

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: 140240 Period: From 07/01/2012 To 06/30/2013 Worksheet 5 Parts I-III Date/Time Prepared: 11/22/2013 5:23 pm

PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 11/22/2013 Time: 5:23 pm
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5. Cost Report Status 6. Date Received:
 (1) As Submitted 7. Contractor No.
 (2) Settled without Audit 8. Initial Report for this Provider CCN
 (3) Settled with Audit 9. Final Report for this Provider CCN
 (4) Reopened
 (5) Amended 10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. 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 WESTLAKE COMMUNITY HOSPITAL (140240) for the cost reporting period beginning 07/01/2012 and ending 06/30/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 11/22/2013 Time: 5:23 pm
 m1SVhIbhtBwNst4LgHTIONgh4wh490
 thY7T04Z:YpjQcZGLID6Hcgcz9QbMg
 n79W15rztX0Joi3U
 PI: Date: 11/22/2013 Time: 5:23 pm
 yVcgJQL5LTPXXERTok4uMkm131Gs20
 JfJsr0R3ZbvNL8zgsi5bLJ4BMJkLkw
 MPH50J47DP0quGNT

(Signed)

[Handwritten Signature]
 11/25/2013

Officer or Administrator of Provider(s)

Title

Date

	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	-1,131,287	2,372	0	0	1.00
2.00 Subprovider - IPF	0	-6,075	11		0	2.00
3.00 Subprovider - IRF	0	134,784	172		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	-1,002,578	2,555	0	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.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140240	Period: From 07/01/2012 To 06/30/2013	FORM APPROVED OMB NO. 0938-0050 Worksheet 5 Parts I-III Date/Time Prepared: 11/22/2013 5:34 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/22/2013 Time: 5:34 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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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 WESTLAKE COMMUNITY HOSPITAL (140240) for the cost reporting period beginning 07/01/2012 and ending 06/30/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) _____
 Officer or Administrator of Provider(s)
 Title _____
 Date 11/25/2013

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	-1,131,287	2,372	0	0	1.00
2.00 Subprovider - IPF	0	-6,075	11		0	2.00
3.00 Subprovider - IRF	0	134,784	172		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	-1,002,578	2,555	0	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: 140240

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

Worksheet S-2
Part I
Date/Time Prepared:
11/22/2013 5:21 pm

		1.00	2.00	3.00	4.00					
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1225 SUPERIOR STREET	PO Box:						1.00		
2.00	City: MELROSE PARK	State: IL		Zip Code: 60160		County: COOK		2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	WESTLAKE COMMUNITY HOSPITAL	140240	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	PSYCH	14S240	16974	4	01/01/1984	N	P	O	4.00
5.00	Subprovider - IRF	REHAB	14T240	16974	5	01/01/1984	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2012	06/30/2013		20.00
21.00	Type of Control (see instructions)						4			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
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3 N			23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	5,899	0	0	0	0	2,573		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.	1,109	0	0	0	0	0		25.00	
						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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140240	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part I Date/Time Prepared: 11/22/2013 5:21 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				39.00	
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	Y	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN and general surgery) added as a result of section 5503. (see instructions)		0.00	0.00		
61.03	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		
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

	Program Name	Program Code	Unweighted IME FTE Count	Unweighted		
				Direct GME FTE Count	FTE	
	1.00	2.00	3.00	4.00	5.00	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00		0.00	61.20
				1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
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)		0.00	0.00	0.000000	64.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00
						1.00 2.00 3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y	70.00
71.00	If line 70 yes: column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N N 0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y	75.00
76.00	If line 75 yes: column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N N 0	76.00
						1.00
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
						V XIX
						1.00 2.00
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.				N Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.				N Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.				N N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00 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)					106.00

		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: VANGUARD HEALTH SYSTEMS	Contractor's Name: CAHABA GBA		Contractor's Number: 10101			141.00	
142.00	Street: 20 BURTON HILLS BLVD, SUITE 100	PO Box:					142.00	
143.00	City: NASHVILLE	State: AL		Zip Code: 35242			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	
							2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N	146.00
147.00	was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00
148.00	was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00
149.00	was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N			155.00
156.00	Subprovider - IPF	N	N	N	N			156.00
157.00	Subprovider - IRF	N	N	N	N			157.00
158.00	SUBPROVIDER							158.00
159.00	SNF	N	N	N	N			159.00
160.00	HOME HEALTH AGENCY	N	N	N	N			160.00
161.00	CMHC		N	N	N			161.00
							1.00	
Multicampus								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under section §1886(n)? Enter "Y" for yes or "N" for no.						N	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)							0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00169.00
							Beginning	
							Ending	
							1.00	
							2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00

