

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: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/29/2014 9:40 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/29/2014 Time: 9:40 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE CHRIST HOSPITAL (140208) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,407,231	2,909,906	88,647	0	1.00
2.00 Subprovider - IPF	0	1,594	0	0	0	2.00
3.00 Subprovider - IRF	0	-20,046	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
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	1,388,779	2,909,906	88,647	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: 140208		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 9:14 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 4440 WEST 95TH STREET			PO Box:						1.00
2.00	City: OAK LAWN			State: IL		Zip Code: 60453-		County: COOK		2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	V	XVIII	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	ADVOCATE CHRIST HOSPITAL	140208	29404	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF	ADVOCATE CHRIST HOSPITAL - PSYCH	14S208	29404	4	01/01/1984	N	P	0	4.00
5.00	Subprovider - IRF	ADVOCATE CHRIST HOSPITAL - REHAB	14T208	29404	5	01/01/1984	N	P	0	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2013	12/31/2013			20.00
21.00	Type of Control (see instructions)					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) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y			22.01
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	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.	32,778	11,477	0	1,624	1,646	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.	305	223	0	0	0				25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 9:14 am		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		
61.02	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		
61.03	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		
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		
61.05	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		
61.06	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		

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
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)			2.53	12.67	0.166447	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	13.74	62.47	0.180291	65.00
65.01		PEDIATRICS	2000	8.19	39.00	0.173554	65.01

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	2.81	14.04	0.166766		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)	INTERNAL MEDICINE	1400	11.90	54.08	0.180358 67.00	
67.01		INTERNAL MEDICINE	3900	1.64	7.11	0.187429 67.01	
67.02		PEDIATRICS	2000	4.07	19.37	0.173635 67.02	
67.03		PEDIATRICS	5250	3.92	18.68	0.173451 67.03	
				1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			N		0 70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N			N		0 71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			N		0 75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N			N		0 76.00
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N		80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00

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		V	XIX			
		1.00	2.00			
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00	
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	
				1.00	2.00 3.00	
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N			
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N			
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1			
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	0	0		
			1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N			
119.00	DO NOT USE THIS LINE					
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N		
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y			
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		Y		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.		02/02/2012		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.		01/18/2013		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	

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		1.00	2.00				
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		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: 00131		141.00	
142.00	Street: 3075 HIGHLAND PARKWAY, SUITE 600	PO Box:				142.00	
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y				145.00	
						1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
161.10	CORF	N		N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 9:14 am	
		Beginning 1.00	Ending 2.00	
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2013	12/31/2013	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/29/2014 9:14 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y		15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/14/2014	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: 140208

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

Worksheet S-2
Part II
Date/Time Prepared:
5/29/2014 9:14 am

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
		1.00	2.00	3.00	
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAVE		STRI EPLI NG	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.	630 929-5765		DAVE. STRI EPLI NG@ADVOCATEHEAL TH.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/13/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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: 140208

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2014 9:14 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	463	168,995	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)		463	168,995	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	103	37,595	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	37	13,542	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		603	220,132	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	35	12,810		0	16.00
17.00 SUBPROVIDER - IRF	41.00	37	13,542		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		675				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)		15	5,468			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: 140208

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2014 9:14 am

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)	53,783	22,952	139,534			1.00
2.00 HMO and other (see instructions)	16,053	10,159				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)	53,783	22,952	139,534			7.00
8.00 INTENSIVE CARE UNIT	11,595	4,830	28,746			8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	7,297	9,589			8.01
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		2,287	11,937			13.00
14.00 Total (see instructions)	65,378	37,366	189,806	226.39	4,504.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,698	963	8,454	0.00	57.00	16.00
17.00 SUBPROVIDER - IRF	6,639	681	12,181	0.00	84.00	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
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	630			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	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)				226.39	4,645.00	27.00
28.00 Observation Bed Days		1,160	8,286			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	629	1,219			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			7			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140208

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2014 9:14 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	12,316	6,467	37,329	1.00
2.00 HMO and other (see instructions)				0			2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
8.01 NEONATAL INTENSIVE CARE UNIT							8.01
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	12,316	6,467		37,329	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	435	124		1,208	16.00
17.00 SUBPROVIDER - IRF	0.00	0	463	40		857	17.00
18.00 SUBPROVIDER	0.00	0	0	0		0	18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part II Date/Time Prepared: 5/29/2014 9:14 am			
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	323,435,730	0	323,435,730	9,659,520.00	33.48	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	15,804,150	0	15,804,150	299,520.00	52.76	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		13,377,693	764,379	14,142,072	397,280.00	35.60	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		2,194,843	0	2,194,843	42,077.00	52.16	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		2,415,515	0	2,415,515	16,339.00	147.84	13.00
14.00	Home office salaries & wage-related costs		30,772,433	0	30,772,433	466,054.00	66.03	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		75,383,355	0	75,383,355			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,428,651	0	3,428,651			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		3,710,420	0	3,710,420			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	5,296,964	0	5,296,964	41,600.00	127.33	26.00
27.00	Administrative & General	5.00	31,653,133	-279,815	31,373,318	956,800.00	32.79	27.00
28.00	Administrative & General under contract (see inst.)		3,198,614	0	3,198,614	25,393.00	125.96	28.00
29.00	Maintenance & Repairs	6.00	3,502,604	0	3,502,604	120,640.00	29.03	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	5,418,522	0	5,418,522	368,160.00	14.72	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	4,920,814	0	4,920,814	282,880.00	17.40	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,479,215	0	2,479,215	54,080.00	45.84	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	9,543,998	-156,911	9,387,087	216,320.00	43.39	40.00
41.00	Medical Records & Medical Records Library	16.00	3,380,193	0	3,380,193	137,280.00	24.62	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140208

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2014 9:14 am

		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	1,742,407	0	1,742,407	52,000.00	33.51	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: 140208

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2014 9:14 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	310,830,194	0	310,830,194	9,385,393.00	33.12	1.00
2.00	Excluded area salaries (see instructions)	13,377,693	764,379	14,142,072	397,280.00	35.60	2.00
3.00	Subtotal salaries (line 1 minus line 2)	297,452,501	-764,379	296,688,122	8,988,113.00	33.01	3.00
4.00	Subtotal other wages & related costs (see inst.)	35,382,791	0	35,382,791	524,470.00	67.46	4.00
5.00	Subtotal wage-related costs (see inst.)	75,383,355	0	75,383,355	0.00	25.41	5.00
6.00	Total (sum of lines 3 thru 5)	408,218,647	-764,379	407,454,268	9,512,583.00	42.83	6.00
7.00	Total overhead cost (see instructions)	71,136,464	-436,726	70,699,738	2,255,153.00	31.35	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2014 9:14 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	6,542,769	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	5,083,000	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	703,950	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	27,209,989	8.00
9.00	Prescription Drug Plan	5,656,144	9.00
10.00	Dental, Hearing and Vision Plan	1,289,012	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	469,713	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)	2,591,486	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	7,477,700	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	22,218,778	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	440,702	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	404,351	21.00
22.00	Day Care Cost and Allowances	-7,139,070	22.00
23.00	Tuition Reimbursement	2,434,831	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	75,383,355	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140208

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

Worksheet S-3
Part V
Date/Time Prepared:
5/29/2014 9:14 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,280,470	82,522,425	1.00
2.00	Hospital	2,280,470	79,963,131	2.00
3.00	Subprovider - IPF	0	1,084,405	3.00
4.00	Subprovider - IRF	0	1,474,889	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/29/2014 9:14 am
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.277841		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		127,988,716		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		522,809,235		6.00
7.00	Medicaid cost (line 1 times line 6)		145,257,841		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)		17,269,125		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)		17,269,125		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	73,018,380	7,001,763	80,020,143	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	20,287,500	1,945,377	22,232,877	21.00
22.00	Partial payment by patients approved for charity care	654,202	267,325	921,527	22.00
23.00	Cost of charity care (line 21 minus line 22)	19,633,298	1,678,052	21,311,350	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		47,280,774		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		2,442,356		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		44,838,418		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		12,457,951		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		33,769,301		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		51,038,426		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140208		Period: From 01/01/2013 To 12/31/2013		Worksheet A	
Date/Time Prepared: 5/29/2014 9:14 am							
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	15,980,203	15,980,203	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	12,157,420	12,157,420	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,296,964	61,600,543	66,897,507	-92,817	66,804,690
5.01	00510	NONPATIENT TELEPHONES	609,097	1,772,706	2,381,803	-4,075	2,377,728
5.02	00511	DATA PROCESSING	14,586	29,388,114	29,402,700	-1,805	29,400,895
5.03	00512	PURCHASING RECEIVING AND STORES	1,580,920	3,065,166	4,646,086	-412,121	4,233,965
5.04	00513	ADMITTING	1,293,744	358,304	1,652,048	-16,033	1,636,015
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	5,653,040	8,917,077	14,570,117	-444,342	14,125,775
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	22,501,746	140,290,613	162,792,359	-13,384,312	149,408,047
6.00	00600	MAINTENANCE & REPAIRS	3,502,604	18,893,252	22,395,856	-215,278	22,180,578
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,431,813	3,431,813	-18,958	3,412,855
9.00	00900	HOUSEKEEPING	5,418,522	4,908,366	10,326,888	-50,290	10,276,598
10.00	01000	DIETARY	4,920,814	4,967,533	9,888,347	-24,771	9,863,576
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,479,215	1,057,568	3,536,783	-267,036	3,269,747
15.00	01500	PHARMACY	9,543,998	36,358,657	45,902,655	-36,373,503	9,529,152
16.00	01600	MEDICAL RECORDS & LIBRARY	3,380,193	2,750,915	6,131,108	-18,201	6,112,907
17.00	01700	SOCIAL SERVICE	1,742,407	503,319	2,245,726	0	2,245,726
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	15,804,150	0	15,804,150	0	15,804,150
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	14,626,975	14,626,975	-14,878	14,612,097
23.00	02300	PARAMEDIC	0	0	0	855,411	855,411
23.01	02301	PASTORAL CARE	0	0	0	296,292	296,292
23.02	02302	PHARMACY RESIDENCY	0	0	0	165,202	165,202
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	87,755,603	23,317,825	111,073,428	-9,261,174	101,812,254
31.00	03100	INTENSIVE CARE UNIT	25,669,411	10,767,229	36,436,640	-4,588,616	31,848,024
31.01	03101	NEONATAL INTENSIVE CARE UNIT	9,599,838	4,004,281	13,604,119	-4,107,090	9,497,029
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	4,250,182	445,264	4,695,446	-64,916	4,630,530
41.00	04100	SUBPROVIDER - I RF	5,780,634	1,743,366	7,524,000	-271,207	7,252,793
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	4,293,985	4,293,985
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,513,167	84,592,494	110,105,661	-65,572,427	44,533,234
51.00	05100	RECOVERY ROOM	4,390,318	553,754	4,944,072	-69,763	4,874,309
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,605,569	2,337,926	8,943,495	-1,320,406	7,623,089
53.00	05300	ANESTHESIOLOGY	742,668	1,935,118	2,677,786	-1,380,731	1,297,055
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,899,672	28,734,189	49,633,861	-20,160,383	29,473,478
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	169,630	30,153,254	30,322,884	-6,359,705	23,963,179
60.01	06001	BLOOD LABORATORY	0	4,611,067	4,611,067	-968,231	3,642,836
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	11,902,986	6,405,976	18,308,962	-5,316,550	12,992,412
66.00	06600	PHYSICAL THERAPY	4,716,022	13,075,524	17,791,546	-12,129,983	5,661,563
67.00	06700	OCCUPATIONAL THERAPY	4,309,703	480,470	4,790,173	-65,689	4,724,484
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,306,744	1,247,427	4,554,171	-523,502	4,030,669
70.00	07000	ELECTROENCEPHALOGRAPHY	297,573	77,570	375,143	-41,120	334,023
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71,474,484	71,474,484
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	48,102,898	48,102,898
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	35,913,983	35,913,983
74.00	07400	RENAL DIALYSIS	1,527,897	574,491	2,102,388	-396,241	1,706,147
76.00	03020	DEV EVALUATION	1,138,343	175,310	1,313,653	-54,984	1,258,669
76.97	07697	CARDIAC REHABILITATION	799,084	93,434	892,518	-23,802	868,716
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	1,790,501	396,113	2,186,614	-142,323	2,044,291
90.04	09004	OTHER	0	0	0	0	90.04
91.00	09100	EMERGENCY	15,181,308	10,891,764	26,073,072	-3,939,338	22,133,734
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140208

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

Worksheet A
Date/Time Prepared:
5/29/2014 9:14 am

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		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	876,871	706,843	1,583,714	-1,091,669	492,045	105.00
106.00	10600	HEART ACQUISITION	0	0	0	1,352,505	1,352,505	106.00
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	320,965,724	560,211,610	881,177,334	1,404,113	882,581,447	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	449	449	0	449	190.00
190.01	19001	OTHER NONREIMB	2,470,006	4,890,607	7,360,613	-1,404,113	5,956,500	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
200.00		TOTAL (SUM OF LINES 118-199)	323,435,730	565,102,666	888,538,396	0	888,538,396	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140208

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

Worksheet A
Date/Time Prepared:
5/29/2014 9:14 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	1,482,663	17,462,866	1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	4,695,271	16,852,691	2.00
3.00	00300 OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	11,639,249	78,443,939	4.00
5.01	00510 NONPATIENT TELEPHONES	-10,181	2,367,547	5.01
5.02	00511 DATA PROCESSING	-15,105,521	14,295,374	5.02
5.03	00512 PURCHASING RECEIVING AND STORES	-11,079	4,222,886	5.03
5.04	00513 ADMITTING	-6,825	1,629,190	5.04
5.05	00550 CASHIERING/ACCOUNTS RECEIVABLE	-169,816	13,955,959	5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	-68,029,962	81,378,085	5.06
6.00	00600 MAINTENANCE & REPAIRS	-2,140	22,178,438	6.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	3,412,855	8.00
9.00	00900 HOUSEKEEPING	-7,404	10,269,194	9.00
10.00	01000 DIETARY	-3,232,555	6,631,021	10.00
11.00	01100 CAFETERIA	0	0	11.00
13.00	01300 NURSING ADMINISTRATION	-19,434	3,250,313	13.00
15.00	01500 PHARMACY	-53,900	9,475,252	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-9,423	6,103,484	16.00
17.00	01700 SOCIAL SERVICE	-263,506	1,982,220	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	-1,413,447	14,390,703	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	-660,119	13,951,978	22.00
23.00	02300 PARAMEDIC	-293,677	561,734	23.00
23.01	02301 PASTORAL CARE	0	296,292	23.01
23.02	02302 PHARMACY RESIDENCY	0	165,202	23.02
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-2,592,642	99,219,612	30.00
31.00	03100 INTENSIVE CARE UNIT	-306,663	31,541,361	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT	-402,505	9,094,524	31.01
32.00	03200 CORONARY CARE UNIT	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000 SUBPROVIDER - I/PF	-237,571	4,392,959	40.00
41.00	04100 SUBPROVIDER - I/RF	-185,320	7,067,473	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	4,293,985	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-2,943,079	41,590,155	50.00
51.00	05100 RECOVERY ROOM	-7,482	4,866,827	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	-150,194	7,472,895	52.00
53.00	05300 ANESTHESIOLOGY	-7,251	1,289,804	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-232,350	29,241,128	54.00
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	-592,192	23,370,987	60.00
60.01	06001 BLOOD LABORATORY	0	3,642,836	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	-64,340	12,928,072	65.00
66.00	06600 PHYSICAL THERAPY	-377,604	5,283,959	66.00
67.00	06700 OCCUPATIONAL THERAPY	-16,848	4,707,636	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	-3,180	4,027,489	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	-1,429	332,594	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71,474,484	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	48,102,898	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	35,913,983	73.00
74.00	07400 RENAL DIALYSIS	-207	1,705,940	74.00
76.00	03020 DEV EVALUATION	-3,822	1,254,847	76.00
76.97	07697 CARDIAC REHABILITATION	-5,050	863,666	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	90.02
90.03	09003 AMBULATORY CARE	-77,182	1,967,109	90.03
90.04	09004 OTHER	0	0	90.04
91.00	09100 EMERGENCY	-489,707	21,644,027	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	-236,322	255,723	105.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140208

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

Worksheet A
Date/Time Prepared:
5/29/2014 9:14 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
106.00	10600	HEART ACQUISITION	0	1,352,505	106.00
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	-80,404,746	802,176,701	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	449	190.00
190.01	19001	OTHER NONREIMB	-170,643	5,785,857	190.01
190.02	19002	OTHER	0	0	190.02
200.00		TOTAL (SUM OF LINES 118-199)	-80,575,389	807,963,007	200.00

RECLASSIFICATIONS

Provider CCN: 140208

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

Worksheet A-6
Date/Time Prepared:
5/29/2014 9:14 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - RECLASS IMPLANT COSTS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	48,102,898	1.00
	TOTALS		0	48,102,898	
B - RECLASS CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	35,913,983	1.00
	TOTALS		0	35,913,983	
C - RECLASS MEDICAL SUPPLIES COST					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	119,577,382	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	266,440	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
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
38.00		0.00	0	0	38.00
	TOTALS		0	119,843,822	
D - RECLASS HOMEBOUND NURSERY					
1.00	NURSERY	43.00	2,157,557	517,989	1.00
	TOTALS		2,157,557	517,989	
E - RECLASS NURSERY					
1.00	NURSERY	43.00	1,392,952	225,487	1.00
	TOTALS		1,392,952	225,487	
F - RECLASS PARAMEDICAL EDUCATION					
1.00	PARAMEDIC	23.00	567,304	288,107	1.00
	TOTALS		567,304	288,107	
G - RECLASS PASTORAL CARE					
1.00	PASTORAL CARE	23.01	279,815	16,477	1.00
	TOTALS		279,815	16,477	
H - RECLASS BUILDING DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	12,105,446	1.00
	TOTALS		0	12,105,446	
I - RECLASS EQUIPMENT DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	12,105,445	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
	TOTALS		0	12,105,445		
J - RECLASS LAND IMP. DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	609,936		1.00
	TOTALS		0	609,936		
K - RECLASS LEASEHOLD IMP. DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	382,241		1.00
	TOTALS		0	382,241		
L - RECLASS CAPITAL INTEREST						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	30,741		1.00
	TOTALS		0	30,741		
M - RECLASS REMEDIATION COST						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	43,833		1.00
	TOTALS		0	43,833		
N - RECLASS VEHICLE DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	51,975		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	TOTALS		0	51,975		
O - RECLASS BUILDING RENT						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,808,006		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
	TOTALS		0	2,808,006		
P - RECLASS PHARMACY RESIDENCY						
1.00	PHARMACY RESIDENCY	23.02	156,911	8,291		1.00
	TOTALS		156,911	8,291		

Provider CCN: 140208

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

Worksheet A-6
Date/Time Prepared:
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		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
Q - RECLASS SALARY TO CC 4005						
1.00	OPERATING ROOM		50.00	620,775	354,151	1.00
	TOTALS			620,775	354,151	
R - HEART TRANSPL ACQUIS COST						
1.00	HEART ACQUISITION		106.00	381,124	971,381	1.00
	TOTALS			381,124	971,381	
500.00	Grand Total: Increases			5,556,438	234,380,209	500.00

