	2.00 State: IL		3.00 Zip Code: 60648-		4.00 County: LAKE		2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	CONDELL MEDICAL CENTER	140202	29404	1	01/01/1966	0	P	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
10.01	ICF/MR									10.01
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	CONDELL MEDICAL CENTER HHA	147247	29404		07/01/1996	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		

20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2013	12/31/2013	20.00
21.00	Type of Control (see instructions)	1		21.00

Inpatient PPS Information				
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickie amendment hospital)? In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	Y	22.01
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	10,386	1,837	0	38	957	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 1:39 pm		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				39.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	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	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 1:39 pm																
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))																
		1.00	2.00	3.00																
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010																				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00															
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))														
		1.00	2.00	3.00	4.00	5.00														
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000														
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>									1.00	2.00	3.00	4.00	5.00							
		1.00	2.00	3.00	4.00	5.00														
<b>Inpatient Psychiatric Facility PPS</b>																				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00														
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	71.00														
<b>Inpatient Rehabilitation Facility PPS</b>																				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00														
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	76.00														
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> <th>3.00</th> <th>4.00</th> <th>5.00</th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>									1.00	2.00	3.00	4.00	5.00							
		1.00	2.00	3.00	4.00	5.00														
<b>Long Term Care Hospital PPS</b>																				
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00														
<b>TEFRA Providers</b>																				
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00														
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00														
<table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> </tr> </thead> <tbody> <tr> <td colspan="2"></td> <td></td> <td></td> </tr> </tbody> </table>									V	XIX			1.00	2.00						
		V	XIX																	
		1.00	2.00																	
<b>Title V and XIX Services</b>																				
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			Y	Y	90.00														
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00														
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00														
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00														
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00														
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	95.00														

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		V	XIX			
		1.00	2.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00	
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00	2.00	3.00		
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00	
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	4,248,559	628,500	715,896		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	
DO NOT USE THIS LINE						
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00	
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 1:39 pm			
		1.00	2.00				
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H036	140.00			
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ADVOCATE HEALTH CARE	Contractor's Name: NGS		Contractor's Number: 00130			
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box:					
143.00	City: DOWNERS GROVE	State: IL	Zip Code: 60515				
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00			
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y		145.00			
				1.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00			
		Part A	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					161.00	
161.10	CORF					161.10	
161.20	OPT					161.20	
161.30	OOT					161.30	
161.40	OSP					161.40	
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	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)			0.50			
		Beginning		Ending			
		1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2013		12/31/2013		170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/27/2014 1:39 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/07/2014	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/30/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/27/2014 1:39 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				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.				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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ROBERT		SMALL	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5764		ROBERT.SMALL@ADVOCATEHEALTH.COM	43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/30/2014	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140202

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2014 1:39 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	254	92,710	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)		254	92,710	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	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)		271	98,915	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
20.01 ICF/MR	45.01	0	0	0.00	0	20.01
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OPT	99.20				0	25.20
25.30 CMHC - OOT	99.30				0	25.30
25.40 CMHC - OSP	99.40				0	25.40
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		271				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140202

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2014 1:39 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	28,803	9,775	53,672			1.00
2.00 HMO and other (see instructions)	1,821	957				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	28,803	9,775	53,672			7.00
8.00 INTENSIVE CARE UNIT	2,390	265	4,793			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,800	4,136			13.00
14.00 Total (see instructions)	31,193	11,840	62,601	0.00	1,485.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
20.01 ICF/MR	0	0	0	0.00	0.00	20.01
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20 CMHC - OPT	0	0	0	0.00	0.00	25.20
25.30 CMHC - OOT	0	0	0	0.00	0.00	25.30
25.40 CMHC - OSP	0	0	0	0.00	0.00	25.40
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,485.00	27.00
28.00 Observation Bed Days		0	6,852			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	421	1,371			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140202

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2014 1:39 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	6,634	2,664	16,334	1.00
2.00 HMO and other (see instructions)				359			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	6,634	2,664	16,334		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY	0.00						20.00
20.01 ICF/MR	0.00	0	0	0	0	0	20.01
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
25.20 CMHC - OPT	0.00						25.20
25.30 CMHC - OOT	0.00						25.30
25.40 CMHC - OSP	0.00						25.40
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140202

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/27/2014 1:39 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	97,354,258	0	97,354,258	3,088,800.00	31.52
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		404,703	20,163	424,866	5,965.00	71.23
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		171,835	0	171,835	2,835.00	60.61
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		1,615,125	0	1,615,125	10,713.00	150.76
14.00	Home office salaries & wage-related costs		9,534,048	0	9,534,048	144,395.00	66.03
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		27,234,648	0	27,234,648		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		53,776	0	53,776		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	2,150,126	0	2,150,126	18,720.00	114.86
27.00	Administrative & General	5.00	13,385,561	-20,804	13,364,757	461,760.00	28.94
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	2,327,473	0	2,327,473	83,200.00	27.97
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00
31.00	Laundry & Linen Service	8.00	66,160	0	66,160	4,160.00	15.90
32.00	Housekeeping	9.00	2,020,239	0	2,020,239	145,600.00	13.88
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,601,039	-629,615	971,424	62,400.00	15.57
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	629,389	629,389	41,600.00	15.13
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,481,501	0	2,481,501	54,080.00	45.89
39.00	Central Services and Supply	14.00	614,404	0	614,404	29,120.00	21.10
40.00	Pharmacy	15.00	4,075,818	0	4,075,818	93,600.00	43.55
41.00	Medical Records & Medical Records Library	16.00	1,381,415	0	1,381,415	62,400.00	22.14

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140202

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/27/2014 1:39 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140202

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/27/2014 1:39 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	97,354,258	0	97,354,258	3,088,800.00	31.52	1.00
2.00	Excluded area salaries (see instructions)	404,703	20,163	424,866	5,965.00	71.23	2.00
3.00	Subtotal salaries (line 1 minus line 2)	96,949,555	-20,163	96,929,392	3,082,835.00	31.44	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,321,008	0	11,321,008	157,943.00	71.68	4.00
5.00	Subtotal wage-related costs (see inst.)	27,234,648	0	27,234,648	0.00	28.10	5.00
6.00	Total (sum of lines 3 thru 5)	135,505,211	-20,163	135,485,048	3,240,778.00	41.81	6.00
7.00	Total overhead cost (see instructions)	30,103,736	-21,030	30,082,706	1,056,640.00	28.47	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2014 1:39 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	1,948,242	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	4,839,717	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	218,780	6.00
7.00	Employee Managed Care Program Administration Fees	1,240,822	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	6,847,547	8.00
9.00	Prescription Drug Plan	1,645,097	9.00
10.00	Dental, Hearing and Vision Plan	418,405	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	124,509	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)	781,545	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,231,560	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	6,998,072	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	252,839	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	177,515	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	509,998	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	27,234,648	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140202

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/27/2014 1:39 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	171,835	26,396,867	1.00
2.00	Hospital	171,835	26,396,867	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	0	0	9.00
9.01	Hospital-Based NF	0	0	9.01
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/27/2014 1:39 pm
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.177141	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			19,320,830	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00	
6.00	Medicaid charges			173,700,078	6.00	
7.00	Medicaid cost (line 1 times line 6)			30,769,406	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)			11,448,576	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)			11,448,576	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	52,685,554	5,821,447	58,507,001		20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	9,332,772	1,031,217	10,363,989		21.00
22.00	Partial payment by patients approved for charity care	609,468	254,773	864,241		22.00
23.00	Cost of charity care (line 21 minus line 22)	8,723,304	776,444	9,499,748		23.00
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?					24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			19,714,449		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,393,366		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			18,321,083		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			3,245,415		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			12,745,163		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			24,193,739		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140202		Period: From 01/01/2013 To 12/31/2013		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	8,235,558	8,235,558	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	6,662,241	6,662,241	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			22,288,987	-10,653	22,278,334	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	13,385,561	66,756,944	80,142,505	-9,319,350	70,823,155	5.00
6.00	00600	MAINTENANCE & REPAIRS	2,327,473	5,612,681	7,940,154	-45,995	7,894,159	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	66,160	27,156	93,316	-797	92,519	8.00
9.00	00900	HOUSEKEEPING	2,020,239	1,096,281	3,116,520	-29,990	3,086,530	9.00
10.00	01000	DIETARY	1,601,039	2,187,869	3,788,908	-1,529,928	2,258,980	10.00
11.00	01100	CAFETERIA	0	0	0	1,468,823	1,468,823	11.00
13.00	01300	NURSING ADMINISTRATION	2,481,501	974,828	3,456,329	-140,840	3,315,489	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	614,404	521,042	1,135,446	-318,745	816,701	14.00
15.00	01500	PHARMACY	4,075,818	13,528,508	17,604,326	-12,717,176	4,887,150	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,381,415	807,878	2,189,293	-10,602	2,178,691	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
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 PRGM-(SPECIFY)	277,999	272,946	550,945	-341,507	209,438	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	202,345	202,345	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	26,527,738	7,980,251	34,507,989	-6,072,445	28,435,544	30.00
31.00	03100	INTENSIVE CARE UNIT	4,390,356	3,167,437	7,557,793	-673,337	6,884,456	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,145,121	616,255	1,761,376	1,203,615	2,964,991	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	7,756,620	23,243,995	31,000,615	-18,862,528	12,138,087	50.00
51.00	05100	RECOVERY ROOM	1,137,865	285,299	1,423,164	-146,206	1,276,958	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,029,599	2,029,599	52.00
53.00	05300	ANESTHESIOLOGY	82,614	1,059,308	1,141,922	-693,007	448,915	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,213,101	2,782,168	5,995,269	-997,747	4,997,522	54.00
56.00	05600	RADIOISOTOPE	890,297	1,726,375	2,616,672	-640,161	1,976,511	56.00
56.01	05603	ULTRASOUND	1,267,602	480,785	1,748,387	-271,279	1,477,108	56.01
57.00	05700	CT SCAN	963,801	1,321,152	2,284,953	-673,841	1,611,112	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	564,547	460,550	1,025,097	-155,202	869,895	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,367,758	5,820,171	7,187,929	-5,299,173	1,888,756	59.00
60.00	06000	LABORATORY	0	11,208,521	11,208,521	0	11,208,521	60.00
60.01	06001	LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,266,967	1,266,967	-1,266,967	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,054,546	671,314	2,725,860	-394,950	2,330,910	65.00
65.01	06501	STRESS TEST	654,539	448,639	1,103,178	-202,866	900,312	65.01
66.00	06600	PHYSICAL THERAPY	3,017,327	739,306	3,756,633	-47,029	3,709,604	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	289,273	157,494	446,767	-23,068	423,699	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	389,711	218,748	608,459	-58,749	549,710	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	17,521,816	17,521,816	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	12,735,261	12,735,261	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	12,606,179	12,606,179	73.00
74.00	07400	RENAL DIALYSIS	0	733,761	733,761	-3,036	730,725	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	399,898	150,367	550,265	-28,338	521,927	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,024,078	607,949	1,632,027	-325,176	1,306,851	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	6,624,669	5,267,827	11,892,496	-1,089,798	10,802,698	91.00
91.20	09101	ACUTE CARE CENTER	3,084,358	1,813,453	4,897,811	-269,794	4,628,017	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140202

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

Worksheet A  
Date/Time Prepared:  
5/27/2014 1:39 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	97,227,554	184,153,086	281,380,640	5,157	281,385,797	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	126,704	386,371	513,075	-5,157	507,918	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NEILMRI	0	0	0	0	0	194.06
200.00		TOTAL (SUM OF LINES 118-199)	97,354,258	184,539,457	281,893,715	0	281,893,715	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140202

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

Worksheet A  
Date/Time Prepared:  
5/27/2014 1:39 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	3,724,928	11,960,486	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,197,533	7,859,774	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,510,459	25,788,793	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-38,010,117	32,813,038	5.00
6.00	00600	MAINTENANCE & REPAIRS	-390,914	7,503,245	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	92,519	8.00
9.00	00900	HOUSEKEEPING	0	3,086,530	9.00
10.00	01000	DIETARY	-392	2,258,588	10.00
11.00	01100	CAFETERIA	-694,037	774,786	11.00
13.00	01300	NURSING ADMINISTRATION	-3,148	3,312,341	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	816,701	14.00
15.00	01500	PHARMACY	-22,585	4,864,565	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-132,821	2,045,870	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-104,120	105,318	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	0	202,345	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-997,903	27,437,641	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,129,357	5,755,099	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-325,126	2,639,865	43.00
45.00	04500	NURSING FACILITY	0	0	45.00
45.01	04510	ICF/MR	0	0	45.01
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-293	12,137,794	50.00
51.00	05100	RECOVERY ROOM	-62	1,276,896	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,029,599	52.00
53.00	05300	ANESTHESIOLOGY	-85,320	363,595	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-39,471	4,958,051	54.00
56.00	05600	RADIOISOTOPE	-5	1,976,506	56.00
56.01	05603	ULTRASOUND	-1,356	1,475,752	56.01
57.00	05700	CT SCAN	0	1,611,112	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	869,895	58.00
59.00	05900	CARDIAC CATHETERIZATION	-64,583	1,824,173	59.00
60.00	06000	LABORATORY	-309,156	10,899,365	60.00
60.01	06001	LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,330,910	65.00
65.01	06501	STRESS TEST	-3,516	896,796	65.01
66.00	06600	PHYSICAL THERAPY	-1,022	3,708,582	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	423,699	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	-14,400	535,310	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,521,816	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	12,735,261	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,606,179	73.00
74.00	07400	RENAL DIALYSIS	0	730,725	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-9,734	512,193	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-8,523	1,298,328	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	90.03
91.00	09100	EMERGENCY	-1,704,449	9,098,249	91.00
91.20	09101	ACUTE CARE CENTER	-576,376	4,051,641	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	09910	CORF	0	0	99.10
99.20	09920	OPT	0	0	99.20
99.30	09930	OOT	0	0	99.30
99.40	09940	OSP	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140202

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

Worksheet A  
Date/Time Prepared:  
5/27/2014 1:39 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-36,195,866	245,189,931	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	507,918	190.00
194.00	07950	FUNDRAISING	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	194.04
194.05	07955	HOSPICE	0	0	194.05
194.06	07956	NEIL MRI	0	0	194.06
200.00		TOTAL (SUM OF LINES 118-199)	-36,195,866	245,697,849	200.00

RECLASSIFICATIONS

Provider CCN: 140202

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

Worksheet A-6

Date/Time Prepared:  
5/27/2014 1:39 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - CLINICAL PASTORAL EDUCATION</b>					
1.00	CLINICAL PASTORAL EDUCATION	23.01	166,014	36,331	1.00
	TOTALS		166,014	36,331	
<b>B - EMS RECLASS</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	146,077	45,083	1.00
	TOTALS		146,077	45,083	
<b>C - DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	8,235,558	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,662,241	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
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
	TOTALS		0	14,897,799	
<b>D - DRUG RECLASS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,606,179	1.00
	TOTALS		0	12,606,179	
<b>E - NURSERY AND LABOR/DELIVERY</b>					
1.00	NURSERY	43.00	976,926	379,445	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,461,819	567,780	2.00
	TOTALS		2,438,745	947,225	
<b>F - CAFE/DIETARY</b>					
1.00	CAFETERIA	11.00	629,389	839,434	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	226	301	2.00
	TOTALS		629,615	839,735	
<b>G - SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	30,257,077	1.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
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	
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	
	TOTALS		0	30,257,077		
H - IMPLANT						
1.00	IMPL. DEV. CHARGED TO	72.00	0	12,735,261	1.00	
	PATIENT					
	TOTALS		0	12,735,261		
I - CARDIAC REHAB						
1.00	CARDIAC REHABILITATION	76.97	18,790	0	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	TOTALS		18,790	0		
500.00	Grand Total: Increases		3,399,241	72,364,690	500.00	