		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00	
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00	
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	C	06/30/2013	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/16/2013	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

	Description	Part A		Part B	
		Y/N	Date	Y/N	
	0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed 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.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ZEBIA		NELSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	NELSON, JONES & CO., INC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	410-480-8498		ZEBNELSON@AOL.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)	10/16/2013	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
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.	CONSULTANT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

Provider CCN: 140240

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

Worksheet S-2
Part IX
Date/Time Prepared:
11/22/2013 5:21 pm

		Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
	Line Number				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	121	44,165	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)		121	44,165	0.00	0	7.00
8.00 Intensive Care Unit	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 Nursery	43.00				0	13.00
14.00 Total (see instructions)		133	48,545	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	25	9,125		0	16.00
17.00 SUBPROVIDER - IRF	41.00	40	14,600		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		198				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

Component	I/P Days / O/P visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,908	8,472	17,584			1.00
2.00 HMO and other (see instructions)	900	0				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)	6,908	8,472	17,584			7.00
8.00 Intensive Care Unit	991	0	2,116			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 Nursery		0	1,994			13.00
14.00 Total (see instructions)	7,899	8,472	21,694	1.50	460.17	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,997	0	7,483	0.00	28.36	16.00
17.00 SUBPROVIDER - IRF	2,121	1,109	4,065	0.00	16.33	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				1.50	504.86	27.00
28.00 Observation Bed Days		0	1,897			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
33.00 LTCH non-covered days	0					33.00

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		12.00	13.00	14.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,463	2,011	4,775	1.00
2.00 HMO and other (see instructions)			0			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 Intensive Care Unit						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 Nursery						13.00
14.00 Total (see instructions)	0.00	0	1,463	2,011	4,775	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	226	0	622	16.00
17.00 SUBPROVIDER - IRF	0.00	0	183	0	334	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

	Worksheet A Line Number	Amount Reported	Reclassificati 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 II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	33,386,247	0	33,386,247	1,050,098.00	31.79
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	59,165	0	59,165	3,358.00	17.62
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,159,251	55,650	3,214,901	103,626.00	31.02
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		800,879	0	800,879	12,496.00	64.09
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		251,325	0	251,325	2,034.00	123.56
14.00	Home office salaries & wage-related costs		932,325	0	932,325	13,797.00	67.57
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		6,130,286	0	6,130,286		17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0		18.00
19.00	Excluded areas		653,218	0	653,218		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/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	-175,598	223,796	48,198	1,107.00	43.54
27.00	Administrative & General	5.00	7,940,543	-698,844	7,241,699	182,016.00	39.79
28.00	Administrative & General under contract (see inst.)		84,275	0	84,275	649.00	129.85
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,018,539	0	1,018,539	42,354.00	24.05
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	795,740	0	795,740	63,513.00	12.53
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	944,798	0	944,798	57,615.00	16.40
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	641,388	0	641,388	15,240.00	42.09
39.00	Central Services and Supply	14.00	252,786	0	252,786	11,841.00	21.35
40.00	Pharmacy	15.00	1,161,343	0	1,161,343	28,522.00	40.72
41.00	Medical Records & Medical Records Library	16.00	296,770	419,398	716,168	31,484.00	22.75