RECLASSIFICATIONS

Provider CCN: 140208

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

Worksheet A-6
Date/Time Prepared:
5/29/2014 9:14 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
A - RECLASS IMPLANT COSTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	48,102,898	0	1.00	
	TOTALS		0	48,102,898			
B - RECLASS CHARGEABLE DRUGS							
1.00	PHARMACY	15.00	0	35,913,983	0	1.00	
	TOTALS		0	35,913,983			
C - RECLASS MEDICAL SUPPLIES COST							
1.00	NONPATIENT TELEPHONES	5.01	0	50	0	1.00	
2.00	DATA PROCESSING	5.02	0	8	0	2.00	
3.00	PURCHASING RECEIVING AND STORES	5.03	0	120,739	0	3.00	
4.00	ADMINISTRATIVE	5.04	0	1,095	0	4.00	
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	1,591	0	5.00	
7.00	MAINTENANCE & REPAIRS	6.00	0	218	0	7.00	
8.00	LAUNDRY & LINEN SERVICE	8.00	0	132	0	8.00	
9.00	HOUSEKEEPING	9.00	0	26,960	0	9.00	
10.00	DIETARY	10.00	0	2,303	0	10.00	
11.00	NURSING ADMINISTRATION	13.00	0	164,469	0	11.00	
12.00	PHARMACY	15.00	0	96,196	0	12.00	
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	286	0	13.00	
14.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	12,660	0	14.00	
15.00	ADULTS & PEDIATRICS	30.00	0	6,596,446	0	15.00	
16.00	INTENSIVE CARE UNIT	31.00	0	4,109,451	0	16.00	
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	1,148,029	0	17.00	
18.00	SUBPROVIDER - IPF	40.00	0	46,407	0	18.00	
19.00	SUBPROVIDER - IRF	41.00	0	235,467	0	19.00	
20.00	OPERATING ROOM	50.00	0	61,343,849	0	20.00	
21.00	RECOVERY ROOM	51.00	0	10,308	0	21.00	
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	941,597	0	22.00	
23.00	ANESTHESIOLOGY	53.00	0	1,206,729	0	23.00	
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,426,923	0	24.00	
25.00	LABORATORY	60.00	0	6,311,921	0	25.00	
26.00	BLOOD LABORATORY	60.01	0	968,231	0	26.00	
27.00	RESPIRATORY THERAPY	65.00	0	5,010,312	0	27.00	
28.00	PHYSICAL THERAPY	66.00	0	11,851,166	0	28.00	
29.00	OCCUPATIONAL THERAPY	67.00	0	35,371	0	29.00	
30.00	ELECTROCARDIOLOGY	69.00	0	144,051	0	30.00	
31.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,675	0	31.00	
32.00	RENAL DIALYSIS	74.00	0	353,408	0	32.00	
33.00	DEVELOPMENT	76.00	0	43,700	0	33.00	
34.00	CARDIAC REHABILITATION	76.97	0	10,627	0	34.00	
35.00	AMBULATORY CARE	90.03	0	115,393	0	35.00	
36.00	EMERGENCY	91.00	0	2,430,126	0	36.00	
38.00	OTHER NONREIMB	190.01	0	70,928	0	38.00	
	TOTALS		0	119,843,822			
D - RECLASS HOMEBOUND NURSERY							
1.00	NEONATAL INTENSIVE CARE UNIT	31.01	2,157,557	517,989	0	1.00	
	TOTALS		2,157,557	517,989			
E - RECLASS NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,392,952	225,487	0	1.00	
	TOTALS		1,392,952	225,487			
F - RECLASS PARAMEDICAL EDUCATION							
1.00	EMERGENCY	91.00	567,304	288,107	0	1.00	
	TOTALS		567,304	288,107			
G - RECLASS PASTORAL CARE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	279,815	16,477	0	1.00	
	TOTALS		279,815	16,477			
H - RECLASS BUILDING DEPRECIATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	12,105,446	9	1.00	
	TOTALS		0	12,105,446			
I - RECLASS EQUIPMENT DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,778	9	1.00	
2.00	NONPATIENT TELEPHONES	5.01	0	4,025	9	2.00	
3.00	DATA PROCESSING	5.02	0	1,797	9	3.00	
4.00	PURCHASING RECEIVING AND STORES	5.03	0	291,382	9	4.00	
5.00	ADMINISTRATIVE	5.04	0	14,938	9	5.00	
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	28,634	9	6.00	

RECLASSIFICATIONS

Provider CCN: 140208

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

Worksheet A-6
Date/Time Prepared:
5/29/2014 9:14 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	74,371	9	7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	171,120	9	8.00
9.00	HOUSEKEEPING	9.00	0	23,330	9	9.00
10.00	DIETARY	10.00	0	22,068	9	10.00
11.00	NURSING ADMINISTRATION	13.00	0	102,567	9	11.00
12.00	PHARMACY	15.00	0	133,557	9	12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	17,915	9	13.00
14.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	2,218	9	14.00
15.00	ADULTS & PEDIATRICS	30.00	0	965,508	9	15.00
16.00	INTENSIVE CARE UNIT	31.00	0	479,165	9	16.00
17.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	283,515	9	17.00
18.00	SUBPROVIDER - IPF	40.00	0	18,509	9	18.00
19.00	SUBPROVIDER - IRF	41.00	0	35,740	9	19.00
20.00	OPERATING ROOM	50.00	0	3,678,299	9	20.00
21.00	RECOVERY ROOM	51.00	0	59,455	9	21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	213,427	9	22.00
23.00	ANESTHESIOLOGY	53.00	0	174,002	9	23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,498,672	9	24.00
25.00		0.00	0	0	9	25.00
26.00	RESPIRATORY THERAPY	65.00	0	306,238	9	26.00
27.00	PHYSICAL THERAPY	66.00	0	34,505	9	27.00
28.00	OCCUPATIONAL THERAPY	67.00	0	5,784	9	28.00
29.00	ELECTROCARDIOLOGY	69.00	0	379,451	9	29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	34,445	9	30.00
31.00	RENAL DIALYSIS	74.00	0	42,833	9	31.00
32.00	DEV EVALUATION	76.00	0	11,284	9	32.00
33.00	CARDIAC REHABILITATION	76.97	0	13,175	9	33.00
34.00	AMBULATORY CARE	90.03	0	26,930	9	34.00
35.00	EMERGENCY	91.00	0	652,970	9	35.00
36.00	KIDNEY ACQUISITION	105.00	0	24,300	9	36.00
37.00	OTHER NONREIMB	190.01	0	258,712	0	37.00
38.00	LAUNDRY & LINEN SERVICE	8.00	0	18,826	0	38.00
	TOTALS		0	12,105,445		
J - RECLASS LAND IMP. DEPRECIATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	609,936	9	1.00
	TOTALS		0	609,936		
K - RECLASS LEASEHOLD IMP. DEPRECIATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	382,241	11	1.00
	TOTALS		0	382,241		
L - RECLASS CAPITAL INTEREST						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	30,741	11	1.00
	TOTALS		0	30,741		
M - RECLASS REMEDIATION COST						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43,833	11	1.00
	TOTALS		0	43,833		
N - RECLASS VEHICLE DEPRECIATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	26,210	9	1.00
2.00	DIETARY	10.00	0	400	9	2.00
3.00	OCCUPATIONAL THERAPY	67.00	0	24,534	9	3.00
4.00	EMERGENCY	91.00	0	831	9	4.00
	TOTALS		0	51,975		
O - RECLASS BUILDING RENT						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	91,039	10	1.00
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	414,117	10	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	81,682	10	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	43,940	10	4.00
5.00	PHARMACY	15.00	0	64,565	10	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	80,781	10	6.00
7.00	OPERATING ROOM	50.00	0	172,700	10	7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	165,382	10	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	234,788	10	9.00
10.00	PHYSICAL THERAPY	66.00	0	244,312	10	10.00
11.00	KIDNEY ACQUISITION	105.00	0	92,443	10	11.00
12.00	OTHER NONREIMB	190.01	0	1,074,473	10	12.00
13.00	LABORATORY	60.00	0	47,784	10	13.00

RECLASSIFICATIONS

Provider CCN: 140208

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

Worksheet A-6
Date/Time Prepared:
5/29/2014 9:14 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	TOTALS		0	2,808,006			
P - RECLASS PHARMACY RESIDENCY							
1.00	PHARMACY	15.00	156,911	8,291	0		1.00
	TOTALS		156,911	8,291			
Q - RECLASS SALARY TO CC 4005							
1.00	KIDNEY ACQUISITION	105.00	620,775	354,151	0		1.00
	TOTALS		620,775	354,151			
R - HEART TRANSPL ACQUIS COST							
1.00	OPERATING ROOM	50.00	381,124	971,381	0		1.00
	TOTALS		381,124	971,381			
500.00	Grand Total: Decreases		5,556,438	234,380,209			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140208

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2014 9:14 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,452,884	0	0	0	1.00
2.00	Land Improvements	10,613,707	936,275	0	936,275	2.00
3.00	Buildings and Fixtures	283,516,673	20,960,215	0	20,960,215	3.00
4.00	Building Improvements	3,916,849	0	0	0	4.00
5.00	Fixed Equipment	149,144,299	16,001,236	0	16,001,236	5.00
6.00	Movable Equipment	479,475	20,088	0	20,088	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	455,123,887	37,917,814	0	37,917,814	8.00
9.00	Reconciling Items	-89,491,889	-113,458,389	0	-113,458,389	9.00
10.00	Total (line 8 minus line 9)	544,615,776	151,376,203	0	151,376,203	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,452,884	0			1.00
2.00	Land Improvements	11,549,982	2,474,244			2.00
3.00	Buildings and Fixtures	304,418,166	73,717,678			3.00
4.00	Building Improvements	3,916,849	404,614			4.00
5.00	Fixed Equipment	163,476,209	83,355,426			5.00
6.00	Movable Equipment	499,563	292,500			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	491,313,653	160,244,462			8.00
9.00	Reconciling Items	-202,950,278	0			9.00
10.00	Total (line 8 minus line 9)	694,263,931	160,244,462			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140208

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2014 9:14 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW 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	NEW 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: 140208

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2014 9:14 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	693,764,368	0	693,764,368	0.999280	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	499,563	0	499,563	0.000720	0	2.00
3.00	Total (sum of lines 1-2)	694,263,931	0	694,263,931	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	14,198,045	2,808,006	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	16,852,691	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	31,050,736	2,808,006	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	456,815	0	0	0	17,462,866	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	16,852,691	2.00
3.00	Total (sum of lines 1-2)	456,815	0	0	0	34,315,557	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140208

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

Worksheet A-8

Date/Time Prepared:
5/29/2014 9:14 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		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	-7,149,953			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	-7,851,655			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0		0.00	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	A	-8,048	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL 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	340,518	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-54,959	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00 Non-physician Anesthetist		0	0*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		-315,000	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

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	
33.00		0			0.00	0 33.00
33.01		0			0.00	0 33.01
33.02	NONREIMB PHYSICIAN FEES	-8,297,121		OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.02
33.03	NONREIMB PHYSICIAN FEES	-6,716		CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 33.03
33.04		0			0.00	0 33.04
33.05		0			0.00	0 33.05
33.06		0			0.00	0 33.06
33.07		0			0.00	0 33.07
33.08		0			0.00	0 33.08
34.00	MI SC REV	-2,128		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 34.00
35.00	MI SC REV	-485		NONPATIENT TELEPHONES	5.01	0 35.00
38.00	MI SC REV	-146,681		CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 38.00
39.00	MI SC REV	-2,231,909		OTHER ADMINISTRATIVE AND GENERAL	5.06	0 39.00
41.00		0			0.00	0 41.00
42.00	MI SC REV	-3,213,144		DIETARY	10.00	0 42.00
43.00	MI SC REV	-12,297		NURSING ADMINISTRATION	13.00	0 43.00
44.00	MI SC REV	-40,929		PHARMACY	15.00	0 44.00
45.00	MI SC REV	-495,788		I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 45.00
45.01	MI SC REV	-967		DEV EVALUATION	76.00	0 45.01
45.02	MI SC REV	-293,677		PARAMEDIC	23.00	0 45.02
45.03	MI SC REV	-1,085		SUBPROVIDER - IPF	40.00	0 45.03
45.04	MI SC REV	-694,846		ADULTS & PEDIATRICS	30.00	0 45.04
45.05	MI SC REV	-202		INTENSIVE CARE UNIT	31.00	0 45.05
45.06		0			0.00	0 45.06
45.07	MI SC REV	-99,117		NEONATAL INTENSIVE CARE UNIT	31.01	0 45.07
45.08	MI SC REV	-138,899		SUBPROVIDER - IRF	41.00	0 45.08
45.09	MI SC REV	-27,670		OPERATING ROOM	50.00	0 45.09
45.10	MI SC REV	-132,770		DELIVERY ROOM & LABOR ROOM	52.00	0 45.10
45.11	MI SC REV	-211,508		RADIOLOGY-DIAGNOSTIC	54.00	0 45.11
45.12	MI SC REV	-575,526		LABORATORY	60.00	0 45.12
45.13	MI SC REV	-4,660		PHYSICAL THERAPY	66.00	0 45.13
45.14	MI SC REV	-41,577		PHYSICAL THERAPY	66.00	0 45.14
45.15	MI SC REV	-436		OCCUPATIONAL THERAPY	67.00	0 45.15
45.16	MI SC REV	-1,034		ELECTROCARDIOLOGY	69.00	0 45.16
45.17	MI SC REV	-100		ANESTHESIOLOGY	53.00	0 45.17
45.18	MI SC REV	-3,866		CARDIAC REHABILITATION	76.97	0 45.18
45.19		0			0.00	0 45.19
45.20		0			0.00	0 45.20
45.21		0			0.00	0 45.21
45.22	MI SC REV	-427,321		EMERGENCY	91.00	0 45.22
45.23		0			0.00	0 45.23
45.24	NONALLOWABLE COSTS	-196,834		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.24
45.25		0			0.00	0 45.25
45.26	NONALLOWABLE COSTS	-406		DATA PROCESSING	5.02	0 45.26
45.27		0			0.00	0 45.27
45.28	NONALLOWABLE COSTS	-11,079		PURCHASING RECEIVING AND STORES	5.03	0 45.28
45.29	NONALLOWABLE COSTS	-9,696		NONPATIENT TELEPHONES	5.01	0 45.29
45.30		0			0.00	0 45.30
45.31	NONALLOWABLE COSTS	-170,643		OTHER NONREIMB	190.01	0 45.31
45.32	NONALLOWABLE COSTS	-7,404		HOUSEKEEPING	9.00	0 45.32
45.33	NONALLOWABLE COSTS	-7,284,741		OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.33
45.34	NONALLOWABLE COSTS	-12,971		PHARMACY	15.00	0 45.34
45.35	NONALLOWABLE COSTS	-1,375		MEDICAL RECORDS & LIBRARY	16.00	0 45.35
45.36	NONALLOWABLE COSTS	-2,140		MAINTENANCE & REPAIRS	6.00	0 45.36
45.37	NONALLOWABLE COSTS	-19,411		DIETARY	10.00	0 45.37
45.38	NONALLOWABLE COSTS	-7,137		NURSING ADMINISTRATION	13.00	0 45.38
45.39	NONALLOWABLE COSTS	-6,825		ADMITTING	5.04	0 45.39
45.40	NONALLOWABLE COSTS	-16,419		CASHIERING/ACCOUNTS RECEIVABLE	5.05	0 45.40
45.41	NONALLOWABLE COSTS	-164,331		I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 45.41
45.42	NONALLOWABLE COSTS	-263,506		SOCIAL SERVICE	17.00	0 45.42

Provider CCN: 140208

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

Worksheet A-8

Date/Time Prepared:
 5/29/2014 9:14 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
45.43 NONALLOWABLE COSTS	A	-1,184	CARDIAC REHABILITATION	76.97	0 45.43
45.44 NONALLOWABLE COSTS	A	-264,429	ADULTS & PEDIATRICS	30.00	0 45.44
45.45 NONALLOWABLE COSTS	A	-17,680	INTENSIVE CARE UNIT	31.00	0 45.45
45.46 NONALLOWABLE COSTS	A	-3,388	NEONATAL INTENSIVE CARE UNIT	31.01	0 45.46
45.47 NONALLOWABLE COSTS	A	-7,482	RECOVERY ROOM	51.00	0 45.47
45.48 NONALLOWABLE COSTS	A	-17,424	DELIVERY ROOM & LABOR ROOM	52.00	0 45.48
45.49 NONALLOWABLE COSTS	A	-6,436	SUBPROVIDER - IPF	40.00	0 45.49
45.50 NONALLOWABLE COSTS	A	-46,421	SUBPROVIDER - IRF	41.00	0 45.50
45.51 NONALLOWABLE COSTS	A	-120,106	OPERATING ROOM	50.00	0 45.51
45.52 NONALLOWABLE COSTS	A	-19,501	RADIOLOGY-DIAGNOSTIC	54.00	0 45.52
45.53 NONALLOWABLE COSTS	A	-16,666	LABORATORY	60.00	0 45.53
45.54 NONALLOWABLE COSTS	A	-2,146	ELECTROCARDIOLOGY	69.00	0 45.54
45.55 NONALLOWABLE COSTS	A	-7,151	ANESTHESIOLOGY	53.00	0 45.55
45.56 NONALLOWABLE COSTS	A	-207	RENAL DIALYSIS	74.00	0 45.56
45.57 NONALLOWABLE COSTS	A	-14,340	RESPIRATORY THERAPY	65.00	0 45.57
45.58 NONALLOWABLE COSTS	A	-11,535	PHYSICAL THERAPY	66.00	0 45.58
45.59 NONALLOWABLE COSTS	A	-16,412	OCCUPATIONAL THERAPY	67.00	0 45.59
45.60 NONALLOWABLE COSTS	A	-2,855	DEV EVALUATION	76.00	0 45.60
45.61 NONALLOWABLE COSTS	A	-1,429	ELECTROENCEPHALOGRAPHY	70.00	0 45.61
45.62 NONALLOWABLE COSTS	A	-10,847	AMBULATORY CARE	90.03	0 45.62
45.63 NONALLOWABLE COSTS	A	-62,386	EMERGENCY	91.00	0 45.63
45.64 NONALLOWABLE COSTS	A	-52,957	KIDNEY ACQUISITION	105.00	0 45.64
45.65 ELIMINATE P/R AND MARKETING	A	-76,942	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.65
45.66 INTEREST OFFSET	A	-7,161,935	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.66
45.67 ELIMINATE MEDICAID ASSESSMENT	A	-32,311,796	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.67
45.71 NONALLOWABLE AHA/IHA	A	-5,260	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.71
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-80,575,389			50.00

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

Provider CCN: 140208

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2014 9:14 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	PERSONNEL	11,838,211	0
2.00	5.02	DATA PROCESSING	DATA PROCESSING	9,009,322	24,114,437
3.00	5.06	OTHER ADMINISTRATIVE AND GEN	A&G	18,488,468	29,148,726
4.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW CAP. -B&F	1,142,145	0
4.01	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW CAP. -M. E.	4,750,230	0
4.02	30.00	ADULTS & PEDIATRICS	PEDIATRIC PRODUCT LINE	183,132	0
4.03	0.00			0	0
5.00	0			45,411,508	53,263,163

* 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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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

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

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

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

Provider CCN: 140208

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2014 9:14 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	11,838,211	0		1.00
2.00	-15,105,115	0		2.00
3.00	-10,660,258	0		3.00
4.00	1,142,145	9		4.00
4.01	4,750,230	9		4.01
4.02	183,132	0		4.02
4.03	0	0		4.03
5.00	-7,851,655			5.00