RECLASSIFICATIONS

Provider CCN: 140202

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

Worksheet A-6  
Date/Time Prepared:  
5/27/2014 1:39 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>A - CLINICAL PASTORAL EDUCATION</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	166,014	36,331	0		1.00
	TOTALS		166,014	36,331			
<b>B - EMS RECLASS</b>							
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	146,077	45,083	0		1.00
	TOTALS		146,077	45,083			
<b>C - DEPRECIATION</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,259	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	9,307,298	9		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	41,729	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	797	0		4.00
5.00	HOUSEKEEPING	9.00	0	22,539	0		5.00
6.00	DIETARY	10.00	0	52,518	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	79,794	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	119,194	0		8.00
9.00	PHARMACY	15.00	0	47,170	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	10,602	0		10.00
11.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	53,688	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	673,989	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	153,366	0		13.00
14.00	NURSERY	43.00	0	64,959	0		14.00
15.00	OPERATING ROOM	50.00	0	1,782,886	0		15.00
16.00	RECOVERY ROOM	51.00	0	100,220	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	80,849	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	259,016	0		18.00
19.00	RADIOISOTOPE	56.00	0	144,928	0		19.00
20.00	ULTRASOUND	56.01	0	124,859	0		20.00
21.00	CT SCAN	57.00	0	324,485	0		21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	21,614	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	609,896	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	83,514	0		24.00
25.00	STRESS TEST	65.01	0	149,865	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	28,775	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	13,544	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	49,163	0		28.00
30.00	CARDIAC REHABILITATION	76.97	0	35,433	0		30.00
31.00	CLINIC	90.00	0	46,373	0		31.00
32.00	EMERGENCY	91.00	0	358,696	0		32.00
33.00	ACUTE CARE CENTER	91.20	0	40,638	0		33.00
34.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	5,143	0		34.00
	TOTALS		0	14,897,799			
<b>D - DRUG RECLASS</b>							
1.00	PHARMACY	15.00	0	12,606,179	0		1.00
	TOTALS		0	12,606,179			
<b>E - NURSERY AND LABOR/DELIVERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	2,438,745	947,225	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		2,438,745	947,225			
<b>F - CAFE/DIETARY</b>							
1.00	DIETARY	10.00	629,615	839,735	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		629,615	839,735			
<b>G - SUPPLIES</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	394	0		1.00
3.00	MAINTENANCE & REPAIRS	6.00	0	4,266	0		3.00
4.00	HOUSEKEEPING	9.00	0	7,451	0		4.00
5.00	DIETARY	10.00	0	8,060	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	61,046	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	199,551	0		7.00
8.00	PHARMACY	15.00	0	63,827	0		8.00
9.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	96,659	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	2,012,486	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	519,971	0		11.00
12.00	NURSERY	43.00	0	87,797	0		12.00
13.00	OPERATING ROOM	50.00	0	17,079,642	0		13.00
14.00	RECOVERY ROOM	51.00	0	45,986	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	612,158	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	738,731	0		16.00
17.00	RADIOISOTOPE	56.00	0	495,233	0		17.00
18.00	CT SCAN	57.00	0	349,356	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	133,588	0		19.00

RECLASSIFICATIONS

Provider CCN: 140202

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

Worksheet A-6

Date/Time Prepared:  
5/27/2014 1:39 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
20.00	CARDIAC CATHETERIZATION	59.00	0	4,684,344	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,266,967	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	0	311,436	0	22.00	
23.00	STRESS TEST	65.01	0	40,011	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0	18,254	0	24.00	
25.00	ELECTROCARDIOLOGY	69.00	0	9,524	0	25.00	
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	9,586	0	26.00	
27.00	RENAL DIALYSIS	74.00	0	3,036	0	27.00	
29.00	CARDIAC REHABILITATION	76.97	0	11,695	0	29.00	
30.00	CLINIC	90.00	0	278,803	0	30.00	
31.00	EMERGENCY	91.00	0	731,102	0	31.00	
32.00	ACUTE CARE CENTER	91.20	0	229,156	0	32.00	
33.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	541	0	33.00	
34.00	ULTRASOUND	56.01	0	146,420	0	34.00	
	TOTALS		0	30,257,077			
H - IMPLANT							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,735,261	0	1.00	
	TOTALS		0	12,735,261			
I - CARDIAC REHAB							
1.00	ADMINISTRATIVE & GENERAL	5.00	867	0	0	1.00	
2.00	CARDIAC CATHETERIZATION	59.00	4,933	0	0	2.00	
3.00	STRESS TEST	65.01	12,990	0	0	3.00	
	TOTALS		18,790	0			
500.00	Grand Total: Decreases		3,399,241	72,364,690		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140202

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/27/2014 1:39 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	49,200,000	0	0	0	1.00
2.00	Land Improvements	5,575,882	128,320	0	128,320	2.00
3.00	Buildings and Fixtures	207,350,387	2,522,044	0	2,522,044	3.00
4.00	Building Improvements	582,720	0	0	0	4.00
5.00	Fixed Equipment	53,263,019	7,076,210	0	7,076,210	5.00
6.00	Movable Equipment	40,400	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	316,012,408	9,726,574	0	9,726,574	8.00
9.00	Reconciling Items	1,887,658	670,831	0	670,831	9.00
10.00	Total (line 8 minus line 9)	314,124,750	9,055,743	0	9,055,743	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	49,200,000	0			1.00
2.00	Land Improvements	5,704,202	3,557,997			2.00
3.00	Buildings and Fixtures	209,872,431	23,875,674			3.00
4.00	Building Improvements	229,652	43,185			4.00
5.00	Fixed Equipment	51,865,124	53,678,837			5.00
6.00	Movable Equipment	29,000	65,385			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	316,900,409	81,221,078			8.00
9.00	Reconciling Items	2,558,489	0			9.00
10.00	Total (line 8 minus line 9)	314,341,920	81,221,078			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140202

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/27/2014 1:39 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140202

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/27/2014 1:39 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	0	1	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	1	0	1	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	12,014,163	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,859,774	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	19,873,937	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-53,677	0	0	0	11,960,486	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	7,859,774	2.00
3.00	Total (sum of lines 1-2)	-53,677	0	0	0	19,820,260	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140202

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

Worksheet A-8

Date/Time Prepared:  
5/27/2014 1:39 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			3.00	4.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		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	-4,277,256			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	-4,571,757			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-694,037	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	3,424,741	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-1,205,179	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00 Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 MISC INCOME	B	-2,353,703	ADMINISTRATIVE & GENERAL	5.00	0	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
34.00	MISC INCOME	B	-390,914	MAINTENANCE & REPAIRS	6.00	0	34.00
35.00	MISC INCOME	B	-462	NURSING ADMINISTRATION	13.00	0	35.00
36.00	MISC INCOME	B	-22,585	PHARMACY	15.00	0	36.00
37.00	MISC INCOME	B	-132,821	MEDICAL RECORDS & LIBRARY	16.00	0	37.00
37.01	MISC INCOME	B	-104,120	PARAMED ED PRGM-(SPECIFY)	23.00	0	37.01
37.04	MISC INCOME	B	-240,497	EMERGENCY	91.00	0	37.04
37.05	MISC INCOME	B	-361,791	ACUTE CARE CENTER	91.20	0	37.05
38.00	INTERCOMPANY INTEREST	A	-7,990,534	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00	REMOVE ILLINOIS PROVIDER TAX	A	-15,059,706	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00	MISC INCOME	B	-44	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.00
41.00	ADJ AHA LOBBYING EXPENSE	A	-1,914	ADMINISTRATIVE & GENERAL	5.00	0	41.00
41.01	PHYSICIAN COST	A	-277,114	ADMINISTRATIVE & GENERAL	5.00	0	41.01
41.02	MISC INCOME	B	-2,835	INTENSIVE CARE UNIT	31.00	0	41.02
42.00	ADJ USEFUL LIFE 1986 SURGERY AD	A	-53,677	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	42.00
43.00	NONALLOWABLE CENTERS1099/90/92/91120	A	-460,369	ADMINISTRATIVE & GENERAL	5.00	0	43.00
44.00	MISC INCOME	B	-25,475	ADULTS & PEDIATRICS	30.00	0	44.00
45.00	MISC INCOME	B	-130	NURSERY	43.00	0	45.00
45.01	MISC INCOME	B	-36,911	RADIOLOGY-DIAGNOSTIC	54.00	0	45.01
45.02	MISC INCOME	B	-309,156	LABORATORY	60.00	0	45.02
45.04	MISC INCOME	B	-62	RECOVERY ROOM	51.00	0	45.04
45.05	MISC INCOME	B	-588	CLINIC	90.00	0	45.05
45.06	LOSS ON SALE OF ASSETS	A	930,975	CAP REL COSTS-MVBLE EQUIP	2.00	9	45.06
45.11	NON ALLOWABLE	A	-1,958,916	ADMINISTRATIVE & GENERAL	5.00	0	45.11
45.13	NON ALLOWABLE	A	-392	DIETARY	10.00	0	45.13
45.14	NON ALLOWABLE	A	-2,686	NURSING ADMINISTRATION	13.00	0	45.14
45.15	NON ALLOWABLE	A	-4,257	ADULTS & PEDIATRICS	30.00	0	45.15
45.16	NON ALLOWABLE	A	-293	OPERATING ROOM	50.00	0	45.16
45.17	NON ALLOWABLE	A	-2,503	RADIOLOGY-DIAGNOSTIC	54.00	0	45.17
45.18	NON ALLOWABLE	A	-5	RADIOISOTOPE	56.00	0	45.18
45.20	NON ALLOWABLE	A	-1,356	ULTRASOUND	56.01	0	45.20
45.21	NON ALLOWABLE	A	-5,860	EMERGENCY	91.00	0	45.21
45.22	NON ALLOWABLE	A	-655	ACUTE CARE CENTER	91.20	0	45.22
45.25	NON ALLOWABLE	B	-1,022	PHYSICAL THERAPY	66.00	0	45.25
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-36,195,866				50.00

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

Provider CCN: 140202

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

Worksheet A-8-1

Date/Time Prepared: 5/27/2014 1:39 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BENEFITS	3,510,503	0
2.00	0.00			0	0
3.00	0.00			0	0
4.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW CAPITAL BUILDING	353,864	0
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	NEW CAPITAL EQUIPMENT	1,471,737	0
4.02	5.00	ADMINISTRATIVE & GENERAL	NON CAPITAL	10,213,780	20,121,641
5.00	0			15,549,884	20,121,641

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

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

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

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

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

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

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

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

Provider CCN: 140202

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

Worksheet A-8-1

Date/Time Prepared:  
5/27/2014 1:39 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	3,510,503	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	353,864	9		4.00
4.01	1,471,737	9		4.01
4.02	-9,907,861	0		4.02
5.00	-4,571,757			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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	HEALTH CARE		6.00
7.00	HEALTH CARE		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: 140202

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

Worksheet A-8-2

Date/Time Prepared:  
5/27/2014 1:39 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00 ADULTS & PEDIATRICS	968,171	968,171	0	0	0	1.00
2.00	31.00 INTENSIVE CARE UNIT	52,800	0	52,800	154,100	352	2.00
3.00	31.00 INTENSIVE CARE UNIT	1,099,800	1,099,800	0	0	0	3.00
4.00	43.00 NURSERY	324,996	324,996	0	0	0	4.00
5.00	53.00 ANESTHESIOLOGY	85,320	85,320	0	0	0	5.00
6.00	54.00 RADIOLOGY-DIAGNOSTIC	57	57	0	0	0	6.00
7.00	57.00 CT SCAN	0	0	0	0	0	7.00
8.00	58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	8.00
9.00	59.00 CARDIAC CATHETERIZATION	26,850	0	26,850	171,400	179	9.00
10.00	59.00 CARDIAC CATHETERIZATION	52,483	52,483	0	0	0	10.00
11.00	65.01 STRESS TEST	5,250	0	4,560	171,400	35	11.00
12.00	65.01 STRESS TEST	1,150	1,150	0	0	0	12.00
13.00	70.00 ELECTROENCEPHALOGRAPHY	14,400	14,400	0	0	0	13.00
14.00	76.97 CARDIAC REHABILITATION	21,600	0	21,600	171,400	144	14.00
15.00	76.97 CARDIAC REHABILITATION	0	0	0	0	0	15.00
16.00	90.00 CLINIC	9,375	0	9,375	136,700	63	16.00
17.00	90.00 CLINIC	2,700	2,700	0	0	0	17.00
18.00	91.00 EMERGENCY	1,204,500	0	1,204,500	171,400	11,064	18.00
19.00	91.00 EMERGENCY	296,227	296,227	0	0	0	19.00
20.00	91.00 EMERGENCY	869,163	0	869,163	171,400	1	20.00
22.00	91.20 ACUTE CARE CENTER	213,930	213,930	0	0	0	22.00
200.00		5,248,772	3,059,234	2,188,848		11,838	200.00
Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	31.00 INTENSIVE CARE UNIT	26,078	1,304	0	0	0	2.00
3.00	31.00 INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	43.00 NURSERY	0	0	0	0	0	4.00
5.00	53.00 ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	57.00 CT SCAN	0	0	0	0	0	7.00
8.00	58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	8.00
9.00	59.00 CARDIAC CATHETERIZATION	14,750	738	0	0	0	9.00
10.00	59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	10.00
11.00	65.01 STRESS TEST	2,884	144	0	0	0	11.00
12.00	65.01 STRESS TEST	0	0	0	0	0	12.00
13.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	13.00
14.00	76.97 CARDIAC REHABILITATION	11,866	593	0	0	0	14.00
15.00	76.97 CARDIAC REHABILITATION	0	0	0	0	0	15.00
16.00	90.00 CLINIC	4,140	207	0	0	0	16.00
17.00	90.00 CLINIC	0	0	0	0	0	17.00
18.00	91.00 EMERGENCY	911,716	45,586	0	0	0	18.00
19.00	91.00 EMERGENCY	0	0	0	0	0	19.00
20.00	91.00 EMERGENCY	82	4	0	0	0	20.00
22.00	91.20 ACUTE CARE CENTER	0	0	0	0	0	22.00
200.00		971,516	48,576	0	0	0	200.00
Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00 ADULTS & PEDIATRICS	0	0	0	968,171		1.00
2.00	31.00 INTENSIVE CARE UNIT	0	26,078	26,722	26,722		2.00
3.00	31.00 INTENSIVE CARE UNIT	0	0	0	1,099,800		3.00
4.00	43.00 NURSERY	0	0	0	324,996		4.00
5.00	53.00 ANESTHESIOLOGY	0	0	0	85,320		5.00
6.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	57		6.00
7.00	57.00 CT SCAN	0	0	0	0		7.00
8.00	58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		8.00
9.00	59.00 CARDIAC CATHETERIZATION	0	14,750	12,100	12,100		9.00
10.00	59.00 CARDIAC CATHETERIZATION	0	0	0	52,483		10.00
11.00	65.01 STRESS TEST	0	2,884	1,676	2,366		11.00
12.00	65.01 STRESS TEST	0	0	0	1,150		12.00
13.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	14,400		13.00
14.00	76.97 CARDIAC REHABILITATION	0	11,866	9,734	9,734		14.00
15.00	76.97 CARDIAC REHABILITATION	0	0	0	0		15.00
16.00	90.00 CLINIC	0	4,140	5,235	5,235		16.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140202