Provider CCN: 140240

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

Worksheet S-3
Part II
Date/Time Prepared:
11/22/2013 5:21 pm

		Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140240

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

Worksheet S-3
Part III
Date/Time Prepared:
11/22/2013 5:21 pm

		Worksheet A Line Number	Amount Reported	Reclassificati 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)		33,411,357	0	33,411,357	1,047,389.00	31.90	1.00
2.00	Excluded area salaries (see instructions)		3,159,251	55,650	3,214,901	103,626.00	31.02	2.00
3.00	Subtotal salaries (line 1 minus line 2)		30,252,106	-55,650	30,196,456	943,763.00	32.00	3.00
4.00	Subtotal other wages & related costs (see inst.)		1,984,529	0	1,984,529	28,327.00	70.06	4.00
5.00	Subtotal wage-related costs (see inst.)		6,130,286	0	6,130,286	0.00	20.30	5.00
6.00	Total (sum of lines 3 thru 5)		38,366,921	-55,650	38,311,271	972,090.00	39.41	6.00
7.00	Total overhead cost (see instructions)		12,960,584	-55,650	12,904,934	434,341.00	29.71	7.00

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	59,650	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	2,172,620	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	84,604	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	-18,917	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	50,837	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	76,767	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	240,218	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	1,962,302	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	1,488,895	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	47	22.00
23.00	Tuition Reimbursement	13,063	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	6,130,086	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

Provider CCN: 140240

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

Worksheet S-3
Part V
Date/Time Prepared:
11/22/2013 5:21 pm

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	1,769,448	6,783,505	1.00
2.00	Hospital	1,746,001	6,783,505	2.00
3.00	Subprovider - IPF	2,240	0	3.00
4.00	Subprovider - IRF	21,207	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

		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)	0.191886	1.00
Medicaid (see instructions for each line)			
2.00	Net revenue from Medicaid	17,312,402	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	1,979,904	5.00
6.00	Medicaid charges	120,012,927	6.00
7.00	Medicaid cost (line 1 times line 6)	23,028,801	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	3,736,495	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	4,592,210	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	3,736,495	19.00
		Uninsured patients	Insured patients
		1.00	2.00
		Total (col. 1 + col. 2)	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	1,427,122	22,185
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	273,845	4,257
22.00	Partial payment by patients approved for charity care	33,918	1,550
23.00	Cost of charity care (line 21 minus line 22)	239,927	2,707
		1.00	24.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	17,462,502	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	955,246	27.00
28.00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line 26 minus line 27)	16,507,256	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	3,167,511	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	3,410,145	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	7,146,640	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140240