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

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

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

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

6.00	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140208

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2014 9:14 am

	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	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	1,413,447	1,413,447	0	177,200	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,501,499	1,501,499	0	177,200	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	288,781	288,781	0	177,200	0	3.00
4.00	31.01	NEONATAL INTENSIVE CARE UNIT	300,000	300,000	0	177,200	0	4.00
5.00	40.00	SUBPROVIDER - IPF	230,050	230,050	0	154,100	0	5.00
6.00	0.00		0	0	0	208,000	0	6.00
7.00	50.00	OPERATING ROOM	2,795,303	2,795,303	0	208,000	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	1,341	1,341	0	208,000	0	8.00
9.00	65.00	RESPIRATORY THERAPY	50,000	50,000	0	225,300	0	9.00
10.00	66.00	PHYSICAL THERAPY	319,832	319,832	0	177,200	0	10.00
11.00	90.03	AMBULATORY CARE	66,335	66,335	0	208,000	0	11.00
12.00	0.00		0	0	0	208,000	0	12.00
13.00	105.00	KIDNEY ACQUISITION	183,365	18,365	0	208,000	0	13.00
200.00			7,149,953	6,984,953	0		0	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	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	9.00
10.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	10.00
11.00	90.03	AMBULATORY CARE	0	0	0	0	0	11.00
12.00	0.00		0	0	0	0	0	12.00
13.00	105.00	KIDNEY ACQUISITION	0	0	0	0	0	13.00
200.00			0	0	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	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,413,447		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,501,499		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	288,781		3.00
4.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	300,000		4.00
5.00	40.00	SUBPROVIDER - IPF	0	0	0	230,050		5.00
6.00	0.00		0	0	0	0		6.00
7.00	50.00	OPERATING ROOM	0	0	0	2,795,303		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,341		8.00
9.00	65.00	RESPIRATORY THERAPY	0	0	0	50,000		9.00
10.00	66.00	PHYSICAL THERAPY	0	0	0	319,832		10.00
11.00	90.03	AMBULATORY CARE	0	0	0	66,335		11.00
12.00	0.00		0	0	0	0		12.00
13.00	105.00	KIDNEY ACQUISITION	0	0	0	183,365		13.00
200.00			0	0	0	7,149,953		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2014 9:14 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	17,462,866	17,462,866				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	16,852,691		16,852,691			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	78,443,939	103,708	2,465	78,550,112		4.00
5.01 00510 NONPATIENT TELEPHONES	2,367,547	7,589	5,579	150,389	2,531,104	5.01
5.02 00511 DATA PROCESSING	14,295,374	22,980	2,491	3,601	27,539	5.02
5.03 00512 PURCHASING RECEIVING AND STORES	4,222,886	1,146	403,912	390,337	27,539	5.03
5.04 00513 ADMINITTING	1,629,190	9,343	20,707	319,432	21,280	5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	13,955,959	458,343	39,692	1,395,764	140,200	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	81,378,085	2,741,872	139,396	5,486,706	225,321	5.06
6.00 00600 MAINTENANCE & REPAIRS	22,178,438	4,217,663	237,206	864,810	127,682	6.00
8.00 00800 LAUNDRY & LINEN SERVICE	3,412,855	256	26,097	0	0	8.00
9.00 00900 HOUSEKEEPING	10,269,194	470	32,340	1,337,860	16,273	9.00
10.00 01000 DIETARY	6,631,021	6,105	31,145	1,214,974	55,078	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	3,250,313	382,085	142,178	612,131	33,798	13.00
15.00 01500 PHARMACY	9,475,252	101,472	184,469	2,317,719	41,309	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	6,103,484	31,144	24,834	834,587	65,093	16.00
17.00 01700 SOCIAL SERVICE	1,982,220	0	0	430,209	22,532	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	14,390,703	0	0	3,902,124	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	13,951,978	0	3,075	0	71,352	22.00
23.00 02300 PARAMEDIC	561,734	18,153	49,186	140,070	15,021	23.00
23.01 02301 PASTORAL CARE	296,292	1,642	29	69,088	6,259	23.01
23.02 02302 PHARMACY RESIDENCY	165,202	121	667	38,742	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	99,219,612	1,439,322	1,314,093	21,323,431	433,117	30.00
31.00 03100 INTENSIVE CARE UNIT	31,541,361	110,046	664,216	6,337,906	47,568	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	9,094,524	299,400	295,703	1,837,536	45,064	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	4,392,959	31,377	25,657	1,049,391	92,632	40.00
41.00 04100 SUBPROVIDER - I RF	7,067,473	52,034	49,544	1,427,267	28,791	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	4,293,985	172,925	121,593	876,638	41,309	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	41,590,155	1,673,657	5,122,408	6,358,500	167,739	50.00
51.00 05100 RECOVERY ROOM	4,866,827	28,870	82,416	1,083,991	10,014	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	7,472,895	267,257	295,990	1,630,948	31,295	52.00
53.00 05300 ANESTHESIOLOGY	1,289,804	0	241,201	183,368	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	29,241,128	1,881,370	4,849,842	5,160,234	196,530	54.00
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	23,370,987	396,688	0	41,882	113,912	60.00
60.01 06001 BLOOD LABORATORY	3,642,836	1,156	0	0	10,014	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	12,928,072	1,164	424,506	2,938,907	32,546	65.00
66.00 06600 PHYSICAL THERAPY	5,283,959	311,482	47,831	1,164,409	26,287	66.00
67.00 06700 OCCUPATIONAL THERAPY	4,707,636	335	42,027	1,064,087	60,086	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	4,027,489	69	525,993	816,452	46,316	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	332,594	42,105	47,747	73,472	6,259	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	71,474,484	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	48,102,898	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	35,913,983	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	1,705,940	280,720	59,375	377,245	0	74.00
76.00 03020 DEV EVALUATION	1,254,847	1,045	15,642	281,063	30,043	76.00
76.97 07697 CARDIAC REHABILITATION	863,666	0	18,263	197,298	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	1,967,109	1,483	37,330	442,084	61,337	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	21,644,027	517,940	857,108	3,608,271	125,178	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2014 9:14 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	255,723	28,555	9,486	63,231	0	105.00
106.00 10600 HEART ACQUISITION	1,352,505	29,663	627	94,101	0	106.00
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
118.00 SUBTOTALS (SUM OF LINES 1-117)	802,176,701	15,672,755	16,494,066	77,940,255	2,502,313	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	449	0	0	0	0	190.00
190.01 19001 OTHER NONREIMB	5,785,857	1,790,111	358,625	609,857	28,791	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	807,963,007	17,462,866	16,852,691	78,550,112	2,531,104	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2014 9:14 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING	14,351,985					5.02
5.03	00512	PURCHASING RECEIVING AND STORES	0	5,045,820				5.03
5.04	00513	ADMINITTING	0	3,499	2,003,451			5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	5,132	0	15,995,090		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	20,954	0	0	89,992,334	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	40,138	0	0	27,665,937	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	105	0	0	3,439,313	8.00
9.00	00900	HOUSEKEEPING	0	38,529	0	0	11,694,666	9.00
10.00	01000	DIETARY	0	191,639	0	0	8,129,962	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	7,354	0	0	4,427,859	13.00
15.00	01500	PHARMACY	0	9,638	0	0	12,129,859	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,270	0	0	7,060,412	16.00
17.00	01700	SOCIAL SERVICE	0	170	0	0	2,435,131	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	18,292,827	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	9,199	0	0	14,035,604	22.00
23.00	02300	PARAMEDIC	0	1,419	0	0	785,583	23.00
23.01	02301	PASTORAL CARE	0	204	0	0	373,514	23.01
23.02	02302	PHARMACY RESIDENCY	0	31	0	0	204,763	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,756,245	294,111	328,460	1,957,436	128,065,827	30.00
31.00	03100	INTENSIVE CARE UNIT	720,933	166,153	139,934	803,521	40,531,638	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	177,833	34,962	34,518	198,205	12,017,745	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	91,080	3,074	17,679	101,514	5,805,363	40.00
41.00	04100	SUBPROVIDER - I/RF	97,512	11,446	18,927	108,683	8,861,677	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	98,979	15,413	19,212	110,318	5,750,372	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,390,180	2,382,904	178,366	1,549,436	60,413,345	50.00
51.00	05100	RECOVERY ROOM	236,556	3,824	21,802	263,655	6,597,955	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	190,096	39,474	27,748	211,873	10,167,576	52.00
53.00	05300	ANESTHESIOLOGY	314,539	46,306	39,912	350,572	2,465,702	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,820,726	631,724	166,152	2,029,303	45,977,009	54.00
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	1,076,413	234,522	144,764	1,199,725	26,578,893	60.00
60.01	06001	BLOOD LABORATORY	152,244	35,901	23,870	169,684	4,035,705	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	668,748	190,214	124,835	745,358	18,054,350	65.00
66.00	06600	PHYSICAL THERAPY	259,053	442,309	32,756	288,729	7,856,815	66.00
67.00	06700	OCCUPATIONAL THERAPY	105,141	2,696	13,684	117,186	6,112,878	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	308,944	7,038	35,677	344,336	6,112,314	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,652	668	2,307	20,789	544,593	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	689,509	0	106,677	768,498	73,039,168	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	892,583	0	144,876	994,835	50,135,192	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,936,410	0	278,878	2,157,218	40,286,489	73.00
74.00	07400	RENAL DIALYSIS	39,798	13,418	7,159	44,357	2,528,012	74.00
76.00	03020	DEV EVALUATION	15,230	2,450	1,747	16,974	1,619,041	76.00
76.97	07697	CARDIAC REHABILITATION	15,078	677	847	16,805	1,112,634	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	45,798	5,384	94	51,045	2,611,664	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	1,221,320	104,743	90,167	1,361,231	29,529,985	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,800	2,125	543	3,121	365,584	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
106.00	10600	HEART ACQUISITION	9,585	0	1,860	10,683	1,499,024	106.00
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,351,985	5,000,817	2,003,451	15,995,090	799,344,314	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	449	190.00
190.01	19001	OTHER NONREIMB	0	45,003	0	0	8,618,244	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	14,351,985	5,045,820	2,003,451	15,995,090	807,963,007	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140208		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part I Date/Time Prepared: 5/29/2014 9:14 am	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING RECEIVING AND STORES						5.03
5.04	00513	ADMINITTING						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	89,992,334					5.06
6.00	00600	MAINTENANCE & REPAIRS	3,467,732	31,133,669				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	431,094	58,174	3,928,581			8.00
9.00	00900	HOUSEKEEPING	1,465,845	406,124	0	13,566,635		9.00
10.00	01000	DIETARY	1,019,034	1,028,699	0	634,501	10,812,196	10.00
11.00	01100	CAFETERIA	0	0	0	0	5,298,243	11.00
13.00	01300	NURSING ADMINISTRATION	555,001	210,124	0	152,213	0	13.00
15.00	01500	PHARMACY	1,520,393	411,425	0	151,177	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	884,973	201,369	0	109,982	0	16.00
17.00	01700	SOCIAL SERVICE	305,227	45,007	0	19,431	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,292,878	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,759,265	459,989	0	140,036	0	22.00
23.00	02300	PARAMEDIC	98,467	45,075	9,372	100,396	0	23.00
23.01	02301	PASTORAL CARE	46,817	28,489	0	15,027	0	23.01
23.02	02302	PHARMACY RESIDENCY	25,666	1,471	0	389	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,051,893	8,762,592	2,003,705	2,327,881	4,076,831	30.00
31.00	03100	INTENSIVE CARE UNIT	5,080,357	1,930,242	451,324	950,845	836,585	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	1,506,340	419,325	47,241	32,515	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	727,662	524,490	57,670	183,044	246,034	40.00
41.00	04100	SUBPROVIDER - I/RF	1,110,749	783,246	77,266	144,440	354,503	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	720,769	307,286	31,881	104,412	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,572,390	4,994,382	113,269	514,026	0	50.00
51.00	05100	RECOVERY ROOM	827,007	925,312	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,274,434	889,573	88,304	33,552	0	52.00
53.00	05300	ANESTHESIOLOGY	309,058	95,247	0	6,736	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,762,896	3,439,689	515,346	1,932,261	0	54.00
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	3,331,478	836,940	27,405	473,609	0	60.00
60.01	06001	BLOOD LABORATORY	505,847	75,548	0	28,629	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,262,986	167,066	0	153,120	0	65.00
66.00	06600	PHYSICAL THERAPY	984,797	247,299	93,089	236,027	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	766,206	294,427	0	337,330	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	766,136	339,502	38,132	142,627	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	68,261	44,494	30,041	33,293	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,154,948	400,618	0	833,479	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,284,095	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,049,629	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	316,869	114,741	0	19,043	0	74.00
76.00	03020	DEV EVALUATION	202,935	161,116	0	80,317	0	76.00
76.97	07697	CARDIAC REHABILITATION	139,461	180,678	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	327,354	700,243	28,835	257,531	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	3,701,377	1,221,005	262,378	1,652,967	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	45,823	0	0	0	0	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
106.00	10600 HEART ACQUISITION	187,892	0	0	0	0	106.00
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	88,912,041	30,751,007	3,875,258	11,800,836	10,812,196	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	56	79,412	0	51,817	0	190.00
190.01	19001 OTHER NONREIMB	1,080,237	303,250	53,323	1,713,982	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
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)	89,992,334	31,133,669	3,928,581	13,566,635	10,812,196	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140208		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part I Date/Time Prepared: 5/29/2014 9:14 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			11.00	13.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING RECEIVING AND STORES						5.03
5.04	00513	ADMINISTRATIVE						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	5,298,243					11.00
13.00	01300	NURSING ADMINISTRATION	36,280	5,381,477				13.00
15.00	01500	PHARMACY	145,119	0	14,357,973			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	92,095	0	0	8,348,831		16.00
17.00	01700	SOCIAL SERVICE	34,884	3,340	0	6,354	2,849,374	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	200,934	7,711	0	0	0	22.00
23.00	02300	PARAMEDIC	11,163	13	3,817	0	0	23.00
23.01	02301	PASTORAL CARE	9,768	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	4,186	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,798,640	2,563,178	3,484,280	2,885,239	2,237,180	30.00
31.00	03100	INTENSIVE CARE UNIT	485,591	734,599	2,000,214	12,193	459,060	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	125,584	192,061	374,566	532,707	153,134	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	79,536	137,088	23,773	394,292	0	40.00
41.00	04100	SUBPROVIDER - I/RF	117,212	169,230	57,834	416,789	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	69,769	109,155	132,221	98,573	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	489,777	355,643	3,236,936	1,003,762	0	50.00
51.00	05100	RECOVERY ROOM	78,141	113,372	815	41,902	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	138,142	213,299	527,792	65,944	0	52.00
53.00	05300	ANESTHESIOLOGY	18,140	1,506	627,602	27,649	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	382,333	208,027	533,969	863,802	0	54.00
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	1,395	0	0	304,477	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	20,264	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	255,354	1,959	2,523	101,492	0	65.00
66.00	06600	PHYSICAL THERAPY	87,909	21,491	113,452	73,157	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	86,513	1,818	0	46,711	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	72,560	84,560	86,744	503,341	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,977	8,757	0	4,980	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	93,593	0	73.00
74.00	07400	RENAL DIALYSIS	26,512	37,137	13,489	2,748	0	74.00
76.00	03020	DEV EVALUATION	19,535	1,579	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	13,954	17,991	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	32,094	39,106	340,234	1,202	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	323,727	351,158	2,783,387	847,660	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,395	8	0	0	0	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	15.00	16.00	17.00	
106.00	10600 HEART ACQUISITION	4,186	0	0	0	0	106.00
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
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	5,249,405	5,373,786	14,343,648	8,348,831	2,849,374	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMB	48,838	7,691	14,325	0	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
200.00	20000 Cross Foot Adjustments						200.00
201.00	20100 Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118-201)	5,298,243	5,381,477	14,357,973	8,348,831	2,849,374	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS		Subtotal	PARAMEDIC	PASTORAL CARE	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00511 DATA PROCESSING						5.02
5.03 00512 PURCHASING RECEIVING AND STORES						5.03
5.04 00513 ADMITTING						5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
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
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	20,585,705					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	16,603,539				22.00
23.00 02300 PARAMEDIC	0	0	1,053,886	1,053,886		23.00
23.01 02301 PASTORAL CARE	0	0	473,615	619	474,234	23.01
23.02 02302 PHARMACY RESIDENCY	0	0	236,475	309	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	11,190,202	9,025,533	194,472,981	254,043	314,859	30.00
31.00 03100 INTENSIVE CARE UNIT	2,192,158	1,768,100	57,432,906	75,007	64,611	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	842,121	679,218	16,922,557	22,101	21,553	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I/PF	0	0	8,178,952	10,682	19,002	40.00
41.00 04100 SUBPROVIDER - I/RF	0	0	12,092,946	15,793	27,379	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	7,324,438	9,566	26,830	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,156,283	1,739,165	82,588,978	107,861	0	50.00
51.00 05100 RECOVERY ROOM	0	0	8,584,504	11,211	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	13,398,616	17,499	0	52.00
53.00 05300 ANESTHESIOLOGY	457,880	369,306	4,378,826	5,719	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	59,615,332	77,858	0	54.00
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	31,554,197	41,210	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	4,665,993	6,094	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	20,998,850	27,424	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	9,714,036	12,687	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	7,645,883	9,986	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	340,814	274,885	8,761,615	11,443	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	741,396	968	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	83,428,213	108,957	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	56,419,287	73,684	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	45,429,711	59,331	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	3,058,551	3,994	0	74.00
76.00 03020 DEV EVALUATION	0	0	2,084,523	2,722	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	1,464,718	1,913	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	0	0	4,338,263	5,666	0	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	3,406,247	2,747,332	46,827,223	61,156	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

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

Worksheet B
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Cost Center Description	INTERNS & RESIDENTS		Subtotal	PARAMEDIC	PASTORAL CARE			
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS						
	21.00	22.00						
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	412,810	539	0	105.00
106.00	10600	HEART ACQUISITION	0	0	1,691,102	2,209	0	106.00
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,585,705	16,603,539	795,991,383	1,038,251	474,234	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	131,734	172	0	190.00
190.01	19001	OTHER NONREIMB	0	0	11,839,890	15,463	0	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	20,585,705	16,603,539	807,963,007	1,053,886	474,234	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

Period:
From 01/01/2013
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Part I
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Cost Center Description			Subtotal	PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23A.01	23.02	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMEDIC						23.00
23.01	02301	PASTORAL CARE						23.01
23.02	02302	PHARMACY RESIDENCY	236,784	236,784				23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	195,041,883	57,266	195,099,149	-20,215,735	174,883,414	30.00
31.00	03100	INTENSIVE CARE UNIT	57,572,524	16,869	57,589,393	-3,960,258	53,629,135	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	16,966,211	4,971	16,971,182	-1,521,339	15,449,843	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	8,208,636	2,405	8,211,041	0	8,211,041	40.00
41.00	04100	SUBPROVIDER - IRF	12,136,118	3,556	12,139,674	0	12,139,674	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	7,360,834	2,157	7,362,991	0	7,362,991	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	82,696,839	24,230	82,721,069	-3,895,448	78,825,621	50.00
51.00	05100	RECOVERY ROOM	8,595,715	2,519	8,598,234	0	8,598,234	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,416,115	3,931	13,420,046	0	13,420,046	52.00
53.00	05300	ANESTHESIOLOGY	4,384,545	1,285	4,385,830	-827,186	3,558,644	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	59,693,190	17,490	59,710,680	0	59,710,680	54.00
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	31,595,407	9,257	31,604,664	0	31,604,664	60.00
60.01	06001	BLOOD LABORATORY	4,672,087	1,369	4,673,456	0	4,673,456	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	21,026,274	6,161	21,032,435	0	21,032,435	65.00
66.00	06600	PHYSICAL THERAPY	9,726,723	2,850	9,729,573	0	9,729,573	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,655,869	2,243	7,658,112	0	7,658,112	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,773,058	2,571	8,775,629	-615,699	8,159,930	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	742,364	218	742,582	0	742,582	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	83,537,170	24,476	83,561,646	0	83,561,646	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	56,492,971	16,552	56,509,523	0	56,509,523	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,489,042	13,328	45,502,370	0	45,502,370	73.00
74.00	07400	RENAL DIALYSIS	3,062,545	897	3,063,442	0	3,063,442	74.00
76.00	03020	DEV EVALUATION	2,087,245	612	2,087,857	0	2,087,857	76.00
76.97	07697	CARDIAC REHABILITATION	1,466,631	430	1,467,061	0	1,467,061	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	4,343,929	1,273	4,345,202	0	4,345,202	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	46,888,379	13,738	46,902,117	-6,153,579	40,748,538	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140208