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

Worksheet A-8-2

Date/Time Prepared:  
5/27/2014 1:39 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
17.00	90.00	CLINIC	0	0	0	2,700		17.00
18.00	91.00	EMERGENCY	0	911,716	292,784	292,784		18.00
19.00	91.00	EMERGENCY	0	0	0	296,227		19.00
20.00	91.00	EMERGENCY	0	82	869,081	869,081		20.00
22.00	91.20	ACUTE CARE CENTER	0	0	0	213,930		22.00
200.00			0	971,516	1,217,332	4,277,256		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2014 1:39 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	11,960,486	11,960,486			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	7,859,774		7,859,774		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	25,788,793	38,039	24,997	25,851,829	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	32,813,038	993,667	652,983	3,629,079	5.00
6.00 00600	MAINTENANCE & REPAIRS	7,503,245	3,962,513	2,603,944	632,004	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	92,519	22,904	15,051	17,965	8.00
9.00 00900	HOUSEKEEPING	3,086,530	152,766	100,389	548,578	9.00
10.00 01000	DIETARY	2,258,588	121,989	80,165	263,781	10.00
11.00 01100	CAFETERIA	774,786	77,980	51,244	170,905	11.00
13.00 01300	NURSING ADMINISTRATION	3,312,341	83,305	54,743	673,829	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	816,701	127,767	83,962	166,836	14.00
15.00 01500	PHARMACY	4,864,565	93,203	61,248	1,106,752	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,045,870	51,865	34,083	375,111	16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
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-(SPECIFY)	105,318	43,520	28,599	35,822	23.00
23.01 02301	CLINICAL PASTORAL EDUCATION	202,345	0	0	45,080	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	27,437,641	2,569,226	1,688,354	6,541,153	30.00
31.00 03100	INTENSIVE CARE UNIT	5,755,099	219,958	144,544	1,192,162	31.00
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	2,639,865	96,013	63,095	576,223	43.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
45.01 04510	ICF/MR	0	0	0	0	45.01
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	12,137,794	627,403	412,295	2,106,240	50.00
51.00 05100	RECOVERY ROOM	1,276,896	60,157	39,532	308,977	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,029,599	145,399	95,548	396,944	52.00
53.00 05300	ANESTHESIOLOGY	363,595	4,207	2,765	22,433	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,958,051	366,718	240,987	872,489	54.00
56.00 05600	RADIOISOTOPE	1,976,506	34,669	22,783	241,752	56.00
56.01 05603	ULTRASOUND	1,475,752	16,392	10,772	344,206	56.01
57.00 05700	CT SCAN	1,611,112	18,487	12,149	261,711	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	869,895	41,844	27,498	153,298	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,824,173	292,491	192,209	370,063	59.00
60.00 06000	LABORATORY	10,899,365	133,284	87,587	0	60.00
60.01 06001	LABORATORY	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	23,672	15,556	0	63.00
65.00 06500	RESPIRATORY THERAPY	2,330,910	64,381	42,308	557,893	65.00
65.01 06501	STRESS TEST	896,796	4,277	2,811	174,207	65.01
66.00 06600	PHYSICAL THERAPY	3,708,582	152,015	99,896	819,328	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	423,699	8,013	5,266	78,549	69.00
69.01 06901	ECHOCARDIOGRAM	0	0	0	0	69.01
69.02 06902	CARDIOLOGY	0	0	0	0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	535,310	81,402	53,493	105,823	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,521,816	0	0	0	71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	12,735,261	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	12,606,179	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	730,725	55,304	36,342	0	74.00
75.02 07501	OUTPATIENT SURGERY	0	0	0	0	75.02
76.00 03290	ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	512,193	223,903	147,137	113,691	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	1,298,328	133,773	87,908	278,079	90.00
90.01 09001	ADDICTION RECOVERY CLINIC	0	0	0	0	90.01
90.03 09002	LITHOTRIPSY	0	0	0	0	90.03
91.00 09100	EMERGENCY	9,098,249	778,492	511,582	1,798,869	91.00
91.20 09101	ACUTE CARE CENTER	4,051,641	0	0	837,530	91.20
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2014 1:39 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	245,189,931	11,920,998	7,833,825	25,817,362	245,090,027	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	507,918	39,488	25,949	34,467	607,822	190.00
194.00 07950 FUNDRAISING	0	0	0	0	0	194.00
194.01 07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03 07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05 07955 HOSPICE	0	0	0	0	0	194.05
194.06 07956 NEIL MRI	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118-201)	245,697,849	11,960,486	7,859,774	25,851,829	245,697,849	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140202		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part I Date/Time Prepared: 5/27/2014 1:39 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	6.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	38,088,767					5.00
6.00	00600	MAINTENANCE & REPAIRS	2,697,234	17,398,940				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	27,233	57,204	232,876			8.00
9.00	00900	HOUSEKEEPING	713,356	381,548	0	4,983,167		9.00
10.00	01000	DIETARY	499,852	304,680	0	89,520	3,618,575	10.00
11.00	01100	CAFETERIA	197,208	194,763	0	57,224	0	11.00
13.00	01300	NURSING ADMINISTRATION	756,646	208,061	0	61,132	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	219,288	319,112	0	93,760	0	14.00
15.00	01500	PHARMACY	1,123,858	232,783	0	68,395	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	459,931	129,537	0	38,060	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
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-(SPECIFY)	39,125	108,696	0	31,937	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	45,394	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	7,014,975	6,416,896	199,660	1,885,384	3,102,445	30.00
31.00	03100	INTENSIVE CARE UNIT	1,341,445	549,366	17,830	161,412	277,054	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	619,227	239,803	15,386	70,458	239,076	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,804,015	1,567,001	0	460,409	0	50.00
51.00	05100	RECOVERY ROOM	309,240	150,247	0	44,145	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	489,388	363,148	0	106,699	0	52.00
53.00	05300	ANESTHESIOLOGY	72,101	10,508	0	3,087	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,181,186	915,915	0	269,110	0	54.00
56.00	05600	RADIOISOTOPE	417,511	86,591	0	25,442	0	56.00
56.01	05603	ULTRASOUND	338,880	40,941	0	12,029	0	56.01
57.00	05700	CT SCAN	349,216	46,173	0	13,566	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	200,441	104,510	0	30,707	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	491,488	730,526	0	214,640	0	59.00
60.00	06000	LABORATORY	2,040,163	332,890	0	97,808	0	60.00
60.01	06001	LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,197	59,122	0	17,371	0	63.00
65.00	06500	RESPIRATORY THERAPY	549,565	160,799	0	47,245	0	65.00
65.01	06501	STRESS TEST	197,791	10,682	0	3,139	0	65.01
66.00	06600	PHYSICAL THERAPY	876,925	379,673	0	111,554	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	94,581	20,013	0	5,880	0	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	142,373	203,309	0	59,735	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,214,622	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,336,462	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,312,780	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	150,875	138,126	0	40,584	0	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	182,900	559,220	0	164,307	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	329,884	334,110	0	98,167	0	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	2,235,911	1,944,363	0	571,284	0	91.00
91.20	09101	ACUTE CARE CENTER	896,987	0	0	0	0	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2014 1:39 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	6.00	8.00	9.00	10.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	37,977,254	17,300,316	232,876	4,954,190	3,618,575 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	111,513	98,624	0	28,977	0 190.00
194.00	07950	FUNDRAISING	0	0	0	0	0 194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0 194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0 194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0 194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0 194.04
194.05	07955	HOSPICE	0	0	0	0	0 194.05
194.06	07956	NEIL MRI	0	0	0	0	0 194.06
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)	38,088,767	17,398,940	232,876	4,983,167	3,618,575 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2014 1:39 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,524,110					11.00
13.00	01300	49,878	5,199,935				13.00
14.00	01400	12,350	0	1,839,776			14.00
15.00	01500	81,924	0	3,891	7,636,619		15.00
16.00	01600	27,766	0	0	0	3,162,223	16.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	2,652	0	5,905	24,098	0	23.00
23.01	02301	3,337	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	484,223	2,832,011	112,940	184,799	457,085	30.00
31.00	03100	88,246	456,120	31,702	35,775	53,297	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	42,653	158,375	5,353	569	36,890	43.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	155,908	567,105	1,041,313	101,874	387,953	50.00
51.00	05100	22,871	113,962	2,804	6,165	52,981	51.00
52.00	05200	29,383	0	9,758	0	22,703	52.00
53.00	05300	1,661	0	37,322	106,077	66,941	53.00
54.00	05400	64,583	39,947	45,039	1,515	108,411	54.00
56.00	05600	17,895	0	30,193	2,458	61,700	56.00
56.01	05603	25,479	0	8,927	1,669	55,152	56.01
57.00	05700	19,372	0	21,300	11,958	246,757	57.00
58.00	05800	11,347	0	8,145	2,207	66,762	58.00
59.00	05900	27,393	83,310	285,595	17,305	104,043	59.00
60.00	06000	0	0	0	0	326,045	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	77,244	0	24,222	63.00
65.00	06500	41,296	0	18,988	16,325	61,286	65.00
65.01	06501	12,895	16,441	2,439	3,871	53,535	65.01
66.00	06600	60,648	0	1,113	623	39,088	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	5,814	0	581	0	15,949	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	0	0	0	0	69.02
70.00	07000	7,833	0	584	55	8,038	70.00
71.00	07100	0	0	7,035	0	94,042	71.00
71.30	07101	0	0	0	0	0	71.30
72.00	07200	0	0	5,131	0	141,313	72.00
73.00	07300	0	0	0	6,845,309	385,970	73.00
74.00	07400	0	0	185	735	10,425	74.00
75.02	07501	0	0	0	0	0	75.02
76.00	03290	0	0	0	0	0	76.00
76.97	07697	8,416	17,034	713	37	4,062	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	20,584	65,885	16,998	31,969	18,794	90.00
90.01	09001	0	0	0	0	0	90.01
90.03	09002	0	0	0	0	0	90.03
91.00	09100	133,156	675,725	44,574	191,313	224,062	91.00
91.20	09101	61,996	174,020	13,971	49,913	34,717	91.20
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,521,559	5,199,935	1,839,743	7,636,619	3,162,223	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,551	0	33	0	0	190.00
194.00	07950 FUNDRAISING	0	0	0	0	0	194.00
194.01	07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955 HOSPICE	0	0	0	0	0	194.05
194.06	07956 NEIL MRI	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,524,110	5,199,935	1,839,776	7,636,619	3,162,223	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2014 1:39 pm

Cost Center Description	INTERNS & RESIDENTS					PARAMED PRGM	
	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
	19.00	20.00	21.00	22.00	23.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500 ADMINISTRATIVE & GENERAL							5.00
6.00 00600 MAINTENANCE & REPAIRS							6.00
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
19.00 01900 NONPHYSICIAN ANESTHETISTS	0						19.00
20.00 02000 NURSING SCHOOL	0	0					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	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-(SPECIFY)	0	0	0	0	425,672		23.00
23.01 02301 CLINICAL PASTORAL EDUCATION	0	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	0	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	0	0	45.01
<b>ANCILLARY SERVICE COST CENTERS</b>							
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
56.01 05603 ULTRASOUND	0	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
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
60.01 06001 LABORATORY	0	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01 06501 STRESS TEST	0	0	0	0	0	0	65.01
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
69.01 06901 ECHOCARDIOGRAM	0	0	0	0	0	0	69.01
69.02 06902 RADIOLOGY	0	0	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	71.30
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	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.02 07501 OUTPATIENT SURGERY	0	0	0	0	0	0	75.02
76.00 03290 ELECTROMYOGRAPHY	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0	0	0	0	0	90.01
90.03 09002 LI THOTRI PSY	0	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	0	425,672	0	91.00
91.20 09101 ACUTE CARE CENTER	0	0	0	0	0	0	91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10 09910 CORF	0	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	0	99.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	425,672	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 FUNDRAISING	0	0	0	0	0	194.00
194.01 07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03 07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05 07955 HOSPICE	0	0	0	0	0	194.05
194.06 07956 NEIL MRI	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	425,672	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

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Cost Center Description			CLINICAL PASTORAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	296,156				23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	296,156	61,222,948	0	61,222,948	30.00
31.00	03100	INTENSIVE CARE UNIT	0	10,324,010	0	10,324,010	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	4,802,986	0	4,802,986	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	45.01
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	22,369,310	0	22,369,310	50.00
51.00	05100	RECOVERY ROOM	0	2,387,977	0	2,387,977	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,688,569	0	3,688,569	52.00
53.00	05300	ANESTHESIOLOGY	0	690,697	0	690,697	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,063,951	0	9,063,951	54.00
56.00	05600	RADIOISOTOPE	0	2,917,500	0	2,917,500	56.00
56.01	05603	ULTRASOUND	0	2,330,199	0	2,330,199	56.01
57.00	05700	CT SCAN	0	2,611,801	0	2,611,801	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,516,654	0	1,516,654	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,633,236	0	4,633,236	59.00
60.00	06000	LABORATORY	0	13,917,142	0	13,917,142	60.00
60.01	06001	LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	224,384	0	224,384	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,890,996	0	3,890,996	65.00
65.01	06501	STRESS TEST	0	1,378,884	0	1,378,884	65.01
66.00	06600	PHYSICAL THERAPY	0	6,249,445	0	6,249,445	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	658,345	0	658,345	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,197,955	0	1,197,955	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,837,515	0	20,837,515	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	15,218,167	0	15,218,167	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,150,238	0	22,150,238	73.00
74.00	07400	RENAL DIALYSIS	0	1,163,301	0	1,163,301	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,933,613	0	1,933,613	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	2,714,479	0	2,714,479	90.00
90.01	09001	ADDITION RECOVERY CLINIC	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	18,633,252	0	18,633,252	91.00
91.20	09101	ACUTE CARE CENTER	0	6,120,775	0	6,120,775	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	99.20