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

Worksheet A

Date/Time Prepared:
11/22/2013 5:21 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	Cap Rel Costs-Bldg & Fixt	0	0	1,809,964	1,809,964	1.00
2.00	00200	Cap Rel Costs-Mvble Equip	0	0	2,006,313	2,006,313	2.00
3.00	00300	Other Cap Related Cost	0	0	0	0	3.00
4.00	00400	Employee Benefits DEPARTMENT	-175,598	6,680,224	6,504,626	461,377	4.00
5.00	00500	Administrative & General	7,940,543	21,866,345	29,806,888	-4,946,767	5.00
7.00	00700	Operation of Plant	1,018,539	3,256,119	4,274,658	-49,152	7.00
8.00	00800	Laundry & Linen Service	0	364,263	364,263	81,189	8.00
9.00	00900	Housekeeping	795,740	201,917	997,657	-476	9.00
10.00	01000	Dietary	944,798	465,420	1,410,218	-3,327	10.00
11.00	01100	Cafeteria	0	0	0	0	11.00
13.00	01300	Nursing Administration	641,388	35,924	677,312	-1,410	13.00
14.00	01400	Central Services & Supply	252,786	130,714	383,500	4,808	14.00
15.00	01500	Pharmacy	1,161,343	2,075,063	3,236,406	-1,299,768	15.00
16.00	01600	Medical Records & Library	296,770	178,304	475,074	479,327	16.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	59,165	0	59,165	0	21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	-44,289	-44,289	-484	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	5,995,958	1,053,994	7,049,952	-1,014,561	30.00
31.00	03100	Intensive Care Unit	1,363,811	288,105	1,651,916	-85,640	31.00
40.00	04000	SUBPROVIDER - IPF	1,825,112	52,374	1,877,486	-15,026	40.00
41.00	04100	SUBPROVIDER - IRF	1,043,882	186,003	1,229,885	-29,193	41.00
43.00	04300	Nursery	278,835	363,952	642,787	686,493	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	1,860,350	3,349,411	5,209,761	-1,634,880	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	179,386	112,283	291,669	-49,841	50.01
51.00	05100	Recovery Room	389,917	11,366	401,283	-6,531	51.00
52.00	05200	Labor Room & Delivery Room	1,022,658	925,324	1,947,982	-122	52.00
53.00	05300	Anesthesiology	105,793	443,718	549,511	-129,605	53.00
54.00	05400	Radiology - Diagnostic	932,138	134,454	1,066,592	-38,278	54.00
56.00	05600	Radioisotope	129,707	133,099	262,806	-2,910	56.00
56.01	03630	ULTRA SOUND	479,413	16,025	495,438	-6,671	56.01
57.00	05700	CT Scan	143,026	37,114	180,140	-6,552	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	139,070	8,743	147,813	-1,969	58.00
59.00	05900	Cardiac Catheterization	573,435	1,519,027	2,092,462	-968,536	59.00
60.00	06000	Laboratory	0	2,126,118	2,126,118	1,487	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	211,154	211,154	-1,074	63.00
65.00	06500	Respiratory Therapy	594,232	198,074	792,306	-64,350	65.00
66.00	06600	Physical Therapy	655,995	156,643	812,638	-2,372	66.00
67.00	06700	Occupational Therapy	416,327	47,141	463,468	-239	67.00
68.00	06800	Speech Pathology	94,268	2,528	96,796	-1,848	68.00
69.00	06900	Electrocardiology	216,018	76,709	292,727	-5,132	69.00
70.00	07000	Electroencephalography	10,272	9,314	19,586	-26	70.00
71.00	07100	Medical Supplies charged to Patients	0	0	0	1,074,569	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	2,047,988	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	1,469,471	73.00
74.00	07400	RENAL DIALYSIS	0	326,723	326,723	0	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	Emergency	1,710,913	1,573,774	3,284,687	-168,285	91.00
92.00	09200	Observation Beds (Non-Distinct Part)					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (sum of lines 1-117)	33,095,990	48,573,174	81,669,164	-412,039	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	15,012	15,012	0	190.00
191.00	19100	Research	0	0	0	0	191.00
192.00	19200	Physicians' Private Offices	0	0	0	0	192.00
194.00	07950	MARKETING	90,664	168,208	258,872	428,121	194.00
194.02	07952	COMMUNITY RELATIONS	151,211	6,271	157,482	-524	194.02
194.03	07953	SENIOR CENTER	0	8,712	8,712	0	194.03
194.04	07954	PHYSICIAN CLINICS	19,954	28,430	48,384	-2,692	194.04
194.05	07955	POB	0	303,499	303,499	-12,866	194.05
194.06	07956	TRITON HLTH CAREER SCHOLARSHIP PROGR	28,428	0	28,428	0	194.06
194.07	07957	GUEST TRAYS & CATERING MEALS	0	0	0	0	194.07
194.08	07958	HOSPICE	0	0	0	0	194.08
200.00		TOTAL (sum of lines 118-199)	33,386,247	49,103,306	82,489,553	0	200.00