Period:
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Cost Center Description		Subtotal	PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23A.01	23.02	24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	413,349	121	413,470	0	413,470	105.00
106.00	10600	HEART ACQUISITION	1,693,311	496	1,693,807	0	1,693,807	106.00
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	795,975,748	233,271	795,972,235	-37,189,244	758,782,991	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	131,906	39	131,945	0	131,945	190.00
190.01	19001	OTHER NONREIMB	11,855,353	3,474	11,858,827	0	11,858,827	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	807,963,007	236,784	807,963,007	-37,189,244	770,773,763	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	63	103,708	2,465	106,236	4.00
5.01 00510	NONPATIENT TELEPHONES	11	7,589	5,579	13,179	5.01
5.02 00511	DATA PROCESSING	0	22,980	2,491	25,471	5.02
5.03 00512	PURCHASING RECEIVING AND STORES	682,386	1,146	403,912	1,087,444	5.03
5.04 00513	ADMITTING	0	9,343	20,707	30,050	5.04
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	0	458,343	39,692	498,035	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	82,713	2,741,872	139,396	2,963,981	5.06
6.00 00600	MAINTENANCE & REPAIRS	3,637	4,217,663	237,206	4,458,506	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	256	26,097	26,353	8.00
9.00 00900	HOUSEKEEPING	0	470	32,340	32,810	9.00
10.00 01000	DIETARY	5,331	6,105	31,145	42,581	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	382,085	142,178	524,263	13.00
15.00 01500	PHARMACY	716	101,472	184,469	286,657	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	31,144	24,834	55,978	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	3,075	3,075	22.00
23.00 02300	PARAMEDIC	0	18,153	49,186	67,339	23.00
23.01 02301	PASTORAL CARE	0	1,642	29	1,671	23.01
23.02 02302	PHARMACY RESIDENCY	0	121	667	788	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,207,369	1,439,322	1,314,093	3,960,784	30.00
31.00 03100	INTENSIVE CARE UNIT	14,903	110,046	664,216	789,165	31.00
31.01 03101	NEONATAL INTENSIVE CARE UNIT	32,970	299,400	295,703	628,073	31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I/PF	0	31,377	25,657	57,034	40.00
41.00 04100	SUBPROVIDER - I/RF	112	52,034	49,544	101,690	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	172,925	121,593	294,518	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	343,201	1,673,657	5,122,408	7,139,266	50.00
51.00 05100	RECOVERY ROOM	0	28,870	82,416	111,286	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	267,257	295,990	563,247	52.00
53.00 05300	ANESTHESIOLOGY	10,722	0	241,201	251,923	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,192,448	1,881,370	4,849,842	9,923,660	54.00
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	396,688	0	396,688	60.00
60.01 06001	BLOOD LABORATORY	0	1,156	0	1,156	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	106,026	1,164	424,506	531,696	65.00
66.00 06600	PHYSICAL THERAPY	10,300	311,482	47,831	369,613	66.00
67.00 06700	OCCUPATIONAL THERAPY	6,398	335	42,027	48,760	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	69	525,993	526,062	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	178	42,105	47,747	90,030	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	2,515	280,720	59,375	342,610	74.00
76.00 03020	DEV EVALUATION	270	1,045	15,642	16,957	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	18,263	18,263	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	FAMILY PRACTICES	0	0	0	0	90.01
90.02 09002	WOMEN'S HEALTH CENTER	0	0	0	0	90.02
90.03 09003	AMBULATORY CARE	0	1,483	37,330	38,813	90.03
90.04 09004	OTHER	0	0	0	0	90.04
91.00 09100	EMERGENCY	12,395	517,940	857,108	1,387,443	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

Period:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	28,555	9,486	38,041	86	105.00
106.00 10600 HEART ACQUISITION	0	29,663	627	30,290	127	106.00
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
118.00	5,714,664	15,672,755	16,494,066	37,881,485	105,411	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 OTHER NONREIMB	9,006	1,790,111	358,625	2,157,742	825	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
200.00				0	0	200.00
201.00				0	0	201.00
202.00	5,723,670	17,462,866	16,852,691	40,039,227	106,236	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140208		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/29/2014 9:14 am		
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE		
		5.01	5.02	5.03	5.04	5.05		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00510	NONPATIENT TELEPHONES	13,382				5.01	
5.02	00511	DATA PROCESSING	146	25,622			5.02	
5.03	00512	PURCHASING RECEIVING AND STORES	146	0	1,088,118		5.03	
5.04	00513	ADMINISTRATIVE	113	0	755	31,350	5.04	
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	741	0	1,107	0	5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,191	0	4,519	0	5.06	
6.00	00600	MAINTENANCE & REPAIRS	675	0	8,656	0	6.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	23	0	8.00	
9.00	00900	HOUSEKEEPING	86	0	8,309	0	9.00	
10.00	01000	DIETARY	291	0	41,326	0	10.00	
11.00	01100	CAFETERIA	0	0	0	0	11.00	
13.00	01300	NURSING ADMINISTRATION	179	0	1,586	0	13.00	
15.00	01500	PHARMACY	218	0	2,078	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	344	0	274	0	16.00	
17.00	01700	SOCIAL SERVICE	119	0	37	0	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	377	0	1,984	0	22.00	
23.00	02300	PARAMEDIC	79	0	306	0	23.00	
23.01	02301	PASTORAL CARE	33	0	44	0	23.01	
23.02	02302	PHARMACY RESIDENCY	0	0	7	0	23.02	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,292	3,008	63,424	5,078	61,494	30.00
31.00	03100	INTENSIVE CARE UNIT	251	1,235	35,831	2,195	25,243	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	238	305	7,539	541	6,227	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	490	156	663	277	3,189	40.00
41.00	04100	SUBPROVIDER - I/RF	152	167	2,468	297	3,414	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	218	170	3,324	301	3,466	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	887	2,381	513,864	2,798	48,676	50.00
51.00	05100	RECOVERY ROOM	53	405	825	342	8,283	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	165	326	8,512	435	6,656	52.00
53.00	05300	ANESTHESIOLOGY	0	539	9,986	626	11,013	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,039	3,118	136,230	2,606	63,751	54.00
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	602	1,844	50,574	2,271	37,690	60.00
60.01	06001	BLOOD LABORATORY	53	261	7,742	374	5,331	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	172	1,145	41,019	1,958	23,416	65.00
66.00	06600	PHYSICAL THERAPY	139	444	95,383	514	9,071	66.00
67.00	06700	OCCUPATIONAL THERAPY	318	180	581	215	3,681	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	245	529	1,518	560	10,817	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	33	32	144	36	653	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,181	0	1,673	24,143	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,529	0	2,273	31,253	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,356	0	4,375	67,047	73.00
74.00	07400	RENAL DIALYSIS	0	68	2,894	112	1,394	74.00
76.00	03020	DEV EVALUATION	159	26	528	27	533	76.00
76.97	07697	CARDIAC REHABILITATION	0	26	146	13	528	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	324	78	1,161	1	1,604	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	662	2,092	22,588	1,414	42,764	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	5	458	9	98	105.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
106.00	10600 HEART ACQUISITION	0	16	0	29	336	106.00
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	13,230	25,622	1,078,413	31,350	501,771	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMB	152	0	9,705	0	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
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)	13,382	25,622	1,088,118	31,350	501,771	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140208		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/29/2014 9:14 am	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING RECEIVING AND STORES						5.03
5.04	00513	ADMINITTING						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	2,977,113					5.06
6.00	00600	MAINTENANCE & REPAIRS	114,731	4,583,738				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	14,263	8,565	49,204			8.00
9.00	00900	HOUSEKEEPING	48,498	59,793	0	151,306		9.00
10.00	01000	DIETARY	33,715	151,453	0	7,076	278,086	10.00
11.00	01100	CAFETERIA	0	0	0	0	136,269	11.00
13.00	01300	NURSING ADMINISTRATION	18,362	30,936	0	1,698	0	13.00
15.00	01500	PHARMACY	50,303	60,573	0	1,686	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	29,280	29,647	0	1,227	0	16.00
17.00	01700	SOCIAL SERVICE	10,098	6,626	0	217	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	75,860	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	58,206	67,723	0	1,562	0	22.00
23.00	02300	PARAMEDIC	3,258	6,636	117	1,120	0	23.00
23.01	02301	PASTORAL CARE	1,549	4,194	0	168	0	23.01
23.02	02302	PHARMACY RESIDENCY	849	217	0	4	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	530,776	1,290,096	25,095	25,962	104,854	30.00
31.00	03100	INTENSIVE CARE UNIT	168,085	284,185	5,653	10,605	21,517	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	49,838	61,736	592	363	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	24,075	77,219	722	2,041	6,328	40.00
41.00	04100	SUBPROVIDER - I/RF	36,749	115,315	968	1,611	9,118	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	23,847	45,241	399	1,164	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	250,534	735,311	1,419	5,733	0	50.00
51.00	05100	RECOVERY ROOM	27,362	136,232	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	42,165	130,970	1,106	374	0	52.00
53.00	05300	ANESTHESIOLOGY	10,225	14,023	0	75	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	190,667	506,417	6,455	21,550	0	54.00
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	110,223	123,221	343	5,282	0	60.00
60.01	06001	BLOOD LABORATORY	16,736	11,123	0	319	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	74,871	24,597	0	1,708	0	65.00
66.00	06600	PHYSICAL THERAPY	32,582	36,409	1,166	2,632	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	25,350	43,348	0	3,762	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	25,348	49,984	478	1,591	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,258	6,551	376	371	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	302,893	58,982	0	9,296	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	207,911	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	167,068	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	10,484	16,893	0	212	0	74.00
76.00	03020	DEV EVALUATION	6,714	23,721	0	896	0	76.00
76.97	07697	CARDIAC REHABILITATION	4,614	26,601	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	10,831	103,095	361	2,872	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	122,461	179,766	3,286	18,435	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,516	0	0	0	0	105.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
106.00	10600 HEART ACQUISITION	6,216	0	0	0	0	106.00
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,941,371	4,527,399	48,536	131,612	278,086	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2	11,692	0	578	0	190.00
190.01	19001 OTHER NONREIMB	35,740	44,647	668	19,116	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,977,113	4,583,738	49,204	151,306	278,086	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140208		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/29/2014 9:14 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			11.00	13.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING RECEIVING AND STORES						5.03
5.04	00513	ADMINISTRATIVE						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	136,269					11.00
13.00	01300	NURSING ADMINISTRATION	933	578,785				13.00
15.00	01500	PHARMACY	3,732	0	408,382			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,369	0	0	120,248		16.00
17.00	01700	SOCIAL SERVICE	897	359	0	92	19,027	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,168	829	0	0	0	22.00
23.00	02300	PARAMEDIC	287	1	109	0	0	23.00
23.01	02301	PASTORAL CARE	251	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY	108	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	46,261	275,674	99,101	41,553	14,939	30.00
31.00	03100	INTENSIVE CARE UNIT	12,489	79,007	56,892	176	3,065	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	3,230	20,656	10,654	7,673	1,023	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	2,046	14,744	676	5,679	0	40.00
41.00	04100	SUBPROVIDER - I/RF	3,015	18,201	1,645	6,003	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,794	11,740	3,761	1,420	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,597	38,250	92,068	14,457	0	50.00
51.00	05100	RECOVERY ROOM	2,010	12,193	23	604	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,553	22,941	15,012	950	0	52.00
53.00	05300	ANESTHESIOLOGY	467	162	17,851	398	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,833	22,374	15,188	12,441	0	54.00
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	36	0	0	4,385	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	292	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	6,568	211	72	1,462	0	65.00
66.00	06600	PHYSICAL THERAPY	2,261	2,311	3,227	1,054	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,225	195	0	673	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,866	9,095	2,467	7,250	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	179	942	0	72	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,348	0	73.00
74.00	07400	RENAL DIALYSIS	682	3,994	384	40	0	74.00
76.00	03020	DEV EVALUATION	502	170	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	359	1,935	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	825	4,206	9,677	17	0	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	8,326	37,767	79,168	12,209	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	36	1	0	0	0	105.00

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	15.00	16.00	17.00	
106.00	10600 HEART ACQUISITION	108	0	0	0	0	106.00
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	135,013	577,958	407,975	120,248	19,027	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 OTHER NONREIMB	1,256	827	407	0	0	190.01
190.02	19002 OTHER	0	0	0	0	0	190.02
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)	136,269	578,785	408,382	120,248	19,027	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	INTERNS & RESIDENTS		PARAMEDIC	PASTORAL CARE	PHARMACY RESIDENCY	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00510	NONPATIENT TELEPHONES					5.01
5.02 00511	DATA PROCESSING					5.02
5.03 00512	PURCHASING RECEIVING AND STORES					5.03
5.04 00513	ADMINISTRATIVE					5.04
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
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
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	81,139				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		138,924			22.00
23.00 02300	PARAMEDIC			79,441		23.00
23.01 02301	PASTORAL CARE				8,003	23.01
23.02 02302	PHARMACY RESIDENCY					2,025
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 03101	NEONATAL INTENSIVE CARE UNIT					31.01
32.00 03200	CORONARY CARE UNIT					32.00
33.00 03300	BURN INTENSIVE CARE UNIT					33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT					34.00
40.00 04000	SUBPROVIDER - I PF					40.00
41.00 04100	SUBPROVIDER - I RF					41.00
42.00 04200	SUBPROVIDER					42.00
43.00 04300	NURSERY					43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					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
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	BLOOD LABORATORY					60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS					62.00
65.00 06500	RESPIRATORY THERAPY					65.00
66.00 06600	PHYSICAL THERAPY					66.00
67.00 06700	OCCUPATIONAL THERAPY					67.00
68.00 06800	SPEECH PATHOLOGY					68.00
69.00 06900	ELECTROCARDIOLOGY					69.00
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					71.00
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
76.00 03020	DEV EVALUATION					76.00
76.97 07697	CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS						
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	FAMILY PRACTICES					90.01
90.02 09002	WOMEN'S HEALTH CENTER					90.02
90.03 09003	AMBULATORY CARE					90.03
90.04 09004	OTHER					90.04
91.00 09100	EMERGENCY					91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF					99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2014 9:14 am

Cost Center Description	INTERNS & RESIDENTS		PARAMEDIC	PASTORAL CARE	PHARMACY RESIDENCY		
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00					
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION				105.00	
106.00	10600	HEART ACQUISITION				106.00	
109.00	10900	PANCREAS ACQUISITION				109.00	
110.00	11000	INTESTINAL ACQUISITION				110.00	
111.00	11100	ISLET ACQUISITION				111.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				190.00	
190.01	19001	OTHER NONREIMB				190.01	
190.02	19002	OTHER				190.02	
200.00		Cross Foot Adjustments	81,139	138,924	79,441	8,003	2,025
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	81,139	138,924	79,441	8,003	2,025

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/29/2014 9:14 am
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00510				5.01
5.02	00511				5.02
5.03	00512				5.03
5.04	00513				5.04
5.05	00550				5.05
5.06	00560				5.06
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				13.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	6,579,216	0	6,579,216	30.00
31.00	03100	1,504,168	0	1,504,168	31.00
31.01	03101	801,174	0	801,174	31.01
32.00	03200	0	0	0	32.00
33.00	03300	0	0	0	33.00
34.00	03400	0	0	0	34.00
40.00	04000	196,759	0	196,759	40.00
41.00	04100	302,744	0	302,744	41.00
42.00	04200	0	0	0	42.00
43.00	04300	392,549	0	392,549	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	8,866,842	0	8,866,842	50.00
51.00	05100	301,084	0	301,084	51.00
52.00	05200	798,618	0	798,618	52.00
53.00	05300	317,536	0	317,536	53.00
54.00	05400	10,922,309	0	10,922,309	54.00
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
59.00	05900	0	0	0	59.00
60.00	06000	733,216	0	733,216	60.00
60.01	06001	43,387	0	43,387	60.01
62.00	06200	0	0	0	62.00
65.00	06500	712,871	0	712,871	65.00
66.00	06600	558,381	0	558,381	66.00
67.00	06700	130,727	0	130,727	67.00
68.00	06800	0	0	0	68.00
69.00	06900	638,914	0	638,914	69.00
70.00	07000	101,776	0	101,776	70.00
71.00	07100	398,168	0	398,168	71.00
72.00	07200	242,966	0	242,966	72.00
73.00	07300	244,194	0	244,194	73.00
74.00	07400	380,277	0	380,277	74.00
76.00	03020	50,613	0	50,613	76.00
76.97	07697	52,752	0	52,752	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	0	0	0	90.00
90.01	09001	0	0	0	90.01
90.02	09002	0	0	0	90.02
90.03	09003	174,463	0	174,463	90.03
90.04	09004	0	0	0	90.04
91.00	09100	0	0	0	91.00
92.00	09200	1,923,262	0	1,923,262	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140208

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

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Part II
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	40,250	0	40,250	105.00
106.00	10600	HEART ACQUISITION	37,122	0	37,122	106.00
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	37,446,338	0	37,446,338	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	12,272	0	12,272	190.00
190.01	19001	OTHER NONREIMB	2,271,085	0	2,271,085	190.01
190.02	19002	OTHER	0	0	0	190.02
200.00		Cross Foot Adjustments	309,532	0	309,532	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	40,039,227	0	40,039,227	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1
Date/Time Prepared:
5/29/2014 9:14 am

Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (ACTUAL DEPR)	NEW MVBLE EQUIP (EQUIP DEPR NEW)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (GROSS CHARGES)	
	1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	15,919,219				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		12,157,521			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	94,541	1,778	318,138,766		4.00
5.01 00510	NONPATIENT TELEPHONES	6,918	4,025	609,097	2,022	5.01
5.02 00511	DATA PROCESSING	20,949	1,797	14,586	22	5.02
5.03 00512	PURCHASING RECEIVING AND STORES	1,045	291,382	1,580,920	22	5.03
5.04 00513	ADMINISTRATIVE	8,517	14,938	1,293,744	17	5.04
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	417,827	28,634	5,653,040	112	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	2,499,500	100,560	22,221,931	180	5.06
6.00 00600	MAINTENANCE & REPAIRS	3,844,847	171,120	3,502,604	102	6.00
8.00 00800	LAUNDRY & LINEN SERVICE	233	18,826	0	0	8.00
9.00 00900	HOUSEKEEPING	428	23,330	5,418,522	13	9.00
10.00 01000	DIETARY	5,565	22,468	4,920,814	44	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	348,310	102,567	2,479,215	27	13.00
15.00 01500	PHARMACY	92,502	133,076	9,387,087	33	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	28,391	17,915	3,380,193	52	16.00
17.00 01700	SOCIAL SERVICE	0	0	1,742,407	18	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	15,804,150	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,218	0	57	22.00
23.00 02300	PARAMEDIC	16,548	35,483	567,304	12	23.00
23.01 02301	PASTORAL CARE	1,497	21	279,815	5	23.01
23.02 02302	PHARMACY RESIDENCY	110	481	156,911	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,312,091	947,986	86,362,651	346	30.00
31.00 03100	INTENSIVE CARE UNIT	100,318	479,165	25,669,411	38	31.00
31.01 03101	NEONATAL INTENSIVE CARE UNIT	272,934	213,320	7,442,281	36	31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	28,603	18,509	4,250,182	74	40.00
41.00 04100	SUBPROVIDER - IRF	47,434	35,741	5,780,634	23	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	157,639	87,717	3,550,509	33	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,525,712	3,695,305	25,752,818	134	50.00
51.00 05100	RECOVERY ROOM	26,318	59,455	4,390,318	8	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	243,632	213,527	6,605,569	25	52.00
53.00 05300	ANESTHESIOLOGY	0	174,002	742,668	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,715,064	3,498,672	20,899,672	157	54.00
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	361,622	0	169,630	91	60.00
60.01 06001	BLOOD LABORATORY	1,054	0	0	8	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	1,061	306,238	11,902,986	26	65.00
66.00 06600	PHYSICAL THERAPY	283,948	34,505	4,716,022	21	66.00
67.00 06700	OCCUPATIONAL THERAPY	305	30,318	4,309,703	48	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	63	379,451	3,306,744	37	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	38,383	34,445	297,573	5	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	255,905	42,833	1,527,897	0	74.00
76.00 03020	DEV EVALUATION	953	11,284	1,138,343	24	76.00
76.97 07697	CARDIAC REHABILITATION	0	13,175	799,084	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	FAMILY PRACTICES	0	0	0	0	90.01
90.02 09002	WOMEN'S HEALTH CENTER	0	0	0	0	90.02
90.03 09003	AMBULATORY CARE	1,352	26,930	1,790,501	49	90.03
90.04 09004	OTHER	0	0	0	0	90.04
91.00 09100	EMERGENCY	472,156	618,317	14,614,004	100	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (ACTUAL DEPR)	NEW MVBLE EQUIP (EQUIP DEPR NEW)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (GROSS CHARGES)	
	1.00	2.00	4.00	5.01	5.02	
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	26,031	6,843	256,096	0	532,800	105.00
106.00 10600 HEART ACQUISITION	27,041	452	381,124	0	1,824,000	106.00
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
118.00 SUBTOTALS (SUM OF LINES 1-117)	14,287,347	11,898,809	315,668,760	1,999	2,730,995,326	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 OTHER NONREIMB	1,631,872	258,712	2,470,006	23	0	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
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)	17,462,866	16,852,691	78,550,112	2,531,104	14,351,985	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1.096968	1.386195	0.246905	1,251.782394	0.005255	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			106,236	13,382	25,622	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000334	6.618200	0.000009	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