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140202

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

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Cost Center Description			CLINICAL PASTORAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
99.30	09930	OOT	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	296,156	244,848,329	0	244,848,329	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	849,520	0	849,520	190.00
194.00	07950	FUNDRAISING	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	194.05
194.06	07956	NEIL MRI	0	0	0	0	194.06
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)	296,156	245,697,849	0	245,697,849	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B  
Part II  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	38,039	24,997	63,036	63,036 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	285,984	993,667	652,983	1,932,634	8,847 5.00
6.00 00600	MAINTENANCE & REPAIRS	1,729	3,962,513	2,603,944	6,568,186	1,541 6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	22,904	15,051	37,955	44 8.00
9.00 00900	HOUSEKEEPING	1,870	152,766	100,389	255,025	1,337 9.00
10.00 01000	DIETARY	16,939	121,989	80,165	219,093	643 10.00
11.00 01100	CAFETERIA	0	77,980	51,244	129,224	417 11.00
13.00 01300	NURSING ADMINISTRATION	782	83,305	54,743	138,830	1,643 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	247	127,767	83,962	211,976	407 14.00
15.00 01500	PHARMACY	421,452	93,203	61,248	575,903	2,698 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,943	51,865	34,083	89,891	914 16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
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-(SPECIFY)	305	43,520	28,599	72,424	87 23.00
23.01 02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	110 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	65,398	2,569,226	1,688,354	4,322,978	15,959 30.00
31.00 03100	INTENSIVE CARE UNIT	12,878	219,958	144,544	377,380	2,906 31.00
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	96,013	63,095	159,108	1,405 43.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
45.01 04510	ICF/MR	0	0	0	0	0 45.01
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	64,499	627,403	412,295	1,104,197	5,135 50.00
51.00 05100	RECOVERY ROOM	0	60,157	39,532	99,689	753 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	145,399	95,548	240,947	968 52.00
53.00 05300	ANESTHESIOLOGY	0	4,207	2,765	6,972	55 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	17,882	366,718	240,987	625,587	2,127 54.00
56.00 05600	RADIOISOTOPE	38,623	34,669	22,783	96,075	589 56.00
56.01 05603	ULTRASOUND	0	16,392	10,772	27,164	839 56.01
57.00 05700	CT SCAN	22,169	18,487	12,149	52,805	638 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	41,844	27,498	69,342	374 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	292,491	192,209	484,700	902 59.00
60.00 06000	LABORATORY	0	133,284	87,587	220,871	0 60.00
60.01 06001	LABORATORY	0	0	0	0	0 60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	23,672	15,556	39,228	0 63.00
65.00 06500	RESPIRATORY THERAPY	18,333	64,381	42,308	125,022	1,360 65.00
65.01 06501	STRESS TEST	18,400	4,277	2,811	25,488	425 65.01
66.00 06600	PHYSICAL THERAPY	302,665	152,015	99,896	554,576	1,997 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	8,013	5,266	13,279	191 69.00
69.01 06901	ECHOCARDIOGRAM	0	0	0	0	0 69.01
69.02 06902	CARDIOLOGY	0	0	0	0	0 69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	72,604	81,402	53,493	207,499	258 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 71.30
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	0	55,304	36,342	91,646	0 74.00
75.02 07501	OUTPATIENT SURGERY	0	0	0	0	0 75.02
76.00 03290	ELECTROMYOGRAPHY	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	223,903	147,137	371,040	277 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	133,773	87,908	221,681	678 90.00
90.01 09001	ADDITION RECOVERY CLINIC	0	0	0	0	0 90.01
90.03 09002	LITHOTRIPSY	0	0	0	0	0 90.03
91.00 09100	EMERGENCY	4,464	778,492	511,582	1,294,538	4,386 91.00
91.20 09101	ACUTE CARE CENTER	481,887	0	0	481,887	2,042 91.20
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	0 99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2014 1:39 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,853,053	11,920,998	7,833,825	21,607,876	62,952	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	39,488	25,949	65,437	84	190.00
194.00 07950 FUNDRAISING	0	0	0	0	0	194.00
194.01 07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03 07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04 07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05 07955 HOSPICE	0	0	0	0	0	194.05
194.06 07956 NEIL MRI	0	0	0	0	0	194.06
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,853,053	11,960,486	7,859,774	21,673,313	63,036	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140202		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/27/2014 1:39 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	6.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,941,481					5.00
6.00	00600	MAINTENANCE & REPAIRS	137,490	6,707,217				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,388	22,052	61,439			8.00
9.00	00900	HOUSEKEEPING	36,363	147,085	0	439,810		9.00
10.00	01000	DIETARY	25,480	117,453	0	7,901	370,570	10.00
11.00	01100	CAFETERIA	10,053	75,080	0	5,051	0	11.00
13.00	01300	NURSING ADMINISTRATION	38,570	80,207	0	5,395	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,178	123,016	0	8,275	0	14.00
15.00	01500	PHARMACY	57,288	89,737	0	6,037	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	23,445	49,936	0	3,359	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
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-(SPECIFY)	1,994	41,902	0	2,819	0	23.00
23.01	02301	CLINICAL PASTORAL EDUCATION	2,314	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	357,511	2,473,687	52,676	166,403	317,715	30.00
31.00	03100	INTENSIVE CARE UNIT	68,380	211,778	4,704	14,246	28,372	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	31,565	92,443	4,059	6,219	24,483	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	142,933	604,072	0	40,635	0	50.00
51.00	05100	RECOVERY ROOM	15,763	57,920	0	3,896	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,946	139,992	0	9,417	0	52.00
53.00	05300	ANESTHESIOLOGY	3,675	4,051	0	272	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,210	353,081	0	23,751	0	54.00
56.00	05600	RADIOISOTOPE	21,282	33,380	0	2,245	0	56.00
56.01	05603	ULTRASOUND	17,274	15,783	0	1,062	0	56.01
57.00	05700	CT SCAN	17,801	17,799	0	1,197	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,217	40,288	0	2,710	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,053	281,615	0	18,944	0	59.00
60.00	06000	LABORATORY	103,996	128,327	0	8,632	0	60.00
60.01	06001	LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	367	22,791	0	1,533	0	63.00
65.00	06500	RESPIRATORY THERAPY	28,014	61,987	0	4,170	0	65.00
65.01	06501	STRESS TEST	10,082	4,118	0	277	0	65.01
66.00	06600	PHYSICAL THERAPY	44,701	146,362	0	9,846	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	4,821	7,715	0	519	0	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	7,257	78,375	0	5,272	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	163,864	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	119,100	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	117,893	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	7,691	53,247	0	3,582	0	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	9,323	215,577	0	14,502	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	16,816	128,798	0	8,664	0	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	113,975	749,544	0	50,421	0	91.00
91.20	09101	ACUTE CARE CENTER	45,724	0	0	0	0	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2014 1:39 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	6.00	8.00	9.00	10.00		
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,935,797	6,669,198	61,439	437,252	370,570	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,684	38,019	0	2,558	0	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NEIL MRI	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,941,481	6,707,217	61,439	439,810	370,570	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140202		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/27/2014 1:39 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA	219,825				11.00
13.00	01300	NURSING ADMINISTRATION	7,194	271,839			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,781	0	356,633		14.00
15.00	01500	PHARMACY	11,816	0	754	744,233	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,005	0	0	0	171,550
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	382	0	1,145	2,348	0
23.01	02301	CLINICAL PASTORAL EDUCATION	481	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	69,841	148,052	21,892	18,010	24,945
31.00	03100	INTENSIVE CARE UNIT	12,728	23,845	6,145	3,486	2,888
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	6,152	8,279	1,038	55	1,999
45.00	04500	NURSING FACILITY	0	0	0	0	0
45.01	04510	ICF/MR	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	22,486	29,647	201,859	9,928	21,025
51.00	05100	RECOVERY ROOM	3,299	5,958	543	601	2,871
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,238	0	1,891	0	1,230
53.00	05300	ANESTHESIOLOGY	239	0	7,234	10,338	3,628
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,315	2,088	8,730	148	5,875
56.00	05600	RADIOISOTOPE	2,581	0	5,853	240	3,344
56.01	05603	ULTRASOUND	3,675	0	1,730	163	2,989
57.00	05700	CT SCAN	2,794	0	4,129	1,165	13,373
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,637	0	1,579	215	3,618
59.00	05900	CARDIAC CATHETERIZATION	3,951	4,355	55,360	1,687	5,639
60.00	06000	LABORATORY	0	0	0	0	17,670
60.01	06001	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	14,973	0	1,313
65.00	06500	RESPIRATORY THERAPY	5,956	0	3,681	1,591	3,321
65.01	06501	STRESS TEST	1,860	859	473	377	2,901
66.00	06600	PHYSICAL THERAPY	8,747	0	216	61	2,118
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	839	0	113	0	864
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0
69.02	06902	CARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,130	0	113	5	436
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,364	0	5,097
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	995	0	7,659
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	667,114	20,918
74.00	07400	RENAL DIALYSIS	0	0	36	72	565
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	1,214	890	138	4	220
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	2,969	3,444	3,295	3,116	1,019
90.01	09001	ADDITIONAL RECOVERY CLINIC	0	0	0	0	0
90.03	09002	LITHOTRIPSY	0	0	0	0	0
91.00	09100	EMERGENCY	19,205	35,325	8,640	18,645	12,143
91.20	09101	ACUTE CARE CENTER	8,942	9,097	2,708	4,864	1,882
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OPT	0	0	0	0	0
99.30	09930	OOT	0	0	0	0	0
99.40	09940	OSP	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2014 1:39 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
	<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	219,457	271,839	356,627	744,233	171,550	118.00
	<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	368	0	6	0	0	190.00
194.00	07950 FUNDRAISING	0	0	0	0	0	194.00
194.01	07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955 HOSPICE	0	0	0	0	0	194.05
194.06	07956 NEIL MRI	0	0	0	0	0	194.06
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)	219,825	271,839	356,633	744,233	171,550	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 1:39 pm
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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	
	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	19.00	20.00	21.00	22.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
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
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00 02000	NURSING SCHOOL		0			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD			0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				0	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)					23.00
23.01 02301	CLINICAL PASTORAL EDUCATION				123, 101	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
41.00 04100	SUBPROVIDER - IRF					41.00
42.00 04200	SUBPROVIDER					42.00
43.00 04300	NURSERY					43.00
45.00 04500	NURSING FACILITY					45.00
45.01 04510	ICF/MR					45.01
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM					50.00
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
56.00 05600	RADIOISOTOPE					56.00
56.01 05603	ULTRASOUND					56.01
57.00 05700	CT SCAN					57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
60.00 06000	LABORATORY					60.00
60.01 06001	LABORATORY					60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.					63.00
65.00 06500	RESPIRATORY THERAPY					65.00
65.01 06501	STRESS TEST					65.01
66.00 06600	PHYSICAL THERAPY					66.00
67.00 06700	OCCUPATIONAL THERAPY					67.00
68.00 06800	SPEECH PATHOLOGY					68.00
69.00 06900	ELECTROCARDIOLOGY					69.00
69.01 06901	ECHOCARDIOGRAM					69.01
69.02 06902	CARDIOLOGY					69.02
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT					71.30
72.00 07200	IMPL. DEV. CHARGED TO PATIENT					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00
74.00 07400	RENAL DIALYSIS					74.00
75.02 07501	OUTPATIENT SURGERY					75.02
76.00 03290	ELECTROMYOGRAPHY					76.00
76.97 07697	CARDIAC REHABILITATION					76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC					88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00 09000	CLINIC					90.00
90.01 09001	ADDICTION RECOVERY CLINIC					90.01
90.03 09002	LITHOTRIPSY					90.03
91.00 09100	EMERGENCY					91.00
91.20 09101	ACUTE CARE CENTER					91.20
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF					99.10
99.20 09920	OPT					99.20
99.30 09930	OOT					99.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2014 1:39 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
	19.00	20.00	21.00	22.00	23.00	
99.40 09940 OSP						99.40
101.00 10100 HOME HEALTH AGENCY						101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION						109.00
110.00 11000 INTESTINAL ACQUISITION						110.00
111.00 11100 ISLET ACQUISITION						111.00
116.00 11600 HOSPICE						116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
194.00 07950 FUNDRAISING						194.00
194.01 07951 MANAGED CARE ADMINISTRATION						194.01
194.02 07952 PHYSICIAN SUPPORT SERVICES						194.02
194.03 07953 HOME MEDICAL EQUIPMENT						194.03
194.04 07954 HOME PHARMACY						194.04
194.05 07955 HOSPICE						194.05
194.06 07956 NEIL MRI						194.06
200.00 Cross Foot Adjustments	0	0	0	0	123,101	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	123,101	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 1:39 pm
Cost Center Description	CLINICAL PASTORAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.01	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
6.00 00600	MAINTENANCE & REPAIRS				6.00
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
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000	NURSING SCHOOL				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01 02301	CLINICAL PASTORAL EDUCATION	2,905			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	7,989,669	0	7,989,669	30.00
31.00 03100	INTENSIVE CARE UNIT	756,858	0	756,858	31.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	42.00
43.00 04300	NURSERY	336,805	0	336,805	43.00
45.00 04500	NURSING FACILITY	0	0	0	45.00
45.01 04510	ICF/MR	0	0	0	45.01
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	2,181,917	0	2,181,917	50.00
51.00 05100	RECOVERY ROOM	191,293	0	191,293	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	423,629	0	423,629	52.00
53.00 05300	ANESTHESIOLOGY	36,464	0	36,464	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,090,912	0	1,090,912	54.00
56.00 05600	RADIOISOTOPE	165,589	0	165,589	56.00
56.01 05603	ULTRASOUND	70,679	0	70,679	56.01
57.00 05700	CT SCAN	111,701	0	111,701	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	129,980	0	129,980	58.00
59.00 05900	CARDIAC CATHETERIZATION	882,206	0	882,206	59.00
60.00 06000	LABORATORY	479,496	0	479,496	60.00
60.01 06001	LABORATORY	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	80,205	0	80,205	63.00
65.00 06500	RESPIRATORY THERAPY	235,102	0	235,102	65.00
65.01 06501	STRESS TEST	46,860	0	46,860	65.01
66.00 06600	PHYSICAL THERAPY	768,624	0	768,624	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	28,341	0	28,341	69.00
69.01 06901	ECHOCARDIOGRAM	0	0	0	69.01
69.02 06902	CARDIOLOGY	0	0	0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	300,345	0	300,345	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	170,325	0	170,325	71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	71.30
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	127,754	0	127,754	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	805,925	0	805,925	73.00
74.00 07400	RENAL DIALYSIS	156,839	0	156,839	74.00
75.02 07501	OUTPATIENT SURGERY	0	0	0	75.02
76.00 03290	ELECTROMYOGRAPHY	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	613,185	0	613,185	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000	CLINIC	390,480	0	390,480	90.00
90.01 09001	ADDITION RECOVERY CLINIC	0	0	0	90.01
90.03 09002	LITHOTRIpsy	0	0	0	90.03
91.00 09100	EMERGENCY	2,306,822	0	2,306,822	91.00
91.20 09101	ACUTE CARE CENTER	557,146	0	557,146	91.20
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 09910	CORF	0	0	0	99.10
99.20 09920	OPT	0	0	0	99.20