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 Cap Rel Costs-Bldg & Fixt	1,963,911	3,773,875	1.00
2.00	00200 Cap Rel Costs-Mvble Equip	2,578,310	4,584,623	2.00
3.00	00300 Other Cap Related Cost	0	0	3.00
4.00	00400 Employee Benefits DEPARTMENT	-130,212	6,835,791	4.00
5.00	00500 Administrative & General	-12,530,020	12,330,101	5.00
7.00	00700 Operation of Plant	-1,072	4,224,434	7.00
8.00	00800 Laundry & Linen Service	0	445,452	8.00
9.00	00900 Housekeeping	-53	997,128	9.00
10.00	01000 Dietary	-20,667	1,386,224	10.00
11.00	01100 Cafeteria	0	0	11.00
13.00	01300 Nursing Administration	0	675,902	13.00
14.00	01400 Central services & Supply	-12,601	375,707	14.00
15.00	01500 Pharmacy	-1,000,016	936,622	15.00
16.00	01600 Medical Records & Library	-6,364	948,037	16.00
21.00	02100 I&R Services-Salary & Fringes Apprvd	0	59,165	21.00
22.00	02200 I&R Services-Other Prgrm Costs Apprvd	0	-44,773	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 Adults & Pediatrics	-445,761	5,589,630	30.00
31.00	03100 Intensive Care Unit	-591	1,565,685	31.00
40.00	04000 SUBPROVIDER - IPF	-452	1,862,008	40.00
41.00	04100 SUBPROVIDER - IRF	-31,772	1,168,920	41.00
43.00	04300 Nursery	-315,416	1,013,864	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 Operating Room	-128,673	3,446,208	50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0	241,828	50.01
51.00	05100 Recovery Room	-3,042	391,710	51.00
52.00	05200 Labor Room & Delivery Room	-902,369	1,045,491	52.00
53.00	05300 Anesthesiology	-281,813	138,093	53.00
54.00	05400 Radiology - Diagnostic	-7,894	1,020,420	54.00
56.00	05600 Radioisotope	0	259,896	56.00
56.01	03630 ULTRA SOUND	-833	487,934	56.01
57.00	05700 CT Scan	-7,359	166,229	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0	145,844	58.00
59.00	05900 Cardiac Catheterization	-111,641	1,012,285	59.00
60.00	06000 Laboratory	-14,091	2,113,514	60.00
63.00	06300 Blood Storing, Processing, & Trans.	-10,402	199,678	63.00
65.00	06500 Respiratory Therapy	-404,996	322,960	65.00
66.00	06600 Physical Therapy	-84,358	725,908	66.00
67.00	06700 Occupational Therapy	0	463,229	67.00
68.00	06800 Speech Pathology	0	94,948	68.00
69.00	06900 Electro cardiology	-59,380	228,215	69.00
70.00	07000 Electroencephalography	-9,220	10,340	70.00
71.00	07100 Medical Supplies Charged to Patients	0	1,074,569	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	2,047,988	72.00
73.00	07300 Drugs Charged to Patients	0	1,469,471	73.00
74.00	07400 RENAL DIALYSIS	0	326,723	74.00
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 Emergency	-912,471	2,203,931	91.00
92.00	09200 Observation Beds (Non-Distinct Part)			92.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (sum of lines 1-117)	-12,891,318	68,365,807	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 Gift, Flower, Coffee Shop, & Canteen	0	15,012	190.00
191.00	19100 Research	0	0	191.00
192.00	19200 Physicians' Private Offices	0	0	192.00
194.00	07950 MARKETING	0	686,993	194.00
194.02	07952 COMMUNITY RELATIONS	0	156,958	194.02
194.03	07953 SENIOR CENTER	0	8,712	194.03
194.04	07954 PHYSICIAN CLINICS	0	45,692	194.04
194.05	07955 POB	0	290,633	194.05
194.06	07956 TRITON HLTH CAREER SCHOLARSHIP PROGR	0	28,428	194.06
194.07	07957 GUEST TRAYS & CATERING MEALS	0	0	194.07
194.08	07958 HOSPICE	0	0	194.08
200.00	TOTAL (sum of lines 118-199)	-12,891,318	69,598,235	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140240