Period:
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To 12/31/2013

Worksheet B-1
Date/Time Prepared:
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Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING RECEIVING AND STORES	136,083,550					5.03
5.04	00513	ADMITTING	94,360	1,963,885,194				5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	138,418		2,730,995,326			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	565,110			-89,992,334	717,970,673	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,082,489				27,665,937	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,820				3,439,313	8.00
9.00	00900	HOUSEKEEPING	1,039,113				11,694,666	9.00
10.00	01000	DIETARY	5,168,391				8,129,962	10.00
11.00	01100	CAFETERIA	0				0	11.00
13.00	01300	NURSING ADMINISTRATION	198,345				4,427,859	13.00
15.00	01500	PHARMACY	259,933				12,129,859	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	34,249				7,060,412	16.00
17.00	01700	SOCIAL SERVICE	4,573				2,435,131	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0				18,292,827	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	248,095				14,035,604	22.00
23.00	02300	PARAMEDIC	38,264				785,583	23.00
23.01	02301	PASTORAL CARE	5,507				373,514	23.01
23.02	02302	PHARMACY RESIDENCY	837				204,763	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,932,015	321,740,485	334,204,486	0	128,065,827	30.00
31.00	03100	INTENSIVE CARE UNIT	4,481,064	137,189,925	137,189,925	0	40,531,638	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	942,897	33,840,735	33,840,735	0	12,017,745	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	82,907	17,332,085	17,332,085	0	5,805,363	40.00
41.00	04100	SUBPROVIDER - IRF	308,705	18,556,093	18,556,093	0	8,861,677	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	415,679	18,835,285	18,835,285	0	5,750,372	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	64,266,193	174,868,202	264,544,244	0	60,413,345	50.00
51.00	05100	RECOVERY ROOM	103,118	21,374,305	45,015,323	0	6,597,955	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,064,580	27,203,693	36,174,260	0	10,167,576	52.00
53.00	05300	ANESTHESIOLOGY	1,248,846	39,129,226	59,855,231	0	2,465,702	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,037,255	162,894,572	346,474,899	0	45,977,009	54.00
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	6,324,929	141,925,173	204,836,011	0	26,578,893	60.00
60.01	06001	BLOOD LABORATORY	968,231	23,401,505	28,971,186	0	4,035,705	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	5,129,965	122,387,174	127,259,412	0	18,054,350	65.00
66.00	06600	PHYSICAL THERAPY	11,928,821	32,113,286	49,296,441	0	7,856,815	66.00
67.00	06700	OCCUPATIONAL THERAPY	72,716	13,415,341	20,007,851	0	6,112,878	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	189,819	34,977,280	58,790,530	0	6,112,314	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,027	2,261,910	3,549,445	0	544,593	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	104,585,295	131,210,176	0	73,039,168	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	142,034,996	169,854,059	0	50,135,192	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	273,410,128	368,373,867	0	40,286,489	73.00
74.00	07400	RENAL DIALYSIS	361,878	7,018,155	7,573,385	0	2,528,012	74.00
76.00	03020	DEV EVALUATION	66,086	1,712,531	2,898,144	0	1,619,041	76.00
76.97	07697	CARDIAC REHABILITATION	18,247	830,085	2,869,265	0	1,112,634	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	145,195	92,249	8,715,168	0	2,611,664	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	2,824,850	88,398,680	232,411,020	0	29,529,985	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 9:14 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)		
		5.03	5.04	5.05	5A.06	5.06		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	57,304	532,800	532,800	0	365,584	105.00
106.00	10600	HEART ACQUISITION	0	1,824,000	1,824,000	0	1,499,024	106.00
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	134,869,831	1,963,885,194	2,730,995,326	-89,992,334	709,351,980	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1	0	0	0	449	190.00
190.01	19001	OTHER NONREIMB	1,213,718	0	0	0	8,618,244	190.01
190.02	19002	OTHER	0	0	0	0	0	190.02
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)	5,045,820	2,003,451	15,995,090		89,992,334	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.037079	0.001020	0.005857		0.125343	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,088,118	31,350	501,771		2,977,113	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.007996	0.000016	0.000184		0.004147	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 9:14 am

Cost Center Description		MAINTENANCE & REPAIRS (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (HSK HOURS)	DIETARY (MEALS)	CAFETERIA (FTE'S)	
		6.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMINISTRATIVE					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	910,344				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,701	4,646,040			8.00
9.00	00900	HOUSEKEEPING	11,875	0	104,727		9.00
10.00	01000	DIETARY	30,079	0	4,898	1,565,664	10.00
11.00	01100	CAFETERIA	0	0	0	767,214	11.00
13.00	01300	NURSING ADMINISTRATION	6,144	0	1,175	0	26 13.00
15.00	01500	PHARMACY	12,030	0	1,167	0	104 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,888	0	849	0	66 16.00
17.00	01700	SOCIAL SERVICE	1,316	0	150	0	25 17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	13,450	0	1,081	0	144 22.00
23.00	02300	PARAMEDIC	1,318	11,083	775	0	8 23.00
23.01	02301	PASTORAL CARE	833	0	116	0	7 23.01
23.02	02302	PHARMACY RESIDENCY	43	0	3	0	3 23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	256,217	2,369,632	17,970	590,347	1,289 30.00
31.00	03100	INTENSIVE CARE UNIT	56,440	533,748	7,340	121,142	348 31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	12,261	55,868	251	0	90 31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - I/PF	15,336	68,202	1,413	35,627	57 40.00
41.00	04100	SUBPROVIDER - I/RF	22,902	91,377	1,115	51,334	84 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	8,985	37,703	806	0	50 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	146,035	133,955	3,968	0	351 50.00
51.00	05100	RECOVERY ROOM	27,056	0	0	0	56 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,011	104,431	259	0	99 52.00
53.00	05300	ANESTHESIOLOGY	2,785	0	52	0	13 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	100,576	609,461	14,916	0	274 54.00
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	24,472	32,410	3,656	0	1 60.00
60.01	06001	BLOOD LABORATORY	2,209	0	221	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
65.00	06500	RESPIRATORY THERAPY	4,885	0	1,182	0	183 65.00
66.00	06600	PHYSICAL THERAPY	7,231	110,090	1,822	0	63 66.00
67.00	06700	OCCUPATIONAL THERAPY	8,609	0	2,604	0	62 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	9,927	45,096	1,101	0	52 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,301	35,527	257	0	5 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,714	0	6,434	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	3,355	0	147	0	19 74.00
76.00	03020	DEV EVALUATION	4,711	0	620	0	14 76.00
76.97	07697	CARDIAC REHABILITATION	5,283	0	0	0	10 76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0 90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0 90.02
90.03	09003	AMBULATORY CARE	20,475	34,101	1,988	0	23 90.03
90.04	09004	OTHER	0	0	0	0	0 90.04
91.00	09100	EMERGENCY	35,702	310,295	12,760	0	232 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0 99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 9:14 am

Cost Center Description		MAINTENANCE & REPAIRS (SQARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (HSK HOURS)	DIETARY (MEALS)	CAFETERIA (FTE'S)	
		6.00	8.00	9.00	10.00	11.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	1 105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	3 106.00
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	899,155	4,582,979	91,096	1,565,664	3,762 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,322	0	400	0	0 190.00
190.01	19001	OTHER NONREIMB	8,867	63,061	13,231	0	35 190.01
190.02	19002	OTHER	0	0	0	0	0 190.02
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)	31,133,669	3,928,581	13,566,635	10,812,196	5,298,243 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	34.199895	0.845576	129.542859	6.905821	1,395.376086 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,583,738	49,204	151,306	278,086	136,269 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	5.035171	0.010591	1.444766	0.177615	35.888596 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	NURSING ADMINISTRATION	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (MR TIME)	SOCIAL SERVICE (SS TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (IR TIME)	
	(NURSING HOURS)					
	13.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00511 DATA PROCESSING						5.02
5.03 00512 PURCHASING RECEIVING AND STORES						5.03
5.04 00513 ADMINITTING						5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
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	6,424,457					13.00
15.00 01500 PHARMACY	0	2,817,501				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	48,616			16.00
17.00 01700 SOCIAL SERVICE	3,987	0	37	58,240		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21,805	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	9,206	0	0	0	0	22.00
23.00 02300 PARAMEDIC	15	749	0	0	0	23.00
23.01 02301 PASTORAL CARE	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	3,059,949	683,729	16,801	45,727	11,853	30.00
31.00 03100 INTENSIVE CARE UNIT	876,971	392,507	71	9,383	2,322	31.00
31.01 03101 NEONATAL INTENSIVE CARE UNIT	229,284	73,502	3,102	3,130	892	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	163,657	4,665	2,296	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	202,028	11,349	2,427	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	130,310	25,946	574	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	424,570	635,192	5,845	0	2,284	50.00
51.00 05100 RECOVERY ROOM	135,345	160	244	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	254,638	103,570	384	0	0	52.00
53.00 05300 ANESTHESIOLOGY	1,798	123,156	161	0	485	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	248,344	104,782	5,030	0	0	54.00
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	1,773	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	118	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	2,339	495	591	0	0	65.00
66.00 06600 PHYSICAL THERAPY	25,656	22,263	426	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,170	0	272	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	100,949	17,022	2,931	0	361	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	10,454	0	29	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	545	0	0	73.00
74.00 07400 RENAL DIALYSIS	44,334	2,647	16	0	0	74.00
76.00 03020 DEV EVALUATION	1,885	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	21,478	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03 09003 AMBULATORY CARE	46,685	66,765	7	0	0	90.03
90.04 09004 OTHER	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	419,215	546,191	4,936	0	3,608	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 9:14 am

Cost Center Description	NURSING ADMINISTRATION	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (MR TIME)	SOCIAL SERVICE (SS TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (IR TIME)	
	(NURSING HOURS)					
	13.00	15.00	16.00	17.00	21.00	
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	9	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
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
118.00 SUBTOTALS (SUM OF LINES 1-117)	6,415,276	2,814,690	48,616	58,240	21,805	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 OTHER NONREIMB	9,181	2,811	0	0	0	190.01
190.02 19002 OTHER	0	0	0	0	0	190.02
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)	5,381,477	14,357,973	8,348,831	2,849,374	20,585,705	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.837655	5.095996	171.730109	48.924691	944.081862	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	578,785	408,382	120,248	19,027	81,139	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.090091	0.144945	2.473424	0.326700	3.721119	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS	Reconciliation	PARAMEDIC (ACCUM. COST)	PASTORAL CARE (DAYS)	Reconciliation	
		SERVICES-OTHER PRGM COSTS (I.R TIME)					
		22.00	23A	23.00	23.01	23A.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMITTING					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
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
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	21,805				22.00
23.00	02300	PARAMEDIC		-1,053,886	806,909,121		23.00
23.01	02301	PASTORAL CARE		0	473,615	210,991	23.01
23.02	02302	PHARMACY RESIDENCY		0	236,475	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,853	0	194,472,981	140,084	0
31.00	03100	INTENSIVE CARE UNIT	2,322	0	57,432,906	28,746	0
31.01	03101	NEONATAL INTENSIVE CARE UNIT	892	0	16,922,557	9,589	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	8,178,952	8,454	0
41.00	04100	SUBPROVIDER - IRF	0	0	12,092,946	12,181	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	7,324,438	11,937	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,284	0	82,588,978	0	0
51.00	05100	RECOVERY ROOM	0	0	8,584,504	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	13,398,616	0	0
53.00	05300	ANESTHESIOLOGY	485	0	4,378,826	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	59,615,332	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	0	31,554,197	0	0
60.01	06001	BLOOD LABORATORY	0	0	4,665,993	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	20,998,850	0	0
66.00	06600	PHYSICAL THERAPY	0	0	9,714,036	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	7,645,883	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	361	0	8,761,615	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	741,396	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	83,428,213	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	56,419,287	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	45,429,711	0	0
74.00	07400	RENAL DIALYSIS	0	0	3,058,551	0	0
76.00	03020	DEV EVALUATION	0	0	2,084,523	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	1,464,718	0	0
OUTPATIENT SERVICE COST CENTERS							
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	0	0	0	0	0
90.01	09001	FAMILY PRACTICES	0	0	0	0	0
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0
90.03	09003	AMBULATORY CARE	0	0	4,338,263	0	0
90.04	09004	OTHER	0	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,608	0	46,827,223	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	Reconciliation	PARAMEDIC (ACCUM. COST)	PASTORAL CARE (DAYS)	Reconciliation	
	SERVICES-OTHER					
	PRGM COSTS (I.R. TIME)					
	22.00	23A	23.00	23.01	23A.02	
SPECIAL PURPOSE COST CENTERS						
105.00 10500	KIDNEY ACQUISITION	0	0	412,810	0	0 105.00
106.00 10600	HEART ACQUISITION	0	0	1,691,102	0	0 106.00
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	21,805	-1,053,886	794,937,497	210,991	-236,784 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	131,734	0	0 190.00
190.01 19001	OTHER NONREIMB	0	0	11,839,890	0	0 190.01
190.02 19002	OTHER	0	0	0	0	0 190.02
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)	16,603,539		1,053,886	474,234	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	761.455584		0.001306	2.247650	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	138,924		79,441	8,003	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	6.371199		0.000098	0.037931	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PHARMACY RESIDENCY (ACCUM. COST)	
		23.02	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00510 NONPATIENT TELEPHONES		5.01
5.02	00511 DATA PROCESSING		5.02
5.03	00512 PURCHASING RECEIVING AND STORES		5.03
5.04	00513 ADMIN TTING		5.04
5.05	00550 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL		5.06
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
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMEDIC		23.00
23.01	02301 PASTORAL CARE		23.01
23.02	02302 PHARMACY RESIDENCY	807,726,223	23.02
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	195,041,883	30.00
31.00	03100 INTENSIVE CARE UNIT	57,572,524	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT	16,966,211	31.01
32.00	03200 CORONARY CARE UNIT	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000 SUBPROVIDER - I PF	8,208,636	40.00
41.00	04100 SUBPROVIDER - I RF	12,136,118	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	7,360,834	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	82,696,839	50.00
51.00	05100 RECOVERY ROOM	8,595,715	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	13,416,115	52.00
53.00	05300 ANESTHESIOLOGY	4,384,545	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	59,693,190	54.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	31,595,407	60.00
60.01	06001 BLOOD LABORATORY	4,672,087	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
65.00	06500 RESPIRATORY THERAPY	21,026,274	65.00
66.00	06600 PHYSICAL THERAPY	9,726,723	66.00
67.00	06700 OCCUPATIONAL THERAPY	7,655,869	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	8,773,058	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	742,364	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	83,537,170	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	56,492,971	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	45,489,042	73.00
74.00	07400 RENAL DIALYSIS	3,062,545	74.00
76.00	03020 DEV EVALUATION	2,087,245	76.00
76.97	07697 CARDIAC REHABILITATION	1,466,631	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 FAMILY PRACTICES	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	90.02
90.03	09003 AMBULATORY CARE	4,343,929	90.03
90.04	09004 OTHER	0	90.04
91.00	09100 EMERGENCY	46,888,379	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140208

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PHARMACY RESIDENCY (ACCUM. COST)	
		23.02	
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	413,349	105.00
106.00	10600 HEART ACQUISITION	1,693,311	106.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	795,738,964	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	131,906	190.00
190.01	19001 OTHER NONREIMB	11,855,353	190.01
190.02	19002 OTHER	0	190.02
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)	236,784	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000293	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,025	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000003	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140208

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2014 9:14 am

		Title XVIIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	174,883,414		174,883,414	0	174,883,414	30.00
31.00	03100 INTENSIVE CARE UNIT	53,629,135		53,629,135	0	53,629,135	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT	15,449,843		15,449,843	0	15,449,843	31.01
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000 SUBPROVIDER - I PF	8,211,041		8,211,041	0	8,211,041	40.00
41.00	04100 SUBPROVIDER - I RF	12,139,674		12,139,674	0	12,139,674	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	7,362,991		7,362,991	0	7,362,991	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	78,825,621		78,825,621	0	78,825,621	50.00
51.00	05100 RECOVERY ROOM	8,598,234		8,598,234	0	8,598,234	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	13,420,046		13,420,046	0	13,420,046	52.00
53.00	05300 ANESTHESIOLOGY	3,558,644		3,558,644	0	3,558,644	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	59,710,680		59,710,680	0	59,710,680	54.00
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	31,604,664		31,604,664	0	31,604,664	60.00
60.01	06001 BLOOD LABORATORY	4,673,456		4,673,456	0	4,673,456	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	21,032,435	0	21,032,435	0	21,032,435	65.00
66.00	06600 PHYSICAL THERAPY	9,729,573	0	9,729,573	0	9,729,573	66.00
67.00	06700 OCCUPATIONAL THERAPY	7,658,112	0	7,658,112	0	7,658,112	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	8,159,930		8,159,930	0	8,159,930	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	742,582		742,582	0	742,582	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	83,561,646		83,561,646	0	83,561,646	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	56,509,523		56,509,523	0	56,509,523	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	45,502,370		45,502,370	0	45,502,370	73.00
74.00	07400 RENAL DIALYSIS	3,063,442		3,063,442	0	3,063,442	74.00
76.00	03020 DEV EVALUATION	2,087,857		2,087,857	0	2,087,857	76.00
76.97	07697 CARDIAC REHABILITATION	1,467,061		1,467,061	0	1,467,061	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0		0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0		0	0	0	90.02
90.03	09003 AMBULATORY CARE	4,345,202		4,345,202	0	4,345,202	90.03
90.04	09004 OTHER	0		0	0	0	90.04
91.00	09100 EMERGENCY	40,748,538		40,748,538	0	40,748,538	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9,803,001		9,803,001	0	9,803,001	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	413,470		413,470	0	413,470	105.00
106.00	10600 HEART ACQUISITION	1,693,807		1,693,807	0	1,693,807	106.00
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
200.00	Subtotal (see instructions)	768,585,992	0	768,585,992	0	768,585,992	200.00
201.00	Less Observation Beds	9,803,001		9,803,001	0	9,803,001	201.00
202.00	Total (see instructions)	758,782,991	0	758,782,991	0	758,782,991	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140208

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2014 9:14 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	314,907,698		314,907,698			30.00
31.00	03100 INTENSIVE CARE UNIT	137,189,925		137,189,925			31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT	33,840,735		33,840,735			31.01
32.00	03200 CORONARY CARE UNIT	0		0			32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000 SUBPROVIDER - I/PF	17,332,085		17,332,085			40.00
41.00	04100 SUBPROVIDER - I/RP	18,556,093		18,556,093			41.00
42.00	04200 SUBPROVIDER	0		0			42.00
43.00	04300 NURSERY	18,835,285		18,835,285			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	174,868,202	89,676,042	264,544,244	0.297968	0.000000	50.00
51.00	05100 RECOVERY ROOM	21,374,305	23,641,018	45,015,323	0.191007	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	27,203,693	8,970,567	36,174,260	0.370983	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	39,129,226	20,726,005	59,855,231	0.059454	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	162,894,572	183,580,327	346,474,899	0.172338	0.000000	54.00
57.00	05700 CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000 LABORATORY	141,925,173	62,910,838	204,836,011	0.154293	0.000000	60.00
60.01	06001 BLOOD LABORATORY	23,401,505	5,569,681	28,971,186	0.161314	0.000000	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
65.00	06500 RESPIRATORY THERAPY	122,387,174	4,872,238	127,259,412	0.165272	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	32,113,286	17,183,155	49,296,441	0.197369	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	13,415,341	6,592,510	20,007,851	0.382755	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	34,977,280	23,813,250	58,790,530	0.138797	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,261,910	1,287,535	3,549,445	0.209211	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	104,585,295	26,624,881	131,210,176	0.636853	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	142,034,996	27,819,063	169,854,059	0.332695	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	273,410,128	94,963,739	368,373,867	0.123522	0.000000	73.00
74.00	07400 RENAL DIALYSIS	7,018,155	555,230	7,573,385	0.404501	0.000000	74.00
76.00	03020 DEV EVALUATION	1,712,531	1,185,613	2,898,144	0.720412	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	830,085	2,039,180	2,869,265	0.511302	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000 CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	0.000000	0.000000	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0.000000	0.000000	90.02
90.03	09003 AMBULATORY CARE	92,249	8,622,919	8,715,168	0.498579	0.000000	90.03
90.04	09004 OTHER	0	0	0	0.000000	0.000000	90.04
91.00	09100 EMERGENCY	88,398,680	144,012,340	232,411,020	0.175330	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,832,787	12,464,001	19,296,788	0.508012	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	532,800	0	532,800			105.00
106.00	10600 HEART ACQUISITION	1,824,000	0	1,824,000			106.00
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
200.00	Subtotal (see instructions)	1,963,885,194	767,110,132	2,730,995,326			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	1,963,885,194	767,110,132	2,730,995,326			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 9:14 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.297968		50.00
51.00	05100 RECOVERY ROOM	0.191007		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.370983		52.00
53.00	05300 ANESTHESIOLOGY	0.059454		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.172338		54.00
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	0.154293		60.00
60.01	06001 BLOOD LABORATORY	0.161314		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500 RESPIRATORY THERAPY	0.165272		65.00
66.00	06600 PHYSICAL THERAPY	0.197369		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.382755		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.138797		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.209211		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.636853		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.332695		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.123522		73.00
74.00	07400 RENAL DIALYSIS	0.404501		74.00
76.00	03020 DEV EVALUATION	0.720412		76.00
76.97	07697 CARDIAC REHABILITATION	0.511302		76.97
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 FAMILY PRACTICES	0.000000		90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000		90.02
90.03	09003 AMBULATORY CARE	0.498579		90.03
90.04	09004 OTHER	0.000000		90.04
91.00	09100 EMERGENCY	0.175330		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.508012		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
	SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 140208