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140202

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2014 1:39 pm

Cost Center Description			CLINICAL PASTORAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
99.30	09930	OOT		0	0	0	99.30
99.40	09940	OSP		0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100	ISLET ACQUISITION		0	0	0	111.00
116.00	11600	HOSPICE		0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	21,435,151	0	21,435,151	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		112,156	0	112,156	190.00
194.00	07950	FUNDRAISING		0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION		0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES		0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT		0	0	0	194.03
194.04	07954	HOME PHARMACY		0	0	0	194.04
194.05	07955	HOSPICE		0	0	0	194.05
194.06	07956	NEIL MRI		0	0	0	194.06
200.00		Cross Foot Adjustments	2,905	126,006	0	126,006	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,905	21,673,313	0	21,673,313	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1  
Date/Time Prepared:  
5/27/2014 1:39 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	685,142				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		685,142			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,179	2,179	95,204,132		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	56,921	56,921	13,364,757	-38,088,767	5.00
6.00 00600	MAINTENANCE & REPAIRS	226,988	226,988	2,327,473	0	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,312	1,312	66,160	0	8.00
9.00 00900	HOUSEKEEPING	8,751	8,751	2,020,239	0	9.00
10.00 01000	DIETARY	6,988	6,988	971,424	0	10.00
11.00 01100	CAFETERIA	4,467	4,467	629,389	0	11.00
13.00 01300	NURSING ADMINISTRATION	4,772	4,772	2,481,501	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,319	7,319	614,404	0	14.00
15.00 01500	PHARMACY	5,339	5,339	4,075,818	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,971	2,971	1,381,415	0	16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
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-(SPECIFY)	2,493	2,493	131,922	0	23.00
23.01 02301	CLINICAL PASTORAL EDUCATION	0	0	166,014	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	147,175	147,175	24,088,993	0	30.00
31.00 03100	INTENSIVE CARE UNIT	12,600	12,600	4,390,356	0	31.00
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	5,500	5,500	2,122,047	0	43.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
45.01 04510	ICF/MR	0	0	0	0	45.01
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	35,940	35,940	7,756,620	0	50.00
51.00 05100	RECOVERY ROOM	3,446	3,446	1,137,865	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	8,329	8,329	1,461,819	0	52.00
53.00 05300	ANESTHESIOLOGY	241	241	82,614	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	21,007	21,007	3,213,101	0	54.00
56.00 05600	RADIOISOTOPE	1,986	1,986	890,297	0	56.00
56.01 05603	ULTRASOUND	939	939	1,267,602	0	56.01
57.00 05700	CT SCAN	1,059	1,059	963,801	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,397	2,397	564,547	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	16,755	16,755	1,362,825	0	59.00
60.00 06000	LABORATORY	7,635	7,635	0	0	60.00
60.01 06001	LABORATORY	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,356	1,356	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	3,688	3,688	2,054,546	0	65.00
65.01 06501	STRESS TEST	245	245	641,549	0	65.01
66.00 06600	PHYSICAL THERAPY	8,708	8,708	3,017,327	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	459	459	289,273	0	69.00
69.01 06901	ECHOCARDIOGRAM	0	0	0	0	69.01
69.02 06902	CARDIOLOGY	0	0	0	0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	4,663	4,663	389,711	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
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	3,168	3,168	0	0	74.00
75.02 07501	OUTPATIENT SURGERY	0	0	0	0	75.02
76.00 03290	ELECTROMYOGRAPHY	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	12,826	12,826	418,688	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	7,663	7,663	1,024,078	0	90.00
90.01 09001	ADDICTION RECOVERY CLINIC	0	0	0	0	90.01
90.03 09002	LITHOTRIpsy	0	0	0	0	90.03
91.00 09100	EMERGENCY	44,595	44,595	6,624,669	0	91.00
91.20 09101	ACUTE CARE CENTER	0	0	3,084,358	0	91.20
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:  
5/27/2014 1:39 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 09910	CORF	0	0	0	0	99.10
99.20 09920	OPT	0	0	0	0	99.20
99.30 09930	OOT	0	0	0	0	99.30
99.40 09940	OSP	0	0	0	0	99.40
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
116.00 11600	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	682,880	682,880	95,077,202	-38,088,767	207,001,260
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,262	2,262	126,930	0	607,822
194.00 07950	FUNDRAISING	0	0	0	0	0
194.01 07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0
194.02 07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0
194.03 07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0
194.04 07954	HOME PHARMACY	0	0	0	0	0
194.05 07955	HOSPICE	0	0	0	0	0
194.06 07956	NEIL MRI	0	0	0	0	0
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	11,960,486	7,859,774	25,851,829		38,088,767
203.00	Unit cost multiplier (Wkst. B, Part I)	17.456945	11.471745	0.271541		0.183464
204.00	Cost to be allocated (per Wkst. B, Part II)			63,036		1,941,481
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000662		0.009352

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:  
5/27/2014 1:39 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
		6.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	399,054				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,312	62,601			8.00
9.00	00900	HOUSEKEEPING	8,751	0	388,991		9.00
10.00	01000	DIETARY	6,988	0	6,988	62,601	10.00
11.00	01100	CAFETERIA	4,467	0	4,467	0	75,824,690
13.00	01300	NURSING ADMINISTRATION	4,772	0	4,772	0	2,481,501
14.00	01400	CENTRAL SERVICES & SUPPLY	7,319	0	7,319	0	614,404
15.00	01500	PHARMACY	5,339	0	5,339	0	4,075,818
16.00	01600	MEDICAL RECORDS & LIBRARY	2,971	0	2,971	0	1,381,415
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM-(SPECIFY)	2,493	0	2,493	0	131,922
23.01	02301	CLINICAL PASTORAL EDUCATION	0	0	0	0	166,014
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	147,175	53,672	147,175	53,672	24,088,993
31.00	03100	INTENSIVE CARE UNIT	12,600	4,793	12,600	4,793	4,390,356
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	5,500	4,136	5,500	4,136	2,122,047
45.00	04500	NURSING FACILITY	0	0	0	0	0
45.01	04510	ICF/MR	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	35,940	0	35,940	0	7,756,620
51.00	05100	RECOVERY ROOM	3,446	0	3,446	0	1,137,865
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,329	0	8,329	0	1,461,819
53.00	05300	ANESTHESIOLOGY	241	0	241	0	82,614
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,007	0	21,007	0	3,213,101
56.00	05600	RADIOISOTOPE	1,986	0	1,986	0	890,297
56.01	05603	ULTRASOUND	939	0	939	0	1,267,602
57.00	05700	CT SCAN	1,059	0	1,059	0	963,801
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,397	0	2,397	0	564,547
59.00	05900	CARDIAC CATHETERIZATION	16,755	0	16,755	0	1,362,825
60.00	06000	LABORATORY	7,635	0	7,635	0	0
60.01	06001	LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,356	0	1,356	0	0
65.00	06500	RESPIRATORY THERAPY	3,688	0	3,688	0	2,054,546
65.01	06501	STRESS TEST	245	0	245	0	641,549
66.00	06600	PHYSICAL THERAPY	8,708	0	8,708	0	3,017,327
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	459	0	459	0	289,273
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	0
69.02	06902	CARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	4,663	0	4,663	0	389,711
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	3,168	0	3,168	0	0
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	0
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	12,826	0	12,826	0	418,688
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	7,663	0	7,663	0	1,024,078
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	0
90.03	09002	LITHOTRIPSY	0	0	0	0	0
91.00	09100	EMERGENCY	44,595	0	44,595	0	6,624,669
91.20	09101	ACUTE CARE CENTER	0	0	0	0	3,084,358
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OPT	0	0	0	0	0
99.30	09930	OOT	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	
		6.00	8.00	9.00	10.00	11.00	
99.40	09940 OSP	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	396,792	62,601	386,729	62,601	75,697,760	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,262	0	2,262	0	126,930	190.00
194.00	07950 FUNDRAISING	0	0	0	0	0	194.00
194.01	07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954 HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955 HOSPICE	0	0	0	0	0	194.05
194.06	07956 NEIL MRI	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	17,398,940	232,876	4,983,167	3,618,575	1,524,110	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	43.600465	3.720004	12.810494	57.803789	0.020100	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	6,707,217	61,439	439,810	370,570	219,825	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	16.807793	0.981438	1.130643	5.919554	0.002899	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

Period:  
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To 12/31/2013

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		NURSING ADMINISTRATION  (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	19.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	1,822,133					13.00
14.00	01400	0	30,176,061				14.00
15.00	01500	0	63,827	14,287,424			15.00
16.00	01600	0	0	0	1,382,221,880		16.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	96,859	45,085	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	992,378	1,852,440	345,743	199,906,474		30.00
31.00	03100	159,831	519,971	66,931	23,294,041		31.00
41.00	04100	0	0	0	0		41.00
42.00	04200	0	0	0	0		42.00
43.00	04300	55,497	87,797	1,065	16,123,399		43.00
45.00	04500	0	0	0	0		45.00
45.01	04510	0	0	0	0		45.01
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	198,722	17,079,642	190,597	169,559,782	0	50.00
51.00	05100	39,934	45,986	11,534	23,156,012	0	51.00
52.00	05200	0	160,046	0	9,922,800	0	52.00
53.00	05300	0	612,158	198,461	29,257,236	0	53.00
54.00	05400	13,998	738,731	2,835	47,382,249	0	54.00
56.00	05600	0	495,233	4,598	26,966,955	0	56.00
56.01	05603	0	146,421	3,122	24,105,105	0	56.01
57.00	05700	0	349,356	22,373	107,848,409	0	57.00
58.00	05800	0	133,588	4,130	29,179,129	0	58.00
59.00	05900	29,193	4,684,344	32,377	45,473,205	0	59.00
60.00	06000	0	0	0	142,502,025	0	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	1,266,967	0	10,586,541	0	63.00
65.00	06500	0	311,436	30,543	26,785,924	0	65.00
65.01	06501	5,761	40,011	7,242	23,398,060	0	65.01
66.00	06600	0	18,254	1,166	17,083,937	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	9,524	0	6,970,678	0	69.00
69.01	06901	0	0	0	0	0	69.01
69.02	06902	0	0	0	0	0	69.02
70.00	07000	0	9,586	102	3,513,289	0	70.00
71.00	07100	0	115,395	0	41,102,089	0	71.00
71.30	07101	0	0	0	0	0	71.30
72.00	07200	0	84,156	0	61,762,822	0	72.00
73.00	07300	0	0	12,806,953	168,693,116	0	73.00
74.00	07400	0	3,036	1,375	4,556,432	0	74.00
75.02	07501	0	0	0	0	0	75.02
76.00	03290	0	0	0	0	0	76.00
76.97	07697	5,969	11,695	69	1,775,334	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	23,087	278,803	59,811	8,214,278	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.03	09002	0	0	0	0	0	90.03
91.00	09100	236,784	731,102	357,930	97,929,166	0	91.00
91.20	09101	60,979	229,156	93,382	15,173,393	0	91.20
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description			NURSING ADMINISTRATION  (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	19.00	
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,822,133	30,175,520	14,287,424	1,382,221,880	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	541	0	0	0	190.00
194.00	07950	FUNDRAISING	0	0	0	0	0	194.00
194.01	07951	MANAGED CARE ADMINISTRATION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN SUPPORT SERVICES	0	0	0	0	0	194.02
194.03	07953	HOME MEDICAL EQUIPMENT	0	0	0	0	0	194.03
194.04	07954	HOME PHARMACY	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
194.06	07956	NEIL MRI	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,199,935	1,839,776	7,636,619	3,162,223	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.853763	0.060968	0.534499	0.002288	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	271,839	356,633	744,233	171,550	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.149187	0.011818	0.052090	0.000124	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1  
Date/Time Prepared:  
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Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		20.00	21.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
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
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL	0					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD		0				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD				0		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)				100		23.00
23.01 02301 CLINICAL PASTORAL EDUCATION				0	100	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	100	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	0	45.01
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 05600 RADIO SOTOPE	0	0	0	0	0	56.00
56.01 05603 ULTRASOUND	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 06501 STRESS TEST	0	0	0	0	0	65.01
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
69.01 06901 ECHOCARDIOGRAM	0	0	0	0	0	69.01
69.02 06902 RADIOLOGY	0	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
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	0	0	0	0	0	74.00
75.02 07501 OUTPATIENT SURGERY	0	0	0	0	0	75.02
76.00 03290 ELECTROMYOGRAPHY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0	0	0	0	90.01
90.03 09002 LI THOTRI PSY	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	100	0	91.00
91.20 09101 ACUTE CARE CENTER	0	0	0	0	0	91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140202

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

Worksheet B-1

Date/Time Prepared:  
5/27/2014 1:39 pm

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		20.00	21.00			
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	09910 CORF	0	0	0	0	0 99.10
99.20	09920 OPT	0	0	0	0	0 99.20
99.30	09930 OOT	0	0	0	0	0 99.30
99.40	09940 OSP	0	0	0	0	0 99.40
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0 111.00
116.00	11600 HOSPICE	0	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	100	100 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
194.00	07950 FUNDRAISING	0	0	0	0	0 194.00
194.01	07951 MANAGED CARE ADMINISTRATION	0	0	0	0	0 194.01
194.02	07952 PHYSICIAN SUPPORT SERVICES	0	0	0	0	0 194.02
194.03	07953 HOME MEDICAL EQUIPMENT	0	0	0	0	0 194.03
194.04	07954 HOME PHARMACY	0	0	0	0	0 194.04
194.05	07955 HOSPICE	0	0	0	0	0 194.05
194.06	07956 NEIL MRI	0	0	0	0	0 194.06
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	0	425,672	296,156 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	4,256.720000	2,961.560000 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0	123,101	2,905 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	1,231.010000	29.050000 205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140202

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2014 1:39 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	61,222,948		61,222,948	0	61,222,948	30.00
31.00	03100 INTENSIVE CARE UNIT	10,324,010		10,324,010	26,722	10,350,732	31.00
41.00	04100 SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	4,802,986		4,802,986	0	4,802,986	43.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
45.01	04510 ICF/MR	0		0	0	0	45.01
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	22,369,310		22,369,310	0	22,369,310	50.00
51.00	05100 RECOVERY ROOM	2,387,977		2,387,977	0	2,387,977	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,688,569		3,688,569	0	3,688,569	52.00
53.00	05300 ANESTHESIOLOGY	690,697		690,697	0	690,697	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,063,951		9,063,951	0	9,063,951	54.00
56.00	05600 RADIOISOTOPE	2,917,500		2,917,500	0	2,917,500	56.00
56.01	05603 ULTRASOUND	2,330,199		2,330,199	0	2,330,199	56.01
57.00	05700 CT SCAN	2,611,801		2,611,801	0	2,611,801	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,516,654		1,516,654	0	1,516,654	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,633,236		4,633,236	12,100	4,645,336	59.00
60.00	06000 LABORATORY	13,917,142		13,917,142	0	13,917,142	60.00
60.01	06001 LABORATORY	0		0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	224,384		224,384	0	224,384	63.00
65.00	06500 RESPIRATORY THERAPY	3,890,996	0	3,890,996	0	3,890,996	65.00
65.01	06501 STRESS TEST	1,378,884	0	1,378,884	1,676	1,380,560	65.01
66.00	06600 PHYSICAL THERAPY	6,249,445	0	6,249,445	0	6,249,445	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	658,345		658,345	0	658,345	69.00
69.01	06901 ECHOCARDIOGRAM	0		0	0	0	69.01
69.02	06902 CARDIOLOGY	0		0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	1,197,955		1,197,955	0	1,197,955	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	20,837,515		20,837,515	0	20,837,515	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	15,218,167		15,218,167	0	15,218,167	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	22,150,238		22,150,238	0	22,150,238	73.00
74.00	07400 RENAL DIALYSIS	1,163,301		1,163,301	0	1,163,301	74.00
75.02	07501 OUTPATIENT SURGERY	0		0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	1,933,613		1,933,613	9,734	1,943,347	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	2,714,479		2,714,479	5,235	2,719,714	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0		0	0	0	90.01
90.03	09002 LI THOTRI PSY	0		0	0	0	90.03
91.00	09100 EMERGENCY	18,633,252		18,633,252	1,161,865	19,795,117	91.00
91.20	09101 ACUTE CARE CENTER	6,120,775		6,120,775	0	6,120,775	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,931,141		6,931,141	0	6,931,141	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0		0	0	0	99.10
99.20	09920 OPT	0		0	0	0	99.20
99.30	09930 OOT	0		0	0	0	99.30
99.40	09940 OSP	0		0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
116.00	11600 HOSPICE	0		0	0	0	116.00
200.00	Subtotal (see instructions)	251,779,470	0	251,779,470	1,217,332	252,996,802	200.00
201.00	Less Observation Beds	6,931,141		6,931,141	0	6,931,141	201.00
202.00	Total (see instructions)	244,848,329	0	244,848,329	1,217,332	246,065,661	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140202