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

Worksheet Non-CMS W
Date/Time Prepared:
11/22/2013 5:21 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	Cap Rel Costs-Bldg & Fixt	00100		1.00
2.00	Cap Rel Costs-Mvble Equip	00200		2.00
3.00	Other Cap Related Cost	00300		3.00
4.00	Employee Benefits DEPARTMENT	00400		4.00
5.00	Administrative & General	00500		5.00
7.00	Operation of Plant	00700		7.00
8.00	Laundry & Linen Service	00800		8.00
9.00	Housekeeping	00900		9.00
10.00	Dietary	01000		10.00
11.00	Cafeteria	01100		11.00
13.00	Nursing Administration	01300		13.00
14.00	Central Services & Supply	01400		14.00
15.00	Pharmacy	01500		15.00
16.00	Medical Records & Library	01600		16.00
21.00	I&R Services-Salary & Fringes Apprvd	02100		21.00
22.00	I&R Services-Other Prgrm Costs Apprvd	02200		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	Adults & Pediatrics	03000		30.00
31.00	Intensive Care Unit	03100		31.00
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
43.00	Nursery	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	Operating Room	05000		50.00
50.01	GASTRO INTESTINAL SERVICES	03340		50.01
51.00	Recovery Room	05100		51.00
52.00	Labor Room & Delivery Room	05200		52.00
53.00	Anesthesiology	05300		53.00
54.00	Radiology - Diagnostic	05400		54.00
56.00	Radioisotope	05600		56.00
56.01	ULTRA SOUND	03630		56.01
57.00	CT Scan	05700		57.00
58.00	Magnetic Resonance Imaging (MRI)	05800		58.00
59.00	Cardiac Catheterization	05900		59.00
60.00	Laboratory	06000		60.00
63.00	Blood Storing, Processing, & Trans.	06300		63.00
65.00	Respiratory Therapy	06500		65.00
66.00	Physical Therapy	06600		66.00
67.00	Occupational Therapy	06700		67.00
68.00	Speech Pathology	06800		68.00
69.00	Electro cardiology	06900		69.00
70.00	Electroencephalography	07000		70.00
71.00	Medical Supplies Charged to Patients	07100		71.00
72.00	Implantable Devices Chrgd to Patient	07200		72.00
73.00	Drugs Charged to Patients	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
OUTPATIENT SERVICE COST CENTERS				
91.00	Emergency	09100		91.00
92.00	Observation Beds (Non-Distinct Part)	09200		92.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (sum of lines 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	Gift, Flower, Coffee Shop, & Canteen	19000		190.00
191.00	Research	19100		191.00
192.00	Physicians' Private Offices	19200		192.00
194.00	MARKETING	07950		194.00
194.02	COMMUNITY RELATIONS	07952		194.02
194.03	SENIOR CENTER	07953		194.03
194.04	PHYSICIAN CLINICS	07954		194.04
194.05	POB	07955		194.05
194.06	TRITON HLTH CAREER SCHOLARSHIP PROGR	07956		194.06
194.07	GUEST TRAYS & CATERING MEALS	07957		194.07
194.08	HOSPICE	07958		194.08
200.00	TOTAL (sum of lines 118-199)			200.00

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - DEPRECIATION					
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	613,427	1.00
2.00	Cap Rel Costs-Mvble Equip	2.00	0	1,645,189	2.00
	TOTALS		0	2,258,616	
B - RENTS					
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	228,042	1.00
2.00	Cap Rel Costs-Mvble Equip	2.00	0	361,124	2.00
3.00	Laboratory	60.00	0	1,487	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
	TOTALS		0	590,653	
C - PROPERTY TAXES					
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	968,495	1.00
	TOTALS		0	968,495	
D - PHARMACY COGS					
1.00	Drugs Charged to Patients	73.00	0	1,469,471	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
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
	TOTALS		0	1,469,471	
E - LAUNDRY					
1.00	Laundry & Linen Service	8.00	0	81,189	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

	Increases					
	Cost Center 2.00	Line # 3.00	Salary 4.00	Other 5.00		
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
TOTALS					0	81,189
F - SUPPLIES COGS						
1.00	Medical Supplies Charged to Patients	71.00	0	1,074,569		1.00
2.00	Central Services & Supply	14.00	0	25,636		2.00
3.00	Occupational Therapy	67.00	0	19		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
TOTALS					0	1,100,224
G - IMPLANTABLE DEVICE						
1.00	Implantable Devices Chrgd to Patient	72.00	0	2,047,988		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
TOTALS					0	2,047,988
H - NURSERY						
1.00	Nursery	43.00	591,007	111,792		1.00
TOTALS					591,007	111,792
I - HOSPITAL SPACE IN POB						
1.00	Employee Benefits	4.00	0	2,277		1.00
2.00	Radiology - Diagnostic	54.00	0	10,589		2.00
TOTALS					0	12,866
J - REGIONAL EXPENSE						
1.00	Employee Benefits	4.00	223,796	237,524		1.00
2.00	Medical Records & Library	16.00	419,398	63,737		2.00
3.00	MARKETING	194.00	55,650	373,192		3.00
4.00	PHYSICIAN CLINICS	194.04	0	157		4.00
TOTALS					698,844	674,610
500.00	Grand Total: Increases		1,289,851	9,315,904		500.00