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2014 9:14 am

		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE				
				Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	174,883,414		174,883,414	0	174,883,414	30.00
31.00	03100	INTENSIVE CARE UNIT	53,629,135		53,629,135	0	53,629,135	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	15,449,843		15,449,843	0	15,449,843	31.01
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	8,211,041		8,211,041	0	8,211,041	40.00
41.00	04100	SUBPROVIDER - I RF	12,139,674		12,139,674	0	12,139,674	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	7,362,991		7,362,991	0	7,362,991	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	78,825,621		78,825,621	0	78,825,621	50.00
51.00	05100	RECOVERY ROOM	8,598,234		8,598,234	0	8,598,234	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,420,046		13,420,046	0	13,420,046	52.00
53.00	05300	ANESTHESIOLOGY	3,558,644		3,558,644	0	3,558,644	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	59,710,680		59,710,680	0	59,710,680	54.00
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	31,604,664		31,604,664	0	31,604,664	60.00
60.01	06001	BLOOD LABORATORY	4,673,456		4,673,456	0	4,673,456	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	21,032,435	0	21,032,435	0	21,032,435	65.00
66.00	06600	PHYSICAL THERAPY	9,729,573	0	9,729,573	0	9,729,573	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,658,112	0	7,658,112	0	7,658,112	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,159,930		8,159,930	0	8,159,930	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	742,582		742,582	0	742,582	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	83,561,646		83,561,646	0	83,561,646	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	56,509,523		56,509,523	0	56,509,523	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,502,370		45,502,370	0	45,502,370	73.00
74.00	07400	RENAL DIALYSIS	3,063,442		3,063,442	0	3,063,442	74.00
76.00	03020	DEV EVALUATION	2,087,857		2,087,857	0	2,087,857	76.00
76.97	07697	CARDIAC REHABILITATION	1,467,061		1,467,061	0	1,467,061	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0		0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0		0	0	0	90.02
90.03	09003	AMBULATORY CARE	4,345,202		4,345,202	0	4,345,202	90.03
90.04	09004	OTHER	0		0	0	0	90.04
91.00	09100	EMERGENCY	40,748,538		40,748,538	0	40,748,538	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,803,001		9,803,001	0	9,803,001	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	413,470		413,470	0	413,470	105.00
106.00	10600	HEART ACQUISITION	1,693,807		1,693,807	0	1,693,807	106.00
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
200.00		Subtotal (see instructions)	768,585,992	0	768,585,992	0	768,585,992	200.00
201.00		Less Observation Beds	9,803,001		9,803,001	0	9,803,001	201.00
202.00		Total (see instructions)	758,782,991	0	758,782,991	0	758,782,991	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140208

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2014 9:14 am

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	314,907,698		314,907,698		30.00
31.00	03100	INTENSIVE CARE UNIT	137,189,925		137,189,925		31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	33,840,735		33,840,735		31.01
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - I/PF	17,332,085		17,332,085		40.00
41.00	04100	SUBPROVIDER - I/RP	18,556,093		18,556,093		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	18,835,285		18,835,285		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	174,868,202	89,676,042	264,544,244	0.297968	50.00
51.00	05100	RECOVERY ROOM	21,374,305	23,641,018	45,015,323	0.191007	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,203,693	8,970,567	36,174,260	0.370983	52.00
53.00	05300	ANESTHESIOLOGY	39,129,226	20,726,005	59,855,231	0.059454	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	162,894,572	183,580,327	346,474,899	0.172338	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	141,925,173	62,910,838	204,836,011	0.154293	60.00
60.01	06001	BLOOD LABORATORY	23,401,505	5,569,681	28,971,186	0.161314	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	122,387,174	4,872,238	127,259,412	0.165272	65.00
66.00	06600	PHYSICAL THERAPY	32,113,286	17,183,155	49,296,441	0.197369	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,415,341	6,592,510	20,007,851	0.382755	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	34,977,280	23,813,250	58,790,530	0.138797	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,261,910	1,287,535	3,549,445	0.209211	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	104,585,295	26,624,881	131,210,176	0.636853	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	142,034,996	27,819,063	169,854,059	0.332695	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	273,410,128	94,963,739	368,373,867	0.123522	73.00
74.00	07400	RENAL DIALYSIS	7,018,155	555,230	7,573,385	0.404501	74.00
76.00	03020	DEV EVALUATION	1,712,531	1,185,613	2,898,144	0.720412	76.00
76.97	07697	CARDIAC REHABILITATION	830,085	2,039,180	2,869,265	0.511302	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0.000000	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0.000000	90.02
90.03	09003	AMBULATORY CARE	92,249	8,622,919	8,715,168	0.498579	90.03
90.04	09004	OTHER	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY	88,398,680	144,012,340	232,411,020	0.175330	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,832,787	12,464,001	19,296,788	0.508012	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	532,800	0	532,800		105.00
106.00	10600	HEART ACQUISITION	1,824,000	0	1,824,000		106.00
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
200.00		Subtotal (see instructions)	1,963,885,194	767,110,132	2,730,995,326		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,963,885,194	767,110,132	2,730,995,326		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 9:14 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
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 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03020 DEV EVALUATION	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 FAMILY PRACTICES	0.000000		90.01
90.02	09002 WOMEN'S HEALTH CENTER	0.000000		90.02
90.03	09003 AMBULATORY CARE	0.000000		90.03
90.04	09004 OTHER	0.000000		90.04
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/29/2014 9:14 am
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	6,579,216	0	6,579,216	147,820	30.00
31.00	INTENSIVE CARE UNIT	1,504,168		1,504,168	28,746	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	801,174		801,174	9,589	31.01
32.00	CORONARY CARE UNIT	0		0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	34.00
40.00	SUBPROVIDER - IPF	196,759	0	196,759	8,454	40.00
41.00	SUBPROVIDER - IRF	302,744	0	302,744	12,181	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	392,549		392,549	11,937	43.00
200.00	Total (lines 30-199)	9,776,610		9,776,610	218,727	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	53,783	2,393,881	30.00
31.00	INTENSIVE CARE UNIT	11,595	606,766	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0	31.01
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	3,698	86,052	40.00
41.00	SUBPROVIDER - IRF	6,639	164,979	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	75,715	3,251,678	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/29/2014 9:14 am
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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	8,866,842	264,544,244	0.033517	56,162,809	1,882,409	50.00
51.00	05100 RECOVERY ROOM	301,084	45,015,323	0.006688	8,208,093	54,896	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	798,618	36,174,260	0.022077	116,643	2,575	52.00
53.00	05300 ANESTHESIOLOGY	317,536	59,855,231	0.005305	11,668,254	61,900	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,922,309	346,474,899	0.031524	71,266,583	2,246,608	54.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	733,216	204,836,011	0.003580	55,760,353	199,622	60.00
60.01	06001 BLOOD LABORATORY	43,387	28,971,186	0.001498	7,874,312	11,796	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	712,871	127,259,412	0.005602	41,124,532	230,380	65.00
66.00	06600 PHYSICAL THERAPY	558,381	49,296,441	0.011327	6,244,482	70,731	66.00
67.00	06700 OCCUPATIONAL THERAPY	130,727	20,007,851	0.006534	146,580	958	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	638,914	58,790,530	0.010868	14,777,667	160,604	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	101,776	3,549,445	0.028674	765,522	21,951	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	398,168	131,210,176	0.003035	36,520,949	110,841	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	242,966	169,854,059	0.001430	58,344,077	83,432	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	244,194	368,373,867	0.000663	94,364,821	62,564	73.00
74.00	07400 RENAL DIALYSIS	380,277	7,573,385	0.050212	3,794,955	190,552	74.00
76.00	03020 DEV EVALUATION	50,613	2,898,144	0.017464	621	11	76.00
76.97	07697 CARDIAC REHABILITATION	52,752	2,869,265	0.018385	391,049	7,189	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	0	0	0.000000	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03	09003 AMBULATORY CARE	174,463	8,715,168	0.020018	56,587	1,133	90.03
90.04	09004 OTHER	0	0	0.000000	0	0	90.04
91.00	09100 EMERGENCY	1,923,262	232,411,020	0.008275	35,737,733	295,730	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	368,799	19,296,788	0.019112	2,771,946	52,977	92.00
200.00	Total (Lines 50-199)	27,961,155	2,187,976,705		506,098,568	5,748,859	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/29/2014 9:14 am
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Cost Center Description			Title XVIII				Hospital		PPS	
			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	626,168	0	0	626,168	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	156,487	0	0	156,487	31.00		
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0	48,625	0	0	48,625	31.01		
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00		
40.00	04000	SUBPROVIDER - IPF	0	32,089	0	0	32,089	40.00		
41.00	04100	SUBPROVIDER - IRF	0	46,728	0	0	46,728	41.00		
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00		
43.00	04300	NURSERY	0	38,553	0	0	38,553	43.00		
200.00		Total (lines 30-199)	0	948,650	0	0	948,650	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	147,820	4.24	53,783	228,040		30.00		
31.00	03100	INTENSIVE CARE UNIT	28,746	5.44	11,595	63,077		31.00		
31.01	03101	NEONATAL INTENSIVE CARE UNIT	9,589	5.07	0	0		31.01		
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0		32.00		
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.00		
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00		
40.00	04000	SUBPROVIDER - IPF	8,454	3.80	3,698	14,052		40.00		
41.00	04100	SUBPROVIDER - IRF	12,181	3.84	6,639	25,494		41.00		
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00		
43.00	04300	NURSERY	11,937	3.23	0	0		43.00		
200.00		Total (lines 30-199)	218,727		75,715	330,663		200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 9:14 am
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	132,091	0	132,091	50.00
51.00	05100	RECOVERY ROOM	0	0	13,730	0	13,730	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	21,430	0	21,430	52.00
53.00	05300	ANESTHESIOLOGY	0	0	7,004	0	7,004	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	95,348	0	95,348	54.00
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	50,467	0	50,467	60.00
60.01	06001	BLOOD LABORATORY	0	0	7,463	0	7,463	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	33,585	0	33,585	65.00
66.00	06600	PHYSICAL THERAPY	0	0	15,537	0	15,537	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	12,229	0	12,229	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	14,014	0	14,014	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,186	0	1,186	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	133,433	0	133,433	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	90,236	0	90,236	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	72,659	0	72,659	73.00
74.00	07400	RENAL DIALYSIS	0	0	4,891	0	4,891	74.00
76.00	03020	DEV EVALUATION	0	0	3,334	0	3,334	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	2,343	0	2,343	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0	0	6,939	0	6,939	90.03
90.04	09004	OTHER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	74,894	0	74,894	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	35,095	0	35,095	92.00
200.00		Total (lines 50-199)	0	0	827,908	0	827,908	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 9:14 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	132,091	264,544,244	0.000499	0.000499	56,162,809	50.00
51.00	05100 RECOVERY ROOM	13,730	45,015,323	0.000305	0.000305	8,208,093	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	21,430	36,174,260	0.000592	0.000592	116,643	52.00
53.00	05300 ANESTHESIOLOGY	7,004	59,855,231	0.000117	0.000117	11,668,254	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	95,348	346,474,899	0.000275	0.000275	71,266,583	54.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	50,467	204,836,011	0.000246	0.000246	55,760,353	60.00
60.01	06001 BLOOD LABORATORY	7,463	28,971,186	0.000258	0.000258	7,874,312	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
65.00	06500 RESPIRATORY THERAPY	33,585	127,259,412	0.000264	0.000264	41,124,532	65.00
66.00	06600 PHYSICAL THERAPY	15,537	49,296,441	0.000315	0.000315	6,244,482	66.00
67.00	06700 OCCUPATIONAL THERAPY	12,229	20,007,851	0.000611	0.000611	146,580	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	14,014	58,790,530	0.000238	0.000238	14,777,667	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,186	3,549,445	0.000334	0.000334	765,522	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	133,433	131,210,176	0.001017	0.001017	36,520,949	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	90,236	169,854,059	0.000531	0.000531	58,344,077	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	72,659	368,373,867	0.000197	0.000197	94,364,821	73.00
74.00	07400 RENAL DIALYSIS	4,891	7,573,385	0.000646	0.000646	3,794,955	74.00
76.00	03020 DEV EVALUATION	3,334	2,898,144	0.001150	0.001150	621	76.00
76.97	07697 CARDIAC REHABILITATION	2,343	2,869,265	0.000817	0.000817	391,049	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	0	0.000000	0.000000	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0.000000	0.000000	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0.000000	0.000000	0	90.02
90.03	09003 AMBULATORY CARE	6,939	8,715,168	0.000796	0.000796	56,587	90.03
90.04	09004 OTHER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	74,894	232,411,020	0.000322	0.000322	35,737,733	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	35,095	19,296,788	0.001819	0.001819	2,771,946	92.00
200.00	Total (Lines 50-199)	827,908	2,187,976,705			506,098,568	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 9:14 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title VIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	28,025	20,782,668	10,371	50.00
51.00	05100 RECOVERY ROOM	2,503	6,469,091	1,973	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	69	53,006	31	52.00
53.00	05300 ANESTHESIOLOGY	1,365	4,077,445	477	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	19,598	55,393,394	15,233	54.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	13,717	3,527,072	868	60.00
60.01	06001 BLOOD LABORATORY	2,032	775,587	200	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	10,857	996,373	263	65.00
66.00	06600 PHYSICAL THERAPY	1,967	2,142,698	675	66.00
67.00	06700 OCCUPATIONAL THERAPY	90	406,873	249	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	3,517	6,211,772	1,478	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	256	94,057	31	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	37,142	7,854,420	7,988	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	30,981	9,102,733	4,834	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	18,590	27,660,573	5,449	73.00
74.00	07400 RENAL DIALYSIS	2,452	244,335	158	74.00
76.00	03020 DEV EVALUATION	1	149	0	76.00
76.97	07697 CARDIAC REHABILITATION	319	959,779	784	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	90.02
90.03	09003 AMBULATORY CARE	45	3,500,721	2,787	90.03
90.04	09004 OTHER	0	0	0	90.04
91.00	09100 EMERGENCY	11,508	19,869,709	6,398	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,042	5,615,817	10,215	92.00
200.00	Total (Lines 50-199)	190,076	175,738,272	70,462	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 9:14 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.297968	20,782,668	0	0	6,192,570	50.00
51.00	05100	RECOVERY ROOM	0.191007	6,469,091	0	0	1,235,642	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.370983	53,006	0	0	19,664	52.00
53.00	05300	ANESTHESIOLOGY	0.059454	4,077,445	0	0	242,420	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172338	55,393,394	0	0	9,546,387	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.154293	3,527,072	0	0	544,203	60.00
60.01	06001	BLOOD LABORATORY	0.161314	775,587	0	0	125,113	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.165272	996,373	0	0	164,673	65.00
66.00	06600	PHYSICAL THERAPY	0.197369	2,142,698	0	0	422,902	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.382755	406,873	0	0	155,733	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.138797	6,211,772	0	0	862,175	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.209211	94,057	0	0	19,678	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.636853	7,854,420	0	0	5,002,111	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.332695	9,102,733	0	0	3,028,434	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.123522	27,660,573	0	0	3,416,689	73.00
74.00	07400	RENAL DIALYSIS	0.404501	244,335	0	0	98,834	74.00
76.00	03020	DEV EVALUATION	0.720412	149	0	0	107	76.00
76.97	07697	CARDIAC REHABILITATION	0.511302	959,779	0	0	490,737	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	0	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	0	0	0	90.02
90.03	09003	AMBULATORY CARE	0.498579	3,500,721	0	0	1,745,386	90.03
90.04	09004	OTHER	0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.175330	19,869,709	0	0	3,483,756	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.508012	5,615,817	0	0	2,852,902	92.00
200.00		Subtotal (see instructions)		175,738,272	0	0	39,650,116	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		175,738,272	0	0	39,650,116	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 9:14 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
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	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	DEV EVALUATION	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	90.02
90.03	09003	AMBULATORY CARE	0	0	90.03
90.04	09004	OTHER	0	0	90.04
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/29/2014 9:14 am
		Component CCN: 14S208	Title XVIIII	Subprovider - IPF

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	8,866,842	264,544,244	0.033517	3,990	134	50.00
51.00	05100 RECOVERY ROOM	301,084	45,015,323	0.006688	4,987	33	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	798,618	36,174,260	0.022077	0	0	52.00
53.00	05300 ANESTHESIOLOGY	317,536	59,855,231	0.005305	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,922,309	346,474,899	0.031524	350,501	11,049	54.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	733,216	204,836,011	0.003580	732,171	2,621	60.00
60.01	06001 BLOOD LABORATORY	43,387	28,971,186	0.001498	4,679	7	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	712,871	127,259,412	0.005602	104,062	583	65.00
66.00	06600 PHYSICAL THERAPY	558,381	49,296,441	0.011327	49,250	558	66.00
67.00	06700 OCCUPATIONAL THERAPY	130,727	20,007,851	0.006534	98,040	641	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	638,914	58,790,530	0.010868	155,906	1,694	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	101,776	3,549,445	0.028674	4,020	115	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	398,168	131,210,176	0.003035	51,653	157	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	242,966	169,854,059	0.001430	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	244,194	368,373,867	0.000663	1,213,610	805	73.00
74.00	07400 RENAL DIALYSIS	380,277	7,573,385	0.050212	57,600	2,892	74.00
76.00	03020 DEV EVALUATION	50,613	2,898,144	0.017464	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	52,752	2,869,265	0.018385	0	0	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	0	0	0.000000	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03	09003 AMBULATORY CARE	174,463	8,715,168	0.020018	0	0	90.03
90.04	09004 OTHER	0	0	0.000000	0	0	90.04
91.00	09100 EMERGENCY	1,923,262	232,411,020	0.008275	787,903	6,520	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	19,296,788	0.000000	0	0	92.00
200.00	Total (Lines 50-199)	27,592,356	2,187,976,705		3,618,372	27,809	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14S208	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 9:14 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	132,091	0	132,091	50.00
51.00	05100 RECOVERY ROOM	0	0	13,730	0	13,730	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	21,430	0	21,430	52.00
53.00	05300 ANESTHESIOLOGY	0	0	7,004	0	7,004	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	95,348	0	95,348	54.00
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	50,467	0	50,467	60.00
60.01	06001 BLOOD LABORATORY	0	0	7,463	0	7,463	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	33,585	0	33,585	65.00
66.00	06600 PHYSICAL THERAPY	0	0	15,537	0	15,537	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	12,229	0	12,229	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	14,014	0	14,014	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	1,186	0	1,186	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	133,433	0	133,433	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	90,236	0	90,236	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	72,659	0	72,659	73.00
74.00	07400 RENAL DIALYSIS	0	0	4,891	0	4,891	74.00
76.00	03020 DEV EVALUATION	0	0	3,334	0	3,334	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	2,343	0	2,343	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0	0	6,939	0	6,939	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	74,894	0	74,894	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	792,813	0	792,813	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14S208	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 9:14 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	132,091	264,544,244	0.000499	0.000499	3,990	50.00
51.00	05100 RECOVERY ROOM	13,730	45,015,323	0.000305	0.000305	4,987	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	21,430	36,174,260	0.000592	0.000592	0	52.00
53.00	05300 ANESTHESIOLOGY	7,004	59,855,231	0.000117	0.000117	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	95,348	346,474,899	0.000275	0.000275	350,501	54.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	50,467	204,836,011	0.000246	0.000246	732,171	60.00
60.01	06001 BLOOD LABORATORY	7,463	28,971,186	0.000258	0.000258	4,679	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
65.00	06500 RESPIRATORY THERAPY	33,585	127,259,412	0.000264	0.000264	104,062	65.00
66.00	06600 PHYSICAL THERAPY	15,537	49,296,441	0.000315	0.000315	49,250	66.00
67.00	06700 OCCUPATIONAL THERAPY	12,229	20,007,851	0.000611	0.000611	98,040	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	14,014	58,790,530	0.000238	0.000238	155,906	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,186	3,549,445	0.000334	0.000334	4,020	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	133,433	131,210,176	0.001017	0.001017	51,653	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	90,236	169,854,059	0.000531	0.000531	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	72,659	368,373,867	0.000197	0.000197	1,213,610	73.00
74.00	07400 RENAL DIALYSIS	4,891	7,573,385	0.000646	0.000646	57,600	74.00
76.00	03020 DEV EVALUATION	3,334	2,898,144	0.001150	0.001150	0	76.00
76.97	07697 CARDIAC REHABILITATION	2,343	2,869,265	0.000817	0.000817	0	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	0	0.000000	0.000000	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0.000000	0.000000	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0.000000	0.000000	0	90.02
90.03	09003 AMBULATORY CARE	6,939	8,715,168	0.000796	0.000796	0	90.03
90.04	09004 OTHER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	74,894	232,411,020	0.000322	0.000322	787,903	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	19,296,788	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	792,813	2,187,976,705			3,618,372	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14S208	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 9:14 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	2	0	0	50.00
51.00	05100 RECOVERY ROOM	2	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	96	0	0	54.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	180	0	0	60.00
60.01	06001 BLOOD LABORATORY	1	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	27	0	0	65.00
66.00	06600 PHYSICAL THERAPY	16	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	60	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	37	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	53	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	239	0	0	73.00
74.00	07400 RENAL DIALYSIS	37	0	0	74.00
76.00	03020 DEV EVALUATION	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0	0	0	90.03
90.04	09004 OTHER	0	0	0	90.04
91.00	09100 EMERGENCY	254	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	1,005	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/29/2014 9:14 am
		Component CCN: 14T208	Title XVIII	Subprovider - IRF