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2014 1:39 pm

			Title XVIIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	178,556,023		178,556,023				30.00
31.00	03100	INTENSIVE CARE UNIT	23,294,041		23,294,041				31.00
41.00	04100	SUBPROVIDER - I RF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	16,123,399		16,123,399				43.00
45.00	04500	NURSING FACILITY	0		0				45.00
45.01	04510	ICF/MR	0		0				45.01
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	80,897,782	88,662,000	169,559,782	0.131926	0.000000		50.00
51.00	05100	RECOVERY ROOM	10,620,110	12,535,902	23,156,012	0.103126	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,922,800	0	9,922,800	0.371727	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	15,127,330	14,129,906	29,257,236	0.023608	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,170,344	30,211,905	47,382,249	0.191294	0.000000		54.00
56.00	05600	RADIO SOTOPE	4,825,380	22,141,575	26,966,955	0.108188	0.000000		56.00
56.01	05603	ULTRASOUND	5,107,921	18,997,184	24,105,105	0.096668	0.000000		56.01
57.00	05700	CT SCAN	36,161,213	71,687,196	107,848,409	0.024217	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,425,082	20,754,047	29,179,129	0.051977	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	25,650,705	19,822,500	45,473,205	0.101889	0.000000		59.00
60.00	06000	LABORATORY	76,260,010	66,242,015	142,502,025	0.097663	0.000000		60.00
60.01	06001	LABORATORY	0	0	0	0.000000	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,567,338	2,019,203	10,586,541	0.021195	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	24,700,970	2,084,954	26,785,924	0.145263	0.000000		65.00
65.01	06501	STRESS TEST	11,461,824	11,936,236	23,398,060	0.058932	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	5,938,064	11,145,873	17,083,937	0.365808	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	3,241,683	3,728,995	6,970,678	0.094445	0.000000		69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0.000000	0.000000		69.01
69.02	06902	CARDIOLOGY	0	0	0	0.000000	0.000000		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	539,853	2,973,436	3,513,289	0.340978	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,675,898	13,426,191	41,102,089	0.506970	0.000000		71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	0.000000		71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	46,014,856	15,747,966	61,762,822	0.246397	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	110,546,879	58,146,237	168,693,116	0.131305	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,556,432	0	4,556,432	0.255310	0.000000		74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0.000000	0.000000		75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	68,987	1,706,347	1,775,334	1.089154	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	97,000	8,117,278	8,214,278	0.330459	0.000000		90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0.000000	0.000000		90.01
90.03	09002	LI THOTRI PSY	0	0	0	0.000000	0.000000		90.03
91.00	09100	EMERGENCY	29,313,416	68,615,750	97,929,166	0.190273	0.000000		91.00
91.20	09101	ACUTE CARE CENTER	335,698	14,837,695	15,173,393	0.403389	0.000000		91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,887,912	17,462,539	21,350,451	0.324637	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
99.10	09910	CORF	0	0	0				99.10
99.20	09920	OPT	0	0	0				99.20
99.30	09930	OOT	0	0	0				99.30
99.40	09940	OSP	0	0	0				99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
116.00	11600	HOSPICE	0	0	0				116.00
200.00		Subtotal (see instructions)	785,088,950	597,132,930	1,382,221,880				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	785,088,950	597,132,930	1,382,221,880				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 1:39 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
45.00	04500 NURSING FACILITY			45.00
45.01	04510 ICF/MR			45.01
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.131926		50.00
51.00	05100 RECOVERY ROOM	0.103126		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.371727		52.00
53.00	05300 ANESTHESIOLOGY	0.023608		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.191294		54.00
56.00	05600 RADIOISOTOPE	0.108188		56.00
56.01	05603 ULTRASOUND	0.096668		56.01
57.00	05700 CT SCAN	0.024217		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.051977		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.102155		59.00
60.00	06000 LABORATORY	0.097663		60.00
60.01	06001 LABORATORY	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.021195		63.00
65.00	06500 RESPIRATORY THERAPY	0.145263		65.00
65.01	06501 STRESS TEST	0.059003		65.01
66.00	06600 PHYSICAL THERAPY	0.365808		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.094445		69.00
69.01	06901 ECHOCARDIOGRAM	0.000000		69.01
69.02	06902 RADIOLOGY	0.000000		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.340978		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.506970		71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.246397		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.131305		73.00
74.00	07400 RENAL DIALYSIS	0.255310		74.00
75.02	07501 OUTPATIENT SURGERY	0.000000		75.02
76.00	03290 ELECTROMYOGRAPHY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	1.094637		76.97
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.331096		90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0.000000		90.01
90.03	09002 LI THOTRI PSY	0.000000		90.03
91.00	09100 EMERGENCY	0.202137		91.00
91.20	09101 ACUTE CARE CENTER	0.403389		91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.324637		92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10	09910 CORF			99.10
99.20	09920 OPT			99.20
99.30	09930 OOT			99.30
99.40	09940 OSP			99.40
101.00	10100 HOME HEALTH AGENCY			101.00
	<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140202

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2014 1:39 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	61,222,948		61,222,948	0	61,222,948	30.00
31.00	03100 INTENSIVE CARE UNIT	10,324,010		10,324,010	26,722	10,350,732	31.00
41.00	04100 SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	4,802,986		4,802,986	0	4,802,986	43.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
45.01	04510 ICF/MR	0		0	0	0	45.01
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	22,369,310		22,369,310	0	22,369,310	50.00
51.00	05100 RECOVERY ROOM	2,387,977		2,387,977	0	2,387,977	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,688,569		3,688,569	0	3,688,569	52.00
53.00	05300 ANESTHESIOLOGY	690,697		690,697	0	690,697	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,063,951		9,063,951	0	9,063,951	54.00
56.00	05600 RADIOISOTOPE	2,917,500		2,917,500	0	2,917,500	56.00
56.01	05603 ULTRASOUND	2,330,199		2,330,199	0	2,330,199	56.01
57.00	05700 CT SCAN	2,611,801		2,611,801	0	2,611,801	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,516,654		1,516,654	0	1,516,654	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,633,236		4,633,236	12,100	4,645,336	59.00
60.00	06000 LABORATORY	13,917,142		13,917,142	0	13,917,142	60.00
60.01	06001 LABORATORY	0		0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	224,384		224,384	0	224,384	63.00
65.00	06500 RESPIRATORY THERAPY	3,890,996	0	3,890,996	0	3,890,996	65.00
65.01	06501 STRESS TEST	1,378,884	0	1,378,884	1,676	1,380,560	65.01
66.00	06600 PHYSICAL THERAPY	6,249,445	0	6,249,445	0	6,249,445	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	658,345		658,345	0	658,345	69.00
69.01	06901 ECHOCARDIOGRAM	0		0	0	0	69.01
69.02	06902 CARDIOLOGY	0		0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	1,197,955		1,197,955	0	1,197,955	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	20,837,515		20,837,515	0	20,837,515	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	15,218,167		15,218,167	0	15,218,167	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	22,150,238		22,150,238	0	22,150,238	73.00
74.00	07400 RENAL DIALYSIS	1,163,301		1,163,301	0	1,163,301	74.00
75.02	07501 OUTPATIENT SURGERY	0		0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	1,933,613		1,933,613	9,734	1,943,347	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	2,714,479		2,714,479	5,235	2,719,714	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0		0	0	0	90.01
90.03	09002 LI THOTRI PSY	0		0	0	0	90.03
91.00	09100 EMERGENCY	18,633,252		18,633,252	1,161,865	19,795,117	91.00
91.20	09101 ACUTE CARE CENTER	6,120,775		6,120,775	0	6,120,775	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,931,141		6,931,141	0	6,931,141	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	09910 CORF	0		0	0	0	99.10
99.20	09920 OPT	0		0	0	0	99.20
99.30	09930 OOT	0		0	0	0	99.30
99.40	09940 OSP	0		0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
116.00	11600 HOSPICE	0		0	0	0	116.00
200.00	Subtotal (see instructions)	251,779,470	0	251,779,470	1,217,332	252,996,802	200.00
201.00	Less Observation Beds	6,931,141		6,931,141	0	6,931,141	201.00
202.00	Total (see instructions)	244,848,329	0	244,848,329	1,217,332	246,065,661	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140202

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2014 1:39 pm

			Title XIX			Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
	Inpatient	Outpatient	Total (col. 6 + col. 7)						
	6.00	7.00	8.00				9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	178,556,023		178,556,023				30.00
31.00	03100	INTENSIVE CARE UNIT	23,294,041		23,294,041				31.00
41.00	04100	SUBPROVIDER - I RF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	16,123,399		16,123,399				43.00
45.00	04500	NURSING FACILITY	0		0				45.00
45.01	04510	ICF/MR	0		0				45.01
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	80,897,782	88,662,000	169,559,782	0.131926	0.000000		50.00
51.00	05100	RECOVERY ROOM	10,620,110	12,535,902	23,156,012	0.103126	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,922,800	0	9,922,800	0.371727	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	15,127,330	14,129,906	29,257,236	0.023608	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,170,344	30,211,905	47,382,249	0.191294	0.000000		54.00
56.00	05600	RADIO SOTOPE	4,825,380	22,141,575	26,966,955	0.108188	0.000000		56.00
56.01	05603	ULTRASOUND	5,107,921	18,997,184	24,105,105	0.096668	0.000000		56.01
57.00	05700	CT SCAN	36,161,213	71,687,196	107,848,409	0.024217	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,425,082	20,754,047	29,179,129	0.051977	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	25,650,705	19,822,500	45,473,205	0.101889	0.000000		59.00
60.00	06000	LABORATORY	76,260,010	66,242,015	142,502,025	0.097663	0.000000		60.00
60.01	06001	LABORATORY	0	0	0	0.000000	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,567,338	2,019,203	10,586,541	0.021195	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	24,700,970	2,084,954	26,785,924	0.145263	0.000000		65.00
65.01	06501	STRESS TEST	11,461,824	11,936,236	23,398,060	0.058932	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	5,938,064	11,145,873	17,083,937	0.365808	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	3,241,683	3,728,995	6,970,678	0.094445	0.000000		69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0.000000	0.000000		69.01
69.02	06902	CARDIOLOGY	0	0	0	0.000000	0.000000		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	539,853	2,973,436	3,513,289	0.340978	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,675,898	13,426,191	41,102,089	0.506970	0.000000		71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	0.000000		71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	46,014,856	15,747,966	61,762,822	0.246397	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	110,546,879	58,146,237	168,693,116	0.131305	0.000000		73.00
74.00	07400	RENAL DIALYSIS	4,556,432	0	4,556,432	0.255310	0.000000		74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0.000000	0.000000		75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	68,987	1,706,347	1,775,334	1.089154	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	97,000	8,117,278	8,214,278	0.330459	0.000000		90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0.000000	0.000000		90.01
90.03	09002	LI THOTRI PSY	0	0	0	0.000000	0.000000		90.03
91.00	09100	EMERGENCY	29,313,416	68,615,750	97,929,166	0.190273	0.000000		91.00
91.20	09101	ACUTE CARE CENTER	335,698	14,837,695	15,173,393	0.403389	0.000000		91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,887,912	17,462,539	21,350,451	0.324637	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
99.10	09910	CORF	0	0	0				99.10
99.20	09920	OPT	0	0	0				99.20
99.30	09930	OOT	0	0	0				99.30
99.40	09940	OSP	0	0	0				99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
116.00	11600	HOSPICE	0	0	0				116.00
200.00		Subtotal (see instructions)	785,088,950	597,132,930	1,382,221,880				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	785,088,950	597,132,930	1,382,221,880				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 1:39 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
45.00	04500 NURSING FACILITY			45.00
45.01	04510 ICF/MR			45.01
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
56.01	05603 ULTRASOUND	0.000000		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 LABORATORY	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
65.01	06501 STRESS TEST	0.000000		65.01
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
69.01	06901 ECHOCARDIOGRAM	0.000000		69.01
69.02	06902 RADIOLOGY	0.000000		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
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
75.02	07501 OUTPATIENT SURGERY	0.000000		75.02
76.00	03290 ELECTROMYOGRAPHY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0.000000		90.01
90.03	09002 LI THOTRI PSY	0.000000		90.03
91.00	09100 EMERGENCY	0.000000		91.00
91.20	09101 ACUTE CARE CENTER	0.000000		91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF			99.10
99.20	09920 OPT			99.20
99.30	09930 OOT			99.30
99.40	09940 OSP			99.40
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140202

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2014 1:39 pm

		Title V		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	61,222,948		61,222,948	0	61,222,948	30.00
31.00	03100	INTENSIVE CARE UNIT	10,324,010		10,324,010	26,722	10,350,732	31.00
41.00	04100	SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	4,802,986		4,802,986	0	4,802,986	43.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
45.01	04510	ICF/MR	0		0	0	0	45.01
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	22,369,310		22,369,310	0	22,369,310	50.00
51.00	05100	RECOVERY ROOM	2,387,977		2,387,977	0	2,387,977	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,688,569		3,688,569	0	3,688,569	52.00
53.00	05300	ANESTHESIOLOGY	690,697		690,697	0	690,697	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,063,951		9,063,951	0	9,063,951	54.00
56.00	05600	RADIOISOTOPE	2,917,500		2,917,500	0	2,917,500	56.00
56.01	05603	ULTRASOUND	2,330,199		2,330,199	0	2,330,199	56.01
57.00	05700	CT SCAN	2,611,801		2,611,801	0	2,611,801	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,516,654		1,516,654	0	1,516,654	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,633,236		4,633,236	12,100	4,645,336	59.00
60.00	06000	LABORATORY	13,917,142		13,917,142	0	13,917,142	60.00
60.01	06001	LABORATORY	0		0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	224,384		224,384	0	224,384	63.00
65.00	06500	RESPIRATORY THERAPY	3,890,996	0	3,890,996	0	3,890,996	65.00
65.01	06501	STRESS TEST	1,378,884	0	1,378,884	1,676	1,380,560	65.01
66.00	06600	PHYSICAL THERAPY	6,249,445	0	6,249,445	0	6,249,445	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	658,345		658,345	0	658,345	69.00
69.01	06901	ECHOCARDIOGRAM	0		0	0	0	69.01
69.02	06902	CARDIOLOGY	0		0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	1,197,955		1,197,955	0	1,197,955	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,837,515		20,837,515	0	20,837,515	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	15,218,167		15,218,167	0	15,218,167	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,150,238		22,150,238	0	22,150,238	73.00
74.00	07400	RENAL DIALYSIS	1,163,301		1,163,301	0	1,163,301	74.00
75.02	07501	OUTPATIENT SURGERY	0		0	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,933,613		1,933,613	9,734	1,943,347	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	2,714,479		2,714,479	5,235	2,719,714	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0		0	0	0	90.01
90.03	09002	LITHOTRIPSY	0		0	0	0	90.03
91.00	09100	EMERGENCY	18,633,252		18,633,252	1,161,865	19,795,117	91.00
91.20	09101	ACUTE CARE CENTER	6,120,775		6,120,775	0	6,120,775	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,931,141		6,931,141	0	6,931,141	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0		0	0	0	99.10
99.20	09920	OPT	0		0	0	0	99.20
99.30	09930	OOT	0		0	0	0	99.30
99.40	09940	OSP	0		0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
116.00	11600	HOSPICE	0		0	0	0	116.00
200.00		Subtotal (see instructions)	251,779,470	0	251,779,470	1,217,332	252,996,802	200.00
201.00		Less Observation Beds	6,931,141		6,931,141	0	6,931,141	201.00
202.00		Total (see instructions)	244,848,329	0	244,848,329	1,217,332	246,065,661	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140202