		Decreases					
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - DEPRECIATION							
1.00	Administrative & General	5.00	0	2,258,616	9	1.00	
2.00		0.00	0	0	9	2.00	
	TOTALS		0	2,258,616			
B - RENTS							
1.00	Employee Benefits	4.00	0	1,181	10	1.00	
2.00	Administrative & General	5.00	0	340,442	10	2.00	
3.00	Operation of Plant	7.00	0	48,274	0	3.00	
4.00	Dietary	10.00	0	2,815	0	4.00	
5.00	Nursing Administration	13.00	0	1,410	0	5.00	
6.00	Central Services & Supply	14.00	0	20,590	0	6.00	
7.00	Pharmacy	15.00	0	706	0	7.00	
8.00	Medical Records & Library	16.00	0	2,725	0	8.00	
9.00	I&R Services-Other Prgrm Costs Apprvd	22.00	0	484	0	9.00	
10.00	Adults & Pediatrics	30.00	0	3,649	0	10.00	
11.00	Intensive Care Unit	31.00	0	1,017	0	11.00	
12.00	SUBPROVIDER - IPF	40.00	0	1,652	0	12.00	
13.00	SUBPROVIDER - IRF	41.00	0	1,426	0	13.00	
14.00	Operating Room	50.00	0	9,478	0	14.00	
15.00	Recovery Room	51.00	0	235	0	15.00	
16.00	Anesthesiology	53.00	0	69,715	0	16.00	
17.00	Radiology - Diagnostic	54.00	0	36,668	0	17.00	
18.00	Cardiac Catheterization	59.00	0	235	0	18.00	
19.00	Blood Storing, Processing, & Trans.	63.00	0	235	0	19.00	
20.00	Respiratory Therapy	65.00	0	39,858	0	20.00	
21.00	Physical Therapy	66.00	0	1,296	0	21.00	
22.00	Occupational Therapy	67.00	0	235	0	22.00	
23.00	Electro cardiology	69.00	0	235	0	23.00	
24.00	Emergency	91.00	0	2,522	0	24.00	
25.00	MARKETING	194.00	0	721	0	25.00	
26.00	PHYSICIAN CLINICS	194.04	0	2,849	0	26.00	
	TOTALS		0	590,653			
C - PROPERTY TAXES							
1.00	Administrative & General	5.00	0	968,495	13	1.00	
	TOTALS		0	968,495			
D - PHARMACY COGS							
1.00	Employee Benefits	4.00	0	1,023	0	1.00	
2.00	Administrative & General	5.00	0	4,562	0	2.00	
3.00	Operation of Plant	7.00	0	35	0	3.00	
4.00	Dietary	10.00	0	345	0	4.00	
5.00	Central Services & Supply	14.00	0	173	0	5.00	
6.00	Pharmacy	15.00	0	1,291,802	0	6.00	
7.00	Adults & Pediatrics	30.00	0	42,814	0	7.00	
8.00	Intensive Care Unit	31.00	0	14,684	0	8.00	
9.00	SUBPROVIDER - IPF	40.00	0	2,378	0	9.00	
10.00	SUBPROVIDER - IRF	41.00	0	1,517	0	10.00	
11.00	Nursery	43.00	0	594	0	11.00	
12.00	Operating Room	50.00	0	24,355	0	12.00	
13.00	GASTRO INTESTINAL SERVICES	50.01	0	3,819	0	13.00	
14.00	Recovery Room	51.00	0	627	0	14.00	
15.00	Labor Room & Delivery Room	52.00	0	113	0	15.00	
16.00	Anesthesiology	53.00	0	8,112	0	16.00	
17.00	Radiology - Diagnostic	54.00	0	1,550	0	17.00	
18.00	Radioisotope	56.00	0	2,036	0	18.00	
19.00	ULTRA SOUND	56.01	0	1,458	0	19.00	
20.00	CT Scan	57.00	0	3,405	0	20.00	
21.00	Magnetic Resonance Imaging (MRI)	58.00	0	1,353	0	21.00	
22.00	Cardiac Catheterization	59.00	0	2,971	0	22.00	
23.00	Blood Storing, Processing, & Trans.	63.00	0	839	0	23.00	
24.00	Respiratory Therapy	65.00	0	2,062	0	24.00	
25.00	Occupational Therapy	67.00	0	23	0	25.00	
26.00	Electro cardiology	69.00	0	262	0	26.00	
27.00	Electroencephalography	70.00	0	24	0	27.00	
28.00	Emergency	91.00	0	56,011	0	28.00	
29.00	COMMUNITY RELATIONS	194.02	0	524	0	29.00	
	TOTALS		0	1,469,471			
E - LAUNDRY							
1.00	Administrative & General	5.00	0	965	0	1.00	
2.00	Central Services & Supply	14.00	0	65	0	2.00	
3.00	Pharmacy	15.00	0	670	0	3.00	