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	8,866,842	264,544,244	0.033517	88,114	2,953	50.00
51.00	05100	RECOVERY ROOM	301,084	45,015,323	0.006688	25,645	172	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	798,618	36,174,260	0.022077	0	0	52.00
53.00	05300	ANESTHESIOLOGY	317,536	59,855,231	0.005305	19,740	105	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,922,309	346,474,899	0.031524	734,154	23,143	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	733,216	204,836,011	0.003580	1,130,743	4,048	60.00
60.01	06001	BLOOD LABORATORY	43,387	28,971,186	0.001498	43,760	66	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	712,871	127,259,412	0.005602	540,325	3,027	65.00
66.00	06600	PHYSICAL THERAPY	558,381	49,296,441	0.011327	5,580	63	66.00
67.00	06700	OCCUPATIONAL THERAPY	130,727	20,007,851	0.006534	6,942,386	45,362	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	638,914	58,790,530	0.010868	132,077	1,435	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	101,776	3,549,445	0.028674	17,360	498	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	398,168	131,210,176	0.003035	405,602	1,231	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	242,966	169,854,059	0.001430	49,470	71	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	244,194	368,373,867	0.000663	2,942,786	1,951	73.00
74.00	07400	RENAL DIALYSIS	380,277	7,573,385	0.050212	164,735	8,272	74.00
76.00	03020	DEV EVALUATION	50,613	2,898,144	0.017464	600	10	76.00
76.97	07697	CARDIAC REHABILITATION	52,752	2,869,265	0.018385	225	4	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	0	0	0.000000	0	0	90.00
90.01	09001	FAMILY PRACTICES	0	0	0.000000	0	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0	0	0.000000	0	0	90.02
90.03	09003	AMBULATORY CARE	174,463	8,715,168	0.020018	520	10	90.03
90.04	09004	OTHER	0	0	0.000000	0	0	90.04
91.00	09100	EMERGENCY	1,923,262	232,411,020	0.008275	34,292	284	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	19,296,788	0.000000	0	0	92.00
200.00		Total (lines 50-199)	27,592,356	2,187,976,705		13,278,114	92,705	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14T208	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 9:14 am
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	Title XVIII	Subprovider - IRF	PPS
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	132,091	0	132,091	50.00
51.00	05100 RECOVERY ROOM	0	0	13,730	0	13,730	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	21,430	0	21,430	52.00
53.00	05300 ANESTHESIOLOGY	0	0	7,004	0	7,004	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	95,348	0	95,348	54.00
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	50,467	0	50,467	60.00
60.01	06001 BLOOD LABORATORY	0	0	7,463	0	7,463	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	33,585	0	33,585	65.00
66.00	06600 PHYSICAL THERAPY	0	0	15,537	0	15,537	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	12,229	0	12,229	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	14,014	0	14,014	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	1,186	0	1,186	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	133,433	0	133,433	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	90,236	0	90,236	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	72,659	0	72,659	73.00
74.00	07400 RENAL DIALYSIS	0	0	4,891	0	4,891	74.00
76.00	03020 DEV EVALUATION	0	0	3,334	0	3,334	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	2,343	0	2,343	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0	0	6,939	0	6,939	90.03
90.04	09004 OTHER	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	74,894	0	74,894	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	792,813	0	792,813	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14T208	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 9:14 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	132,091	264,544,244	0.000499	0.000499	88,114	50.00
51.00	05100 RECOVERY ROOM	13,730	45,015,323	0.000305	0.000305	25,645	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	21,430	36,174,260	0.000592	0.000592	0	52.00
53.00	05300 ANESTHESIOLOGY	7,004	59,855,231	0.000117	0.000117	19,740	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	95,348	346,474,899	0.000275	0.000275	734,154	54.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	50,467	204,836,011	0.000246	0.000246	1,130,743	60.00
60.01	06001 BLOOD LABORATORY	7,463	28,971,186	0.000258	0.000258	43,760	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
65.00	06500 RESPIRATORY THERAPY	33,585	127,259,412	0.000264	0.000264	540,325	65.00
66.00	06600 PHYSICAL THERAPY	15,537	49,296,441	0.000315	0.000315	5,580	66.00
67.00	06700 OCCUPATIONAL THERAPY	12,229	20,007,851	0.000611	0.000611	6,942,386	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	14,014	58,790,530	0.000238	0.000238	132,077	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,186	3,549,445	0.000334	0.000334	17,360	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	133,433	131,210,176	0.001017	0.001017	405,602	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	90,236	169,854,059	0.000531	0.000531	49,470	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	72,659	368,373,867	0.000197	0.000197	2,942,786	73.00
74.00	07400 RENAL DIALYSIS	4,891	7,573,385	0.000646	0.000646	164,735	74.00
76.00	03020 DEV EVALUATION	3,334	2,898,144	0.001150	0.001150	600	76.00
76.97	07697 CARDIAC REHABILITATION	2,343	2,869,265	0.000817	0.000817	225	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	0	0.000000	0.000000	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0.000000	0.000000	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0.000000	0.000000	0	90.02
90.03	09003 AMBULATORY CARE	6,939	8,715,168	0.000796	0.000796	520	90.03
90.04	09004 OTHER	0	0	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	74,894	232,411,020	0.000322	0.000322	34,292	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	19,296,788	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	792,813	2,187,976,705			13,278,114	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140208 Component CCN: 14T208	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 9:14 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	44	0	0	50.00
51.00	05100 RECOVERY ROOM	8	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	2	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	202	0	0	54.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	278	0	0	60.00
60.01	06001 BLOOD LABORATORY	11	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	143	0	0	65.00
66.00	06600 PHYSICAL THERAPY	2	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,242	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	31	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	6	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	412	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	26	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	580	0	0	73.00
74.00	07400 RENAL DIALYSIS	106	0	0	74.00
76.00	03020 DEV EVALUATION	1	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 FAMILY PRACTICES	0	0	0	90.01
90.02	09002 WOMEN'S HEALTH CENTER	0	0	0	90.02
90.03	09003 AMBULATORY CARE	0	0	0	90.03
90.04	09004 OTHER	0	0	0	90.04
91.00	09100 EMERGENCY	11	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	6,105	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 9:14 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.297968	0	9,621,889	0	0
51.00 05100 RECOVERY ROOM	0.191007	0	2,686,766	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.370983	0	4,455,664	0	0
53.00 05300 ANESTHESIOLOGY	0.059454	0	2,855,861	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.172338	0	24,617,685	0	0
57.00 05700 CT SCAN	0.000000	0	0	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0
60.00 06000 LABORATORY	0.154293	0	11,839,046	0	0
60.01 06001 BLOOD LABORATORY	0.161314	0	890,441	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.165272	0	1,094,563	0	0
66.00 06600 PHYSICAL THERAPY	0.197369	0	467,226	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.382755	0	556,240	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.138797	0	4,611,550	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.209211	0	345,845	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.636853	0	2,211,466	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.332695	0	1,852,866	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.123522	0	13,384,611	0	0
74.00 07400 RENAL DIALYSIS	0.404501	0	17,280	0	0
76.00 03020 DEV EVALUATION	0.720412	0	632,177	0	0
76.97 07697 CARDIAC REHABILITATION	0.511302	0	71,520	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 FAMILY PRACTICES	0.000000	0	0	0	0
90.02 09002 WOMEN'S HEALTH CENTER	0.000000	0	0	0	0
90.03 09003 AMBULATORY CARE	0.498579	0	987,709	0	0
90.04 09004 OTHER	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.175330	0	41,103,496	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.508012	0	2,432,515	0	0
200.00	Subtotal (see instructions)	0	126,736,416	0	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	126,736,416	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 9:14 am
		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		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	2,867,015	0		50.00
51.00 05100 RECOVERY ROOM	513,191	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,652,976	0		52.00
53.00 05300 ANESTHESIOLOGY	169,792	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,242,563	0		54.00
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	1,826,682	0		60.00
60.01 06001 BLOOD LABORATORY	143,641	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00 06500 RESPIRATORY THERAPY	180,901	0		65.00
66.00 06600 PHYSICAL THERAPY	92,216	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	212,904	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	640,069	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	72,355	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,408,379	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	616,439	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,653,294	0		73.00
74.00 07400 RENAL DIALYSIS	6,990	0		74.00
76.00 03020 DEV EVALUATION	455,428	0		76.00
76.97 07697 CARDIAC REHABILITATION	36,568	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 FAMILY PRACTICES	0	0		90.01
90.02 09002 WOMEN'S HEALTH CENTER	0	0		90.02
90.03 09003 AMBULATORY CARE	492,451	0		90.03
90.04 09004 OTHER	0	0		90.04
91.00 09100 EMERGENCY	7,206,676	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,235,747	0		92.00
200.00 Subtotal (see instructions)	25,726,277	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	25,726,277	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2014 9:14 am
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	147,820		1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	147,820		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)	139,534		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)	53,783		9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0		10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0		11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0		12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0		13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0		14.00
15.00	Total nursery days (title V or XIX only)	0		15.00
16.00	Nursery days (title V or XIX only)	0		16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00		17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00		18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00		19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00		20.00
21.00	Total general inpatient routine service cost (see instructions)	174,883,414		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)	174,883,414		27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0		28.00
29.00	Private room charges (excluding swing-bed charges)	0		29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0		30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000		31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00		32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00		33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)	0.00		34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00		35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0		36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	174,883,414		37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,183.08		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	63,629,592		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)	63,629,592		41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	53,629,135	28,746	1,865.62	11,595	21,631,864	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	15,449,843	9,589	1,611.20	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					115,254,822	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					200,516,278	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)					3,291,764	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,938,935	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					9,230,699	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					191,285,579	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)					8,286	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,183.08	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,803,001	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/29/2014 9:14 am	
Title XVIII		Hospital		PPS			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,579,216	174,883,414	0.037621	9,803,001	368,799	90.00
91.00	Nursing School cost	0	174,883,414	0.000000	9,803,001	0	91.00
92.00	Allied health cost	626,168	174,883,414	0.003580	9,803,001	35,095	92.00
93.00	All other Medical Education	0	174,883,414	0.000000	9,803,001	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208 Component CCN: 14S208	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/29/2014 9:14 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			8,454 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			8,454 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)			8,454 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			3,698 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			8,211,041 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)			8,211,041 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			8,211,041 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			971.26 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,591,719 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			3,591,719 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 14S208				Date/Time Prepared: 5/29/2014 9:14 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					607,440		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,199,159		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)					100,104		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					28,814		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					128,918		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,070,241		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208 Component CCN: 14S208		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/29/2014 9:14 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	196,759	8,211,041	0.023963	0	0	90.00
91.00	Nursing School cost	0	8,211,041	0.000000	0	0	91.00
92.00	Allied health cost	32,089	8,211,041	0.003908	0	0	92.00
93.00	All other Medical Education	0	8,211,041	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 14T208		Date/Time Prepared: 5/29/2014 9:14 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,181	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,181	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)		12,181	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)		6,639	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		12,139,674	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)		12,139,674	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		12,139,674	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		996.61	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,616,494	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)		6,616,494	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1		
		Component CCN: 14T208				Date/Time Prepared: 5/29/2014 9:14 am		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00	
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		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)						3,821,693		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						10,438,187		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)						190,473		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						98,810		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						289,283		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						10,148,904		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)						0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						0		71.00
72.00 Program routine service cost (line 9 x line 71)						0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						0		76.00
77.00 Program capital-related costs (line 9 x line 76)						0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						0		80.00
81.00 Inpatient routine service cost per diem limitation						0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)						0		83.00
84.00 Program inpatient ancillary services (see instructions)						0		84.00
85.00 Utilization review - physician compensation (see instructions)						0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140208 Component CCN: 14T208		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/29/2014 9:14 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	302,744	12,139,674	0.024938	0	0	90.00
91.00	Nursing School cost	0	12,139,674	0.000000	0	0	91.00
92.00	Allied health cost	46,728	12,139,674	0.003849	0	0	92.00
93.00	All other Medical Education	0	12,139,674	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/29/2014 9:14 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		121,423,909	30.00
31.00	03100	INTENSIVE CARE UNIT		55,956,454	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.297968	56,162,809	16,734,720 50.00
51.00	05100	RECOVERY ROOM	0.191007	8,208,093	1,567,803 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.370983	116,643	43,273 52.00
53.00	05300	ANESTHESIOLOGY	0.059454	11,668,254	693,724 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172338	71,266,583	12,281,940 54.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.154293	55,760,353	8,603,432 60.00
60.01	06001	BLOOD LABORATORY	0.161314	7,874,312	1,270,237 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
65.00	06500	RESPIRATORY THERAPY	0.165272	41,124,532	6,796,734 65.00
66.00	06600	PHYSICAL THERAPY	0.197369	6,244,482	1,232,467 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.382755	146,580	56,104 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.138797	14,777,667	2,051,096 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.209211	765,522	160,156 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.636853	36,520,949	23,258,476 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.332695	58,344,077	19,410,783 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.123522	94,364,821	11,656,131 73.00
74.00	07400	RENAL DIALYSIS	0.404501	3,794,955	1,535,063 74.00
76.00	03020	DEV EVALUATION	0.720412	621	447 76.00
76.97	07697	CARDIAC REHABILITATION	0.511302	391,049	199,944 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	0 90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	0 90.02
90.03	09003	AMBULATORY CARE	0.498579	56,587	28,213 90.03
90.04	09004	OTHER	0.000000	0	0 90.04
91.00	09100	EMERGENCY	0.175330	35,737,733	6,265,897 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.508012	2,771,946	1,408,182 92.00
200.00		Total (sum of lines 50-94 and 96-98)		506,098,568	115,254,822 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		506,098,568	115,254,822 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 14S208		Date/Time Prepared: 5/29/2014 9:14 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		6,755,610	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.297968	3,990	50.00
51.00	05100	RECOVERY ROOM	0.191007	4,987	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.370983	0	52.00
53.00	05300	ANESTHESIOLOGY	0.059454	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172338	350,501	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.154293	732,171	60.00
60.01	06001	BLOOD LABORATORY	0.161314	4,679	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.165272	104,062	65.00
66.00	06600	PHYSICAL THERAPY	0.197369	49,250	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.382755	98,040	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.138797	155,906	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.209211	4,020	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.636853	51,653	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.332695	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.123522	1,213,610	73.00
74.00	07400	RENAL DIALYSIS	0.404501	57,600	74.00
76.00	03020	DEV EVALUATION	0.720412	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.511302	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.498579	0	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.175330	787,903	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.508012	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,618,372	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)		3,618,372	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 14T208		Date/Time Prepared: 5/29/2014 9:14 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		10,176,643	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.297968	88,114	50.00
51.00	05100	RECOVERY ROOM	0.191007	25,645	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.370983	0	52.00
53.00	05300	ANESTHESIOLOGY	0.059454	19,740	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172338	734,154	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.154293	1,130,743	60.00
60.01	06001	BLOOD LABORATORY	0.161314	43,760	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.165272	540,325	65.00
66.00	06600	PHYSICAL THERAPY	0.197369	5,580	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.382755	6,942,386	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.138797	132,077	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.209211	17,360	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.636853	405,602	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.332695	49,470	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.123522	2,942,786	73.00
74.00	07400	RENAL DIALYSIS	0.404501	164,735	74.00
76.00	03020	DEV EVALUATION	0.720412	600	76.00
76.97	07697	CARDIAC REHABILITATION	0.511302	225	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.498579	520	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.175330	34,292	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.508012	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		13,278,114	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)		13,278,114	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/29/2014 9:14 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		52,468,569	30.00
31.00	03100	INTENSIVE CARE UNIT		18,517,133	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		18,301,055	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		9,561,150	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.297968	23,331,078	50.00
51.00	05100	RECOVERY ROOM	0.191007	1,765,868	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.370983	9,812,550	52.00
53.00	05300	ANESTHESIOLOGY	0.059454	6,005,501	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172338	21,392,536	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.154293	20,154,453	60.00
60.01	06001	BLOOD LABORATORY	0.161314	4,306,879	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.165272	29,285,245	65.00
66.00	06600	PHYSICAL THERAPY	0.197369	1,016,396	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.382755	105,480	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.138797	4,488,936	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.209211	435,775	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.636853	17,134,852	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.332695	11,117,401	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.123522	51,242,727	73.00
74.00	07400	RENAL DIALYSIS	0.404501	676,405	74.00
76.00	03020	DEV EVALUATION	0.720412	687,301	76.00
76.97	07697	CARDIAC REHABILITATION	0.511302	58,705	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.498579	4,673	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.175330	11,493,582	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.508012	1,273,418	92.00
200.00		Total (sum of lines 50-94 and 96-98)		215,789,761	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)		215,789,761	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 14S208		Date/Time Prepared: 5/29/2014 9:14 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		1,858,380	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.297968	0	50.00
51.00	05100	RECOVERY ROOM	0.191007	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.370983	865	52.00
53.00	05300	ANESTHESIOLOGY	0.059454	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172338	53,218	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.154293	308,088	60.00
60.01	06001	BLOOD LABORATORY	0.161314	582	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.165272	23,277	65.00
66.00	06600	PHYSICAL THERAPY	0.197369	2,335	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.382755	44,870	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.138797	58,705	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.209211	2,900	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.636853	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.332695	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.123522	337,195	73.00
74.00	07400	RENAL DIALYSIS	0.404501	0	74.00
76.00	03020	DEV EVALUATION	0.720412	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.511302	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.498579	0	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.175330	409,422	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.508012	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,241,457	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,241,457	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 14T208		Date/Time Prepared: 5/29/2014 9:14 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		1,145,613	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.297968	27,767	50.00
51.00	05100	RECOVERY ROOM	0.191007	4,800	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.370983	0	52.00
53.00	05300	ANESTHESIOLOGY	0.059454	6,926	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172338	36,925	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.154293	49,563	60.00
60.01	06001	BLOOD LABORATORY	0.161314	3,138	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.165272	39,221	65.00
66.00	06600	PHYSICAL THERAPY	0.197369	5,670	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.382755	373,870	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.138797	3,700	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.209211	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.636853	26,975	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.332695	10,975	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.123522	324,684	73.00
74.00	07400	RENAL DIALYSIS	0.404501	0	74.00
76.00	03020	DEV EVALUATION	0.720412	228,792	76.00
76.97	07697	CARDIAC REHABILITATION	0.511302	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	FAMILY PRACTICES	0.000000	0	90.01
90.02	09002	WOMEN'S HEALTH CENTER	0.000000	0	90.02
90.03	09003	AMBULATORY CARE	0.498579	0	90.03
90.04	09004	OTHER	0.000000	0	90.04
91.00	09100	EMERGENCY	0.175330	2,040	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.508012	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,145,046	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,145,046	202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 140208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/29/2014 9:14 am