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2014 1:39 pm

		Title V			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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	178,556,023		178,556,023			30.00
31.00	03100	INTENSIVE CARE UNIT	23,294,041		23,294,041			31.00
41.00	04100	SUBPROVIDER - I RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	16,123,399		16,123,399			43.00
45.00	04500	NURSING FACILITY	0		0			45.00
45.01	04510	ICF/MR	0		0			45.01
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	80,897,782	88,662,000	169,559,782	0.131926	0.000000	50.00
51.00	05100	RECOVERY ROOM	10,620,110	12,535,902	23,156,012	0.103126	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,922,800	0	9,922,800	0.371727	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	15,127,330	14,129,906	29,257,236	0.023608	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,170,344	30,211,905	47,382,249	0.191294	0.000000	54.00
56.00	05600	RADIO SOTOPE	4,825,380	22,141,575	26,966,955	0.108188	0.000000	56.00
56.01	05603	ULTRASOUND	5,107,921	18,997,184	24,105,105	0.096668	0.000000	56.01
57.00	05700	CT SCAN	36,161,213	71,687,196	107,848,409	0.024217	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,425,082	20,754,047	29,179,129	0.051977	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,650,705	19,822,500	45,473,205	0.101889	0.000000	59.00
60.00	06000	LABORATORY	76,260,010	66,242,015	142,502,025	0.097663	0.000000	60.00
60.01	06001	LABORATORY	0	0	0	0.000000	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,567,338	2,019,203	10,586,541	0.021195	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	24,700,970	2,084,954	26,785,924	0.145263	0.000000	65.00
65.01	06501	STRESS TEST	11,461,824	11,936,236	23,398,060	0.058932	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	5,938,064	11,145,873	17,083,937	0.365808	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,241,683	3,728,995	6,970,678	0.094445	0.000000	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0	0.000000	0.000000	69.01
69.02	06902	CARDIOLOGY	0	0	0	0.000000	0.000000	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	539,853	2,973,436	3,513,289	0.340978	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,675,898	13,426,191	41,102,089	0.506970	0.000000	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	46,014,856	15,747,966	61,762,822	0.246397	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	110,546,879	58,146,237	168,693,116	0.131305	0.000000	73.00
74.00	07400	RENAL DIALYSIS	4,556,432	0	4,556,432	0.255310	0.000000	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0	0.000000	0.000000	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	68,987	1,706,347	1,775,334	1.089154	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	97,000	8,117,278	8,214,278	0.330459	0.000000	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0.000000	0.000000	90.01
90.03	09002	LI THOTRI PSY	0	0	0	0.000000	0.000000	90.03
91.00	09100	EMERGENCY	29,313,416	68,615,750	97,929,166	0.190273	0.000000	91.00
91.20	09101	ACUTE CARE CENTER	335,698	14,837,695	15,173,393	0.403389	0.000000	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,887,912	17,462,539	21,350,451	0.324637	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OPT	0	0	0			99.20
99.30	09930	OOT	0	0	0			99.30
99.40	09940	OSP	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	785,088,950	597,132,930	1,382,221,880			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	785,088,950	597,132,930	1,382,221,880			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 1:39 pm
Cost Center Description		PPS Inpatient Ratio	Title V	Hospital Cost
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
45.00	04500 NURSING FACILITY			45.00
45.01	04510 ICF/MR			45.01
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
56.01	05603 ULTRASOUND	0.000000		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 LABORATORY	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
65.01	06501 STRESS TEST	0.000000		65.01
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
69.01	06901 ECHOCARDIOGRAM	0.000000		69.01
69.02	06902 RADIOLOGY	0.000000		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
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
75.02	07501 OUTPATIENT SURGERY	0.000000		75.02
76.00	03290 ELECTROMYOGRAPHY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0.000000		90.01
90.03	09002 LI THOTRI PSY	0.000000		90.03
91.00	09100 EMERGENCY	0.000000		91.00
91.20	09101 ACUTE CARE CENTER	0.000000		91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	09910 CORF			99.10
99.20	09920 OPT			99.20
99.30	09930 OOT			99.30
99.40	09940 OSP			99.40
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140202

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

Worksheet D  
Part I  
Date/Time Prepared:  
5/27/2014 1:39 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	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	7,989,669	0	7,989,669	60,524	132.01	30.00
31.00	INTENSIVE CARE UNIT	756,858		756,858	4,793	157.91	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	336,805		336,805	4,136	81.43	43.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
45.01	ICF/MR	0		0	0	0.00	45.01
200.00	Total (lines 30-199)	9,083,332		9,083,332	69,453		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	28,803	3,802,284				
31.00	INTENSIVE CARE UNIT	2,390	377,405				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
45.00	NURSING FACILITY	0	0				
45.01	ICF/MR	0	0				
200.00	Total (lines 30-199)	31,193	4,179,689				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 140202		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/27/2014 1:39 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,181,917	169,559,782	0.012868	33,528,491	431,445	50.00
51.00	05100	RECOVERY ROOM	191,293	23,156,012	0.008261	4,231,182	34,954	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	423,629	9,922,800	0.042692	0	0	52.00
53.00	05300	ANESTHESIOLOGY	36,464	29,257,236	0.001246	5,459,870	6,803	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,090,912	47,382,249	0.023024	9,644,681	222,059	54.00
56.00	05600	RADIOISOTOPE	165,589	26,966,955	0.006140	2,793,247	17,151	56.00
56.01	05603	ULTRASOUND	70,679	24,105,105	0.002932	2,499,392	7,328	56.01
57.00	05700	CT SCAN	111,701	107,848,409	0.001036	16,929,301	17,539	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	129,980	29,179,129	0.004455	4,026,298	17,937	58.00
59.00	05900	CARDIAC CATHETERIZATION	882,206	45,473,205	0.019401	13,593,758	263,732	59.00
60.00	06000	LABORATORY	479,496	142,502,025	0.003365	40,326,098	135,697	60.00
60.01	06001	LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	80,205	10,586,541	0.007576	3,578,378	27,110	63.00
65.00	06500	RESPIRATORY THERAPY	235,102	26,785,924	0.008777	13,215,358	115,991	65.00
65.01	06501	STRESS TEST	46,860	23,398,060	0.002003	6,774,232	13,569	65.01
66.00	06600	PHYSICAL THERAPY	768,624	17,083,937	0.044991	3,595,543	161,767	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	28,341	6,970,678	0.004066	1,956,861	7,957	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0.000000	0	0	69.01
69.02	06902	CARDIOLOGY	0	0	0.000000	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	300,345	3,513,289	0.085488	321,988	27,526	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	170,325	41,102,089	0.004144	13,440,229	55,696	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	127,754	61,762,822	0.002068	20,793,555	43,001	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	805,925	168,693,116	0.004777	52,780,271	252,131	73.00
74.00	07400	RENAL DIALYSIS	156,839	4,556,432	0.034421	3,376,086	116,208	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0.000000	0	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	613,185	1,775,334	0.345391	36,082	12,462	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	390,480	8,214,278	0.047537	66,016	3,138	90.00
90.01	09001	ADDITIONAL RECOVERY CLINIC	0	0	0.000000	0	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	2,306,822	97,929,166	0.023556	13,866,381	326,636	91.00
91.20	09101	ACUTE CARE CENTER	557,146	15,173,393	0.036719	130,524	4,793	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	904,521	21,350,451	0.042365	88,010	3,729	92.00
200.00		Total (lines 50-199)	13,256,340	1,164,248,417		267,051,832	2,326,359	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140202		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part III Date/Time Prepared: 5/27/2014 1:39 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	296,156	0	0	296,156	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
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
200.00		Total (lines 30-199)	0	296,156	0	0	296,156	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	60,524	4.89	28,803	140,847		30.00
31.00	03100	INTENSIVE CARE UNIT	4,793	0.00	2,390	0		31.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	4,136	0.00	0	0		43.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
45.01	04510	ICF/MR	0	0.00	0	0		45.01
200.00		Total (lines 30-199)	69,453		31,193	140,847		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 1:39 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00	
56.01	05603	ULTRASOUND	0	0	0	0	56.01	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	60.00	
60.01	06001	LABORATORY	0	0	0	0	60.01	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
65.01	06501	STRESS TEST	0	0	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
69.01	06901	ECHOCARDIOGRAM	0	0	0	0	69.01	
69.02	06902	CARDIOLOGY	0	0	0	0	69.02	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30	
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	0	0	0	74.00	
75.02	07501	OUTPATIENT SURGERY	0	0	0	0	75.02	
76.00	03290	ELECTROMYOGRAPHY	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	90.00	
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0	0	90.01	
90.03	09002	LITHOTRIpsy	0	0	0	0	90.03	
91.00	09100	EMERGENCY	0	0	425,672	0	425,672	
91.20	09101	ACUTE CARE CENTER	0	0	0	0	91.20	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	33,526	0	33,526	
200.00		Total (lines 50-199)	0	0	459,198	0	459,198	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 1:39 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	169,559,782	0.000000	0.000000	33,528,491	50.00
51.00	05100	RECOVERY ROOM	0	23,156,012	0.000000	0.000000	4,231,182	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,922,800	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	29,257,236	0.000000	0.000000	5,459,870	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	47,382,249	0.000000	0.000000	9,644,681	54.00
56.00	05600	RADIOISOTOPE	0	26,966,955	0.000000	0.000000	2,793,247	56.00
56.01	05603	ULTRASOUND	0	24,105,105	0.000000	0.000000	2,499,392	56.01
57.00	05700	CT SCAN	0	107,848,409	0.000000	0.000000	16,929,301	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	29,179,129	0.000000	0.000000	4,026,298	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	45,473,205	0.000000	0.000000	13,593,758	59.00
60.00	06000	LABORATORY	0	142,502,025	0.000000	0.000000	40,326,098	60.00
60.01	06001	LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	10,586,541	0.000000	0.000000	3,578,378	63.00
65.00	06500	RESPIRATORY THERAPY	0	26,785,924	0.000000	0.000000	13,215,358	65.00
65.01	06501	STRESS TEST	0	23,398,060	0.000000	0.000000	6,774,232	65.01
66.00	06600	PHYSICAL THERAPY	0	17,083,937	0.000000	0.000000	3,595,543	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,970,678	0.000000	0.000000	1,956,861	69.00
69.01	06901	ECHOCARDIOGRAM	0	0	0.000000	0.000000	0	69.01
69.02	06902	CARDIOLOGY	0	0	0.000000	0.000000	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,513,289	0.000000	0.000000	321,988	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	41,102,089	0.000000	0.000000	13,440,229	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	61,762,822	0.000000	0.000000	20,793,555	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	168,693,116	0.000000	0.000000	52,780,271	73.00
74.00	07400	RENAL DIALYSIS	0	4,556,432	0.000000	0.000000	3,376,086	74.00
75.02	07501	OUTPATIENT SURGERY	0	0	0.000000	0.000000	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,775,334	0.000000	0.000000	36,082	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	8,214,278	0.000000	0.000000	66,016	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0	0	0.000000	0.000000	0	90.01
90.03	09002	LITHOTRIPSY	0	0	0.000000	0.000000	0	90.03
91.00	09100	EMERGENCY	425,672	97,929,166	0.004347	0.004347	13,866,381	91.00
91.20	09101	ACUTE CARE CENTER	0	15,173,393	0.000000	0.000000	130,524	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	33,526	21,350,451	0.001570	0.001570	88,010	92.00
200.00		Total (lines 50-199)	459,198	1,164,248,417			267,051,832	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 1:39 pm
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	25,737,179	0	50.00
51.00	05100 RECOVERY ROOM	0	2,829,404	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	4,014,784	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	9,919,778	0	54.00
56.00	05600 RADIOISOTOPE	0	8,965,876	0	56.00
56.01	05603 ULTRASOUND	0	3,060,701	0	56.01
57.00	05700 CT SCAN	0	19,416,732	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6,449,591	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	10,667,143	0	59.00
60.00	06000 LABORATORY	0	3,031,566	0	60.00
60.01	06001 LABORATORY	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	813,059	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	537,837	0	65.00
65.01	06501 STRESS TEST	0	3,657,563	0	65.01
66.00	06600 PHYSICAL THERAPY	0	109,367	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	1,172,290	0	69.00
69.01	06901 ECHOCARDIOGRAM	0	0	0	69.01
69.02	06902 RADIOLOGY	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	644,399	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,082,289	0	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	6,798,771	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	20,193,531	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.02	07501 OUTPATIENT SURGERY	0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	941,666	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	3,746,442	0	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0	0	0	90.01
90.03	09002 LI THOTRI PSY	0	0	0	90.03
91.00	09100 EMERGENCY	60,277	11,648,246	50,635	91.00
91.20	09101 ACUTE CARE CENTER	0	1,255,100	0	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	138	9,936,265	15,600	92.00
200.00	Total (lines 50-199)	60,415	159,629,579	66,235	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 1:39 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.131926	25,737,179	0	0	3,395,403	50.00
51.00	05100 RECOVERY ROOM	0.103126	2,829,404	0	0	291,785	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.371727	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.023608	4,014,784	0	0	94,781	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.191294	9,919,778	0	0	1,897,594	54.00
56.00	05600 RADIOISOTOPE	0.108188	8,965,876	0	0	970,000	56.00
56.01	05603 ULTRASOUND	0.096668	3,060,701	0	0	295,872	56.01
57.00	05700 CT SCAN	0.024217	19,416,732	0	0	470,215	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.051977	6,449,591	0	0	335,230	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.101889	10,667,143	0	0	1,086,865	59.00
60.00	06000 LABORATORY	0.097663	3,031,566	0	0	296,072	60.00
60.01	06001 LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.021195	813,059	0	0	17,233	63.00
65.00	06500 RESPIRATORY THERAPY	0.145263	537,837	0	0	78,128	65.00
65.01	06501 STRESS TEST	0.058932	3,657,563	0	0	215,548	65.01
66.00	06600 PHYSICAL THERAPY	0.365808	109,367	0	0	40,007	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.094445	1,172,290	0	0	110,717	69.00
69.01	06901 ECHOCARDIOGRAM	0.000000	0	0	0	0	69.01
69.02	06902 RADIOLOGY	0.000000	0	0	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0.340978	644,399	0	0	219,726	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.506970	4,082,289	0	0	2,069,598	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.246397	6,798,771	0	0	1,675,197	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.131305	20,193,531	0	96,803	2,651,512	73.00
74.00	07400 RENAL DIALYSIS	0.255310	0	0	0	0	74.00
75.02	07501 OUTPATIENT SURGERY	0.000000	0	0	0	0	75.02
76.00	03290 ELECTROMYOGRAPHY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	1.089154	941,666	0	0	1,025,619	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.330459	3,746,442	0	0	1,238,045	90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0.000000	0	0	0	0	90.01
90.03	09002 LI THOTRI PSY	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.190273	11,648,246	0	0	2,216,347	91.00
91.20	09101 ACUTE CARE CENTER	0.403389	1,255,100	0	0	506,294	91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.324637	9,936,265	0	0	3,225,679	92.00
200.00	Subtotal (see instructions)		159,629,579	0	96,803	24,423,467	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		159,629,579	0	96,803	24,423,467	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140202