		Decreases				
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
4.00	Adults & Pediatrics	30.00	0	11,204	0	4.00
5.00	Intensive Care Unit	31.00	0	1,004	0	5.00
6.00	SUBPROVIDER - IPF	40.00	0	2,798	0	6.00
7.00	SUBPROVIDER - IRF	41.00	0	499	0	7.00
8.00	Operating Room	50.00	0	41,612	0	8.00
9.00	GASTRO INTESTINAL SERVICES	50.01	0	23	0	9.00
10.00	Anesthesiology	53.00	0	1,384	0	10.00
11.00	Radiology - Diagnostic	54.00	0	544	0	11.00
12.00	CT Scan	57.00	0	11	0	12.00
13.00	Cardiac Catheterization	59.00	0	2,509	0	13.00
14.00	Electro cardiology	69.00	0	7	0	14.00
15.00	Emergency	91.00	0	17,894	0	15.00
	TOTALS		0	81,189		
F - SUPPLIES COGS						
1.00	Employee Benefits	4.00	0	16	0	1.00
2.00	Administrative & General	5.00	0	233	0	2.00
3.00	Operation of Plant	7.00	0	778	0	3.00
4.00	Housekeeping	9.00	0	476	0	4.00
5.00	Dietary	10.00	0	167	0	5.00
6.00	Pharmacy	15.00	0	5,620	0	6.00
7.00	Medical Records & Library	16.00	0	1,083	0	7.00
8.00	Adults & Pediatrics	30.00	0	254,095	0	8.00
9.00	Intensive Care Unit	31.00	0	68,935	0	9.00
10.00	SUBPROVIDER - IPF	40.00	0	8,198	0	10.00
11.00	SUBPROVIDER - IRF	41.00	0	25,751	0	11.00
12.00	Nursery	43.00	0	15,712	0	12.00
13.00	Operating Room	50.00	0	418,117	0	13.00
14.00	GASTRO INTESTINAL SERVICES	50.01	0	42,237	0	14.00
15.00	Recovery Room	51.00	0	5,669	0	15.00
16.00	Labor Room & Delivery Room	52.00	0	9	0	16.00
17.00	Anesthesiology	53.00	0	50,394	0	17.00
18.00	Radiology - Diagnostic	54.00	0	10,105	0	18.00
19.00	Radioisotope	56.00	0	874	0	19.00
20.00	ULTRA SOUND	56.01	0	5,213	0	20.00
21.00	CT Scan	57.00	0	3,136	0	21.00
22.00	Magnetic Resonance Imaging (MRI)	58.00	0	616	0	22.00
23.00	Cardiac Catheterization	59.00	0	60,948	0	23.00
24.00	Respiratory Therapy	65.00	0	22,430	0	24.00
25.00	Physical Therapy	66.00	0	1,076	0	25.00
26.00	Speech Pathology	68.00	0	1,848	0	26.00
27.00	Electro cardiology	69.00	0	4,628	0	27.00
28.00	Electroencephalography	70.00	0	2	0	28.00
29.00	Emergency	91.00	0	91,858	0	29.00
	TOTALS		0	1,100,224		
G - IMPLANTABLE DEVICE						
1.00	Operation of Plant	7.00	0	65	0	1.00
2.00	Pharmacy	15.00	0	970	0	2.00
3.00	Operating Room	50.00	0	1,141,318	0	3.00
4.00	GASTRO INTESTINAL SERVICES	50.01	0	3,762	0	4.00
5.00	Cardiac Catheterization	59.00	0	901,873	0	5.00
	TOTALS		0	2,047,988		
H - NURSERY						
1.00	Adults & Pediatrics	30.00	591,007	111,792	0	1.00
	TOTALS		591,007	111,792		
I - HOSPITAL SPACE IN POB						
1.00	POB	