Cost Center Description		D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
Kidney Hospital PPS							
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	5,008	1,183.08	1	1,183	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,865.62	0	0	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	1,611.20	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		5,008		1	1,183	7.00
Cost Center Description		C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.297968	23,530	7,011	8.00	
9.00	RECOVERY ROOM	51.00	0.191007	4,280	818	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.370983	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.059454	3,070	183	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.172338	166,308	28,661	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.000000	0	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00	
18.00	LABORATORY	60.00	0.154293	458,917	70,808	18.00	
18.01	BLOOD LABORATORY	60.01	0.161314	11,589	1,869	18.01	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.000000	0	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.165272	1,735	287	23.00	
24.00	PHYSICAL THERAPY	66.00	0.197369	1,475	291	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.382755	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.138797	90,485	12,559	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.209211	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.636853	0	0	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0.332695	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.123522	26,361	3,256	31.00	
32.00	RENAL DIALYSIS	74.00	0.404501	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	DEV EVALUATION	76.00	0.720412	0	0	34.00	
34.97	CARDIAC REHABILITATION	76.97	0.511302	0	0	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.000000	0	0	37.00	
37.01	FAMILY PRACTICES	90.01	0.000000	0	0	37.01	
37.02	WOMEN'S HEALTH CENTER	90.02	0.000000	0	0	37.02	
37.03	AMBULATORY CARE	90.03	0.498579	0	0	37.03	
37.04	OTHER	90.04	0.000000	0	0	37.04	
38.00	EMERGENCY	91.00	0.175330	2,986	524	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.508012	0	0	39.00	
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)			790,736	126,267	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 140208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/29/2014 9:14 am

		Kidney		Hospital		PPS	
Cost Center Description		D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00		3.00	
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	1		0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0		0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0		0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0		0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0		0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0		0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0		0	47.00
48.00	TOTAL (sum of lines 42 through 47)			1		0	48.00
Cost Center Description		D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00		3.00	
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000		0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000		0	50.00
51.00	CLINIC	23.00	0	0.000000		0	51.00
51.01	FAMILY PRACTICES	23.01	0	0.000000		0	51.01
51.02	WOMEN'S HEALTH CENTER	23.02	0	0.000000		0	51.02
51.03	AMBULATORY CARE	23.03	0	0.000000		0	51.03
51.04	OTHER	23.04	0	0.000000		0	51.04
52.00	EMERGENCY	24.00	2,986	0.000000		0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000		0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000		0	54.00
55.00	TOTAL (sum of lines 49 through 52)		2,986			0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	127,450		795,744			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	413,470		401,711			59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	540,920		1,197,455			61.00
62.00	Total Usable Organs (see instructions)		11				62.00
63.00	Medicare Usable Organs (see instructions)		2				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.181818				64.00
65.00	Medicare Cost/Charges (see instructions)	98,349		217,719			65.00
66.00	Revenue for Organs Sold	3,101		10,410			66.00
67.00	Subtotal (line 65 minus line 66)	95,248		207,309			67.00
68.00	Organs Furnished Part B	0	0	0	0		68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	95,248	0	207,309	0		69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00		2.00		3.00	
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		4	0			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	7			73.00
74.00	Total (sum of lines 70 thru 73)		4	7			74.00
75.00	Organs Transplanted		3	7	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		1	0	0		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Disarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		4	7			84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
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COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 140208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/29/2014 9:14 am

Cost Center Description		Heart		Hospital		PPS	
		D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,183.08	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	1,865.62	0	0	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	1,611.20	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1-6)		0		0	0	7.00
Cost Center Description		C		Ratio of Cost/Charges (from Wkst. C)		Organ Acquisition Ancillary Charges	
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM		50.00	0.297968	11,735	3,497	8.00
9.00	RECOVERY ROOM		51.00	0.191007	46,870	8,952	9.00
10.00	DELIVERY ROOM & LABOR ROOM		52.00	0.370983	500	185	10.00
11.00	ANESTHESIOLOGY		53.00	0.059454	0	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC		54.00	0.172338	194,039	33,440	12.00
13.00	RADIOLOGY-THERAPEUTIC		55.00	0.000000	0	0	13.00
14.00	RADIOISOTOPE		56.00	0.000000	0	0	14.00
15.00	CT SCAN		57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)		58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION		59.00	0.000000	0	0	17.00
18.00	LABORATORY		60.00	0.154293	139,655	21,548	18.00
18.01	BLOOD LABORATORY		60.01	0.161314	291	47	18.01
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		62.00	0.000000	0	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.		63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY		64.00	0.000000	0	0	22.00
23.00	RESPIRATORY THERAPY		65.00	0.165272	11,160	1,844	23.00
24.00	PHYSICAL THERAPY		66.00	0.197369	0	0	24.00
25.00	OCCUPATIONAL THERAPY		67.00	0.382755	1,025	392	25.00
26.00	SPEECH PATHOLOGY		68.00	0.000000	0	0	26.00
27.00	ELECTROCARDIOLOGY		69.00	0.138797	43,605	6,052	27.00
28.00	ELECTROENCEPHALOGRAPHY		70.00	0.209211	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0.636853	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENT		72.00	0.332695	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS		73.00	0.123522	0	0	31.00
32.00	RENAL DIALYSIS		74.00	0.404501	0	0	32.00
33.00	ASC (NON-DISTINCT PART)		75.00	0.000000	0	0	33.00
34.00	DEV EVALUATION		76.00	0.720412	0	0	34.00
34.97	CARDIAC REHABILITATION		76.97	0.511302	0	0	34.97
35.00	RURAL HEALTH CLINIC		88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER		89.00	0.000000	0	0	36.00
37.00	CLINIC		90.00	0.000000	0	0	37.00
37.01	FAMILY PRACTICES		90.01	0.000000	0	0	37.01
37.02	WOMEN'S HEALTH CENTER		90.02	0.000000	0	0	37.02
37.03	AMBULATORY CARE		90.03	0.498579	0	0	37.03
37.04	OTHER		90.04	0.000000	0	0	37.04
38.00	EMERGENCY		91.00	0.175330	1,911	335	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00	0.508012	0	0	39.00
40.00	OTHER OUTPATIENT SERVICE COST CENTER						40.00
41.00	TOTAL (sum of lines 8-40)				450,791	76,292	41.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 140208

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

Worksheet D-4

Component CCN:

Date/Time Prepared: 5/29/2014 9:14 am

		Heart		Hospital		PPS	
Cost Center Description		D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition	Organ Acquisition	Organ Acquisition
		0	1.00	2.00	3.00	4.00	5.00
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	0	43.01
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	0	47.00
48.00	TOTAL (sum of lines 42 through 47)			0	0	0	48.00
Cost Center Description		D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition	Organ Acquisition	Organ Acquisition
		0	1.00	2.00	3.00	4.00	5.00
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	0	50.00
51.00	CLINIC	23.00	0	0.000000	0	0	51.00
51.01	FAMILY PRACTICES	23.01	0	0.000000	0	0	51.01
51.02	WOMEN'S HEALTH CENTER	23.02	0	0.000000	0	0	51.02
51.03	AMBULATORY CARE	23.03	0	0.000000	0	0	51.03
51.04	OTHER	23.04	0	0.000000	0	0	51.04
52.00	EMERGENCY	24.00	1,911	0.000000	0	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	0	53.00
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		1,911		0	0	55.00
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B	Part A	Part B
		1.00	2.00	3.00	4.00	5.00	6.00
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	76,292		450,791			56.00
57.00	Interns and Residents (inpatient)	0		0			57.00
58.00	Interns and Residents (outpatient)	0		0			58.00
59.00	Direct Organ Acquisition (see instructions)	1,693,807		1,668,269			59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0			60.00
61.00	Total (sum of lines 56 thru 60)	1,770,099		2,119,060			61.00
62.00	Total Usable Organs (see instructions)		19				62.00
63.00	Medicare Usable Organs (see instructions)		4				63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.210526				64.00
65.00	Medicare Cost/Charges (see instructions)	372,652		446,117			65.00
66.00	Revenue for Organs Sold	120,613		404,786			66.00
67.00	Subtotal (line 65 minus line 66)	252,039		41,331			67.00
68.00	Organs Furnished Part B	0	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	252,039	0	41,331	0	0	69.00
Cost Center Description		Living Related		Cadaveric		Revenue	
		1.00	2.00	3.00	4.00	5.00	6.00
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	0			70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0			71.00
72.00	Organs Purchased from Non-Transplant Hospitals		0	0			72.00
73.00	Organs Purchased from OPOs		0	20			73.00
74.00	Total (sum of lines 70 thru 73)		0	20			74.00
75.00	Organs Transplanted		0	19	0		75.00
76.00	Organs Sold to Other Hospitals		0	0	0		76.00
77.00	Organs Sold to OPOs		0	1	0		77.00
78.00	Organs Sold to Transplant Hospitals		0	0	0		78.00
79.00	Organs Sold to Military or VA Hospitals		0	0	0		79.00
80.00	Organs Sold Outside the U.S.		0	0	0		80.00
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0	0		81.00
82.00	Organs Used for Research		0	0	0		82.00
83.00	Unusable/Disarded Organs		0	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)		0	20	0		84.00

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 9:14 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		98,994,613	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		30,021,066	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)		11,338,227	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		29,882,464	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		593.64	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		171.79	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.		46.22	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)		7.41	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)		225.42	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		225.30	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)		225.30	12.00
13.00	Total allowable FTE count for the prior year.		214.23	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.		214.23	14.00
15.00	Sum of lines 12 through 14 divided by 3.		217.92	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		217.92	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.367091	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.365823	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.365823	21.00
22.00	IME payment adjustment (see instructions)		28,868,932	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		28,868,932	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.04	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.88	31.00
32.00	Sum of lines 30 and 31		28.92	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.07	33.00
34.00	Disproportionate share adjustment (see instructions)		13,919,534	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 9:14 am	
		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)			0.001448871	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			13,107,037	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			3,303,694	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,303,694		36.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			0	46.00
47.00	Subtotal (see instructions)		186,446,066		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)		186,446,066		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		12,515,935		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).		11,034,970		52.00
53.00	Nursing and Allied Health Managed Care payment		133,192		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)		347,287		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).		291,117		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		190,076		58.00
59.00	Total (sum of amounts on lines 49 through 58)		210,958,643		59.00
60.00	Primary payer payments		234,992		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		210,723,651		61.00
62.00	Deductibles billed to program beneficiaries		9,470,272		62.00
63.00	Coinurance billed to program beneficiaries		857,614		63.00
64.00	Allowable bad debts (see instructions)		2,349,066		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,526,893		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,157,483		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		201,922,658		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)			330,764	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-1,085,537	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: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 9:14 am	
		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)		201,167,885		71.00
71.01	Sequestration adjustment (see instructions)		3,037,635		71.01
72.00	Interim payments		196,723,019		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		1,407,231		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		21,520,947		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/29/2014 9:14 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			39,579,654 2.00
3.00	PPS payments			37,476,803 3.00
4.00	Outlier payment (see instructions)			134,059 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.897 5.00
6.00	Line 2 times line 5			35,502,950 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			70,462 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			37,681,324 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			7,614,427 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			0 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)			30,066,897 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			2,032,470 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)			32,099,367 30.00
31.00	Primary payer payments			7,426 31.00
32.00	Subtotal (line 30 minus line 31)			32,091,941 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			1,408,405 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			915,463 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			736,331 36.00
37.00	Subtotal (see instructions)			33,007,404 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)			33,007,404 40.00
40.01	Sequestration adjustment (see instructions)			498,412 40.01
41.00	Interim payments			29,599,086 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			2,909,906 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/29/2014 9:14 am
		Component CCN: 14S208	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	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)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	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)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208 Component CCN: 14T208	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/29/2014 9:14 am
		Title XVII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	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)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	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)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140208

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2014 9:14 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		198,914,193		29,530,924	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0	12/30/2013	18,071	3.01	
3.02			0	08/07/2013	50,091	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	12/30/2013	576,498		0	3.50	
3.51		08/07/2013	1,614,676		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)		-2,191,174		68,162	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)		196,723,019		29,599,086	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		1,407,231		2,909,906	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		198,130,250		32,508,992	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140208
Component CCN: 14S208

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2014 9:14 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,964,805		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	08/07/2013	667		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)		-667		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,964,138		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,594		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,965,732		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140208
Component CCN: 14T208

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2014 9:14 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		9,224,537			0 2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0			0 3.01
3.02			0			0 3.02
3.03			0			0 3.03
3.04			0			0 3.04
3.05			0			0 3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	08/07/2013	7,788			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)		-7,788			0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		9,216,749			0 4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0			0 5.01
5.02			0			0 5.02
5.03			0			0 5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0			0 5.50
5.51			0			0 5.51
5.52			0			0 5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0 5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					0 6.00
6.01	SETTLEMENT TO PROVIDER		0			0 6.01
6.02	SETTLEMENT TO PROGRAM		20,046			0 6.02
7.00	Total Medicare program liability (see instructions)		9,196,703			0 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140208

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

Worksheet E-1
Part II
Date/Time Prepared:
5/29/2014 9:14 am

		Title XVII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			37,329 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			65,378 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			16,053 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			177,869 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			2,730,995,326 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			80,020,143 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)			1,502,093 8.00
9.00	Sequestration adjustment amount (see instructions)			30,042 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,472,051 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,383,404 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)			88,647 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part II Date/Time Prepared: 5/29/2014 9:14 am
		Component CCN: 14S208	Title XVIII	Subprovider - IPF PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		3,190,671	1.00
2.00	Net IPF PPS Outlier Payments		38,451	2.00
3.00	Net IPF PPS ECT Payments		61,043	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		23,161,644	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9))) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		3,290,165	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of teaching physicians (From Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		3,290,165	16.00
17.00	Primary payer payments		769	17.00
18.00	Subtotal (line 16 less line 17).		3,289,396	18.00
19.00	Deductibles		272,236	19.00
20.00	Subtotal (line 18 minus line 19)		3,017,160	20.00
21.00	Coinsurance		21,016	21.00
22.00	Subtotal (line 20 minus line 21)		2,996,144	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		2,996,144	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		15,057	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		3,011,201	31.00
31.01	Sequestration adjustment (see instructions)		45,469	31.01
32.00	Interim payments		2,964,138	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		1,594	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		38,451	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140208 Component CCN: 14T208	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part III Date/Time Prepared: 5/29/2014 9:14 am
		Title XVIIII	Subprovider - IRF	PPS
		Prior to 10/01	On/After 10/01	
		1.00	1.01	
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)	8,926,991	0	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0207		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	259,775	0	3.00
4.00	Outlier Payments	273,905		4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00		5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00		5.01
6.00	New Teaching program adjustment. (see instructions)	0.00		6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)	0.00		7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)	0.00		8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00		9.00
10.00	Average Daily Census (see instructions)	33.372603		10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	0	12.00
13.00	Total PPS Payment (see instructions)	9,460,671		13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0		14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0		16.00
17.00	Subtotal (see instructions)	9,460,671		17.00
18.00	Primary payer payments	30,959		18.00
19.00	Subtotal (line 17 less line 18).	9,429,712		19.00
20.00	Deductibles	35,464		20.00
21.00	Subtotal (line 19 minus line 20)	9,394,248		21.00
22.00	Coinurance	88,145		22.00
23.00	Subtotal (line 21 minus line 22)	9,306,103		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0		24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		26.00
27.00	Subtotal (sum of lines 23 and 25)	9,306,103		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0		28.00
29.00	Other pass through costs (see instructions)	31,599		29.00
30.00	Outlier payments reconciliation	0		30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		31.00
31.99	Recovery of Accelerated Depreciation	0		31.99
32.00	Total amount payable to the provider (see instructions)	9,337,702		32.00
32.01	Sequestration adjustment (see instructions)	140,999		32.01
33.00	Interim payments	9,216,749		33.00
34.00	Tentative settlement (for contractor use only)	0		34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34	-20,046		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	1,115,796		36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	273,905		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0		51.00
52.00	The rate used to calculate the Time Value of Money	0.00		52.00
53.00	Time Value of Money (see instructions)	0		53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/29/2014 9:14 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			171.79	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			45.74	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			8.37	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			225.90	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			225.65	6.00
7.00	Enter the lesser of line 5 or line 6			225.65	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	136.77	79.53	216.30	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	136.77	79.53	216.30	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.74		10.00
11.00	Total weighted FTE count	136.77	80.27		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	135.06	76.59		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	135.42	74.26		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	135.75	77.04		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	135.75	77.04		17.00
18.00	Per resident amount	138,872.27	131,499.79		18.00
19.00	Approved amount for resident costs	18,851,911	10,130,744	28,982,655	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			28,982,655	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	75,715	16,053		26.00
27.00	Total Inpatient Days (see instructions)	198,504	198,504		27.00
28.00	Ratio of inpatient days to total inpatient days	0.381428	0.080870		28.00
29.00	Program direct GME amount	11,054,796	2,343,827		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		331,183		30.00
31.00	Net Program direct GME amount			13,067,440	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/29/2014 9:14 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		4,891	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		7,573,385	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000646	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		215,153,624	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		347,287	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		266,720	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		215,234,191	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		39,650,116	42.00
43.00	Primary payer payments (see instructions)		7,426	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		39,642,690	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		254,876,881	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.844463	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.155537	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		13,067,440	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		11,034,970	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		2,032,470	50.00

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

Provider CCN: 140208

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

Worksheet G

Date/Time Prepared:
5/29/2014 9:14 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	384,503,000	0	0	0	1.00
2.00	Temporary investments	76,933,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	460,505,000	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	150,190,000	0	0	0	9.00
10.00	Due from other funds	38,095,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	1,110,226,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	107,227,000	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	2,091,880,000	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	1,135,113,000	0	0	0	23.00
24.00	Accumulated depreciation	-1,865,835,000	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)	1,468,385,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	3,904,368,000	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	224,170,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,128,538,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	6,707,149,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	231,202,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	434,930,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	35,980,000	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	415,573,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,117,685,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	1,238,432,000	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	788,973,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,027,405,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,145,090,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	3,562,059,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	3,562,059,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	6,707,149,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140208

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

Worksheet G-1

Date/Time Prepared:
5/29/2014 9:14 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		3,096,319,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		81,463,693			2.00
3.00	Total (sum of line 1 and line 2)		3,177,782,693		0	3.00
4.00	ADDITIONAL SYSTEM INCOME	384,276,307		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)		384,276,307		0	10.00
11.00	Subtotal (line 3 plus line 10)		3,562,059,000		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)		3,562,059,000		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	ADDITIONAL SYSTEM INCOME		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: 140208

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2014 9:14 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	344,857,242		344,857,242	1.00
2.00	SUBPROVIDER - IPF	17,332,085		17,332,085	2.00
3.00	SUBPROVIDER - IRF	18,556,093		18,556,093	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	380,745,420		380,745,420	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	137,233,485		137,233,485	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	33,840,735		33,840,735	11.01
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	171,074,220		171,074,220	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	551,819,640		551,819,640	17.00
18.00	Ancillary services	1,311,712,511	630,784,642	1,942,497,153	18.00
19.00	Outpatient services	95,258,290	156,476,341	251,734,631	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	AMBULATORY CARE	92,249	8,622,919	8,715,168	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,958,882,690	795,883,902	2,754,766,592	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		888,538,396		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)		888,538,396		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140208

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

Worksheet G-3

Date/Time Prepared:
5/29/2014 9:14 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,754,766,592	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,795,965,445	2.00
3.00	Net patient revenues (line 1 minus line 2)	958,801,147	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	888,538,396	4.00
5.00	Net income from service to patients (line 3 minus line 4)	70,262,751	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	2,234,366	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	3,190,602	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	68,919	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	435,522	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING	5,271,533	24.00
25.00	Total other income (sum of lines 6-24)	11,200,942	25.00
26.00	Total (line 5 plus line 25)	81,463,693	26.00
27.00	NET NONOPERATING	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	81,463,693	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet I-5 Date/Time Prepared: 5/29/2014 9:14 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			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
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140208	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/29/2014 9:14 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		10,271,532	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		242,481	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)		487.31	3.00
4.00	Number of interns & residents (see instructions)		217.92	4.00
5.00	Indirect medical education percentage (see instructions)		13.45	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		1,381,521	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.04	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.88	8.00
9.00	Sum of lines 7 and 8		28.92	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.04	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		620,401	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		12,515,935	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00