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/27/2014 1:39 pm

Cost Center Description		Costs		Hospital	PPS
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	05600 RADIOISOTOPE	0	0		56.00
56.01	05603 ULTRASOUND	0	0		56.01
57.00	05700 CT SCAN	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000 LABORATORY	0	0		60.00
60.01	06001 LABORATORY	0	0		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	0		65.00
65.01	06501 STRESS TEST	0	0		65.01
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
69.01	06901 ECHOCARDIOGRAM	0	0		69.01
69.02	06902 RADIOLOGY	0	0		69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0		71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	12,711		73.00
74.00	07400 RENAL DIALYSIS	0	0		74.00
75.02	07501 OUTPATIENT SURGERY	0	0		75.02
76.00	03290 ELECTROMYOGRAPHY	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000 CLINIC	0	0		90.00
90.01	09001 ADDICTION RECOVERY CLINIC	0	0		90.01
90.03	09002 LITHOTRIPSY	0	0		90.03
91.00	09100 EMERGENCY	0	0		91.00
91.20	09101 ACUTE CARE CENTER	0	0		91.20
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00	Subtotal (see instructions)	0	12,711		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00	Net Charges (line 200 +/- line 201)	0	12,711		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 1:39 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.131926	0	0	6,881,766	0
51.00 05100 RECOVERY ROOM	0.103126	0	0	1,360,468	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.371727	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.023608	0	0	1,129,615	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.191294	0	0	3,228,010	0
56.00 05600 RADIOISOTOPE	0.108188	0	0	1,686,944	0
56.01 05603 ULTRASOUND	0.096668	0	0	4,983,853	0
57.00 05700 CT SCAN	0.024217	0	0	8,441,259	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.051977	0	0	1,974,250	0
59.00 05900 CARDIAC CATHETERIZATION	0.101889	0	0	963,478	0
60.00 06000 LABORATORY	0.097663	0	0	10,671,872	0
60.01 06001 LABORATORY	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.021195	0	0	334,173	0
65.00 06500 RESPIRATORY THERAPY	0.145263	0	0	565,765	0
65.01 06501 STRESS TEST	0.058932	0	0	1,438,175	0
66.00 06600 PHYSICAL THERAPY	0.365808	0	0	2,217,284	0
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.094445	0	0	405,679	0
69.01 06901 ECHOCARDIOGRAM	0.000000	0	0	0	0
69.02 06902 CARDIOLOGY	0.000000	0	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.340978	0	0	308,822	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.506970	0	0	911,111	0
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.246397	0	0	1,357,585	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.131305	0	0	6,343,833	0
74.00 07400 RENAL DIALYSIS	0.255310	0	0	0	0
75.02 07501 OUTPATIENT SURGERY	0.000000	0	0	0	0
76.00 03290 ELECTROMYOGRAPHY	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	1.089154	0	0	2,593	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	0.330459	0	0	688,131	0
90.01 09001 ADDICTION RECOVERY CLINIC	0.000000	0	0	0	0
90.03 09002 LI THOTRI PSY	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.190273	0	0	17,069,509	0
91.20 09101 ACUTE CARE CENTER	0.403389	0	0	2,435,386	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.324637	0	0	1,783,259	0
200.00 Subtotal (see instructions)		0	0	77,182,820	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	77,182,820	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 1:39 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	907,884		50.00
51.00 05100 RECOVERY ROOM	0	140,300		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	26,668		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	617,499		54.00
56.00 05600 RADIOISOTOPE	0	182,507		56.00
56.01 05603 ULTRASOUND	0	481,779		56.01
57.00 05700 CT SCAN	0	204,422		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	102,616		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	98,168		59.00
60.00 06000 LABORATORY	0	1,042,247		60.00
60.01 06001 LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	7,083		63.00
65.00 06500 RESPIRATORY THERAPY	0	82,185		65.00
65.01 06501 STRESS TEST	0	84,755		65.01
66.00 06600 PHYSICAL THERAPY	0	811,100		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	38,314		69.00
69.01 06901 ECHOCARDIOGRAM	0	0		69.01
69.02 06902 RADIOLOGY	0	0		69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	105,302		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	461,906		71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0		71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	334,505		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	832,977		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.02 07501 OUTPATIENT SURGERY	0	0		75.02
76.00 03290 ELECTROMYOGRAPHY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	2,824		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	227,399		90.00
90.01 09001 ADDICTION RECOVERY CLINIC	0	0		90.01
90.03 09002 LITHOTRIPSY	0	0		90.03
91.00 09100 EMERGENCY	0	3,247,867		91.00
91.20 09101 ACUTE CARE CENTER	0	982,408		91.20
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	578,912		92.00
200.00 Subtotal (see instructions)	0	11,601,627		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	11,601,627		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2014 1:39 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		60,524	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		60,524	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)		53,672	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)		28,803	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		61,222,948	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)		61,222,948	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		61,222,948	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,011.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		29,135,675	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)		29,135,675	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140202		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/27/2014 1:39 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	10,350,732	4,793	2,159.55	2,390	5,161,325		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)					40,003,733		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					74,300,733		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)					4,320,536		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,386,774		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					6,707,310		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					67,593,423		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)					6,852		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,011.55		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					6,931,141		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140202		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 1:39 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,989,669	61,222,948	0.130501	6,931,141	904,521	90.00
91.00	Nursing School cost	0	61,222,948	0.000000	6,931,141	0	91.00
92.00	Allied health cost	296,156	61,222,948	0.004837	6,931,141	33,526	92.00
93.00	All other Medical Education	0	61,222,948	0.000000	6,931,141	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/27/2014 1:39 pm
Cost Center Description			Cost	
			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		60,524	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		60,524	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)		53,672	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)		9,775	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)		4,136	15.00
16.00	Nursery days (title V or XIX only)		1,800	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		61,222,948	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)		61,222,948	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		61,222,948	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,011.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,887,901	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)		9,887,901	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140202		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 1:39 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
NURSERY (title V & XIX only)		1.00	2.00	3.00	4.00	5.00	
42.00	Intensive Care Type Inpatient Hospital Units	4,802,986	4,136	1,161.26	1,800	2,090,268	42.00
43.00	INTENSIVE CARE UNIT	10,324,010	4,793	2,153.98	265	570,805	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)					7,737,138	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					20,286,112	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						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
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00	Program discharges						0 54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)						0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0 57.00
58.00	Bonus payment (see instructions)						0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0 61.00
62.00	Relief payment (see instructions)						0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0 63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0 64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0 65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0 66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0 67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0 68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0 69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)					6,852	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,011.55	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,931,141	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140202		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 1:39 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	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: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/27/2014 1:39 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		88,424,782	30.00
31.00	03100	INTENSIVE CARE UNIT		11,030,706	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.131926	33,528,491	50.00
51.00	05100	RECOVERY ROOM	0.103126	4,231,182	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.371727	0	52.00
53.00	05300	ANESTHESIOLOGY	0.023608	5,459,870	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.191294	9,644,681	54.00
56.00	05600	RADIOISOTOPE	0.108188	2,793,247	56.00
56.01	05603	ULTRASOUND	0.096668	2,499,392	56.01
57.00	05700	CT SCAN	0.024217	16,929,301	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.051977	4,026,298	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.102155	13,593,758	59.00
60.00	06000	LABORATORY	0.097663	40,326,098	60.00
60.01	06001	LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.021195	3,578,378	63.00
65.00	06500	RESPIRATORY THERAPY	0.145263	13,215,358	65.00
65.01	06501	STRESS TEST	0.059003	6,774,232	65.01
66.00	06600	PHYSICAL THERAPY	0.365808	3,595,543	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.094445	1,956,861	69.00
69.01	06901	ECHOCARDIOGRAM	0.000000	0	69.01
69.02	06902	CARDIOLOGY	0.000000	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.340978	321,988	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.506970	13,440,229	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.246397	20,793,555	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.131305	52,780,271	73.00
74.00	07400	RENAL DIALYSIS	0.255310	3,376,086	74.00
75.02	07501	OUTPATIENT SURGERY	0.000000	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	1.094637	36,082	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.331096	66,016	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0.000000	0	90.01
90.03	09002	LITHOTRIPSY	0.000000	0	90.03
91.00	09100	EMERGENCY	0.202137	13,866,381	91.00
91.20	09101	ACUTE CARE CENTER	0.403389	130,524	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.324637	88,010	92.00
200.00		Total (sum of lines 50-94 and 96-98)		267,051,832	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)		267,051,832	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/27/2014 1:39 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		16,140,518	30.00
31.00	03100	INTENSIVE CARE UNIT		1,356,867	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		14,593,851	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.131926	5,082,691	50.00
51.00	05100	RECOVERY ROOM	0.103126	812,963	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.371727	5,673,460	52.00
53.00	05300	ANESTHESIOLOGY	0.023608	2,018,417	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.191294	1,070,250	54.00
56.00	05600	RADIOISOTOPE	0.108188	236,101	56.00
56.01	05603	ULTRASOUND	0.096668	548,925	56.01
57.00	05700	CT SCAN	0.024217	2,543,524	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.051977	626,112	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.101889	743,837	59.00
60.00	06000	LABORATORY	0.097663	6,191,534	60.00
60.01	06001	LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.021195	1,320,817	63.00
65.00	06500	RESPIRATORY THERAPY	0.145263	2,293,121	65.00
65.01	06501	STRESS TEST	0.058932	576,970	65.01
66.00	06600	PHYSICAL THERAPY	0.365808	266,301	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.094445	133,340	69.00
69.01	06901	ECHOCARDIOGRAM	0.000000	0	69.01
69.02	06902	CARDIOLOGY	0.000000	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.340978	33,979	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.506970	1,678,505	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.246397	1,822,773	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.131305	10,032,899	73.00
74.00	07400	RENAL DIALYSIS	0.255310	185,903	74.00
75.02	07501	OUTPATIENT SURGERY	0.000000	0	75.02
76.00	03290	ELECTROMYOGRAPHY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	1.089154	2,052	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.330459	0	90.00
90.01	09001	ADDICTION RECOVERY CLINIC	0.000000	0	90.01
90.03	09002	LITHOTRIPSY	0.000000	0	90.03
91.00	09100	EMERGENCY	0.190273	2,535,922	91.00
91.20	09101	ACUTE CARE CENTER	0.403389	42,839	91.20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.324637	260,413	92.00
200.00		Total (sum of lines 50-94 and 96-98)		46,733,648	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)		46,733,648	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 1:39 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		42,738,277	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		14,246,092	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0	1.03
2.00	Outlier payments for discharges. (see instructions)		885,518	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		252.23	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.84	30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.66	31.00
32.00	Sum of lines 30 and 31		24.50	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.61	33.00
34.00	Disproportionate share adjustment (see instructions)		4,449,410	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 1:39 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			9,046,380,143	35.00
35.01	Factor 3 (see instructions)			0.000433876	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			3,925,007	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			989,318	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		989,318		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		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)		63,308,615		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)		63,308,615		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		4,889,059		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			98	53.00
54.00	Special add-on payments for new technologies			0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)			0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)			0	56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		140,847		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		60,415		58.00
59.00	Total (sum of amounts on lines 49 through 58)		68,399,034		59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		68,399,034		61.00
62.00	Deductibles billed to program beneficiaries		5,473,108		62.00
63.00	Coinurance billed to program beneficiaries		93,529		63.00
64.00	Allowable bad debts (see instructions)		1,141,535		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		741,998		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		683,306		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		63,574,395		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.92	Bundled Model 1 discount amount			0	70.92
70.93	HVBP incentive payment (see instructions)			0	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			0	70.94
70.95	Recovery of Accelerated Depreciation			0	70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 1:39 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		63,574,395		71.00
71.01	Sequestration adjustment (see instructions)		959,973		71.01
72.00	Interim payments		63,077,900		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		-463,478		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		9,163,381		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		1,564,908		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		161,507		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/27/2014 1:39 pm
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		12,711	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		24,357,232	2.00
3.00	PPS payments		23,711,701	3.00
4.00	Outlier payment (see instructions)		52,834	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		66,235	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		12,711	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		96,803	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)		96,803	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		96,803	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		84,092	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		12,711	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)		23,830,770	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,121,416	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)		18,722,065	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)		18,722,065	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		18,722,065	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,002,104	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		651,368	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		737,973	36.00
37.00	Subtotal (see instructions)		19,373,433	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		19,373,433	40.00
40.01	Sequestration adjustment (see instructions)		292,539	40.01
41.00	Interim payments		18,902,461	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		178,433	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		64,329	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: 140202

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/27/2014 1:39 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		61,959,982		18,891,467	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	07/12/2013	757,455	07/12/2013	10,994	3.01	
3.02		12/20/2013	360,463		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)		1,117,918		10,994	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)		63,077,900		18,902,461	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		178,433	6.01	
6.02	SETTLEMENT TO PROGRAM		463,478		0	6.02	
7.00	Total Medicare program liability (see instructions)		62,614,422		19,080,894	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: 140202

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/27/2014 1:39 pm

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			16,334 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			31,193 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			1,821 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			58,465 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,382,221,880 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			58,507,001 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)			1,484,908 8.00
9.00	Sequestration adjustment amount (see instructions)			29,698 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,455,210 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,490,920 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)			-35,710 32.00

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

Provider CCN: 140202

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

Worksheet G

Date/Time Prepared:  
5/27/2014 1:39 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	44,230,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	30,642,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	6,403,000	0	0	0	9.00
10.00	Due from other funds	4,793,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	86,068,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	54,904,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	239,457,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	52,965,000	0	0	0	23.00
24.00	Accumulated depreciation	-73,296,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	274,030,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	41,658,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	462,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	42,120,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	402,218,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	13,297,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	17,039,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	8,668,000	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	36,928,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	75,932,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	30,180,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	24,307,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	54,487,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	130,419,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	271,799,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	271,799,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	402,218,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140202

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

Worksheet G-1

Date/Time Prepared:  
5/27/2014 1:39 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		241,419,958		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		30,379,042		0	2.00
3.00	Total (sum of line 1 and line 2)		271,799,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		271,799,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		271,799,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			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: 140202

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/27/2014 1:39 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	194,679,422		194,679,422	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY	0		0	8.00
8.01	ICF/MR	0		0	8.01
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	194,679,422		194,679,422	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	23,294,041		23,294,041	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)	23,294,041		23,294,041	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	217,973,463		217,973,463	17.00
18.00	Ancillary services	563,130,575	571,583,827	1,134,714,402	18.00
19.00	Outpatient services	97,000	8,117,278	8,214,278	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		1	1	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OPT	0	0	0	24.20
24.30	OOT	0	0	0	24.30
24.40	OSP	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OBSERVATION	3,887,912	17,462,539	21,350,451	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	785,088,950	597,163,645	1,382,252,595	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		281,893,715		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		281,893,715		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140202

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

Worksheet G-3

Date/Time Prepared:  
5/27/2014 1:39 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,382,252,595	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,075,909,805	2.00
3.00	Net patient revenues (line 1 minus line 2)	306,342,790	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	281,893,715	4.00
5.00	Net income from service to patients (line 3 minus line 4)	24,449,075	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	394	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	833,248	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	19,719	17.00
18.00	Revenue from sale of medical records and abstracts	205,388	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	212,857	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	283,662	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	699,256	22.00
23.00	Governmental appropriations	2,804,375	23.00
24.00	OTHER OPERATING REVENUE	1,828,031	24.00
25.00	Total other income (sum of lines 6-24)	6,886,930	25.00
26.00	Total (line 5 plus line 25)	31,336,005	26.00
27.00	NET NON-OPERATING REVENUE	956,963	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	956,963	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	30,379,042	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 140202

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

Worksheet I-5

Date/Time Prepared:  
5/27/2014 1:39 pm

		1.00	2.00	
<b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</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)			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)			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)			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	0	0	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)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>				
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: 140202	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/27/2014 1:39 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		4,536,833	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		121,301	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		160.18	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.84	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.66	8.00
9.00	Sum of lines 7 and 8		24.50	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.09	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		230,925	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		4,889,059	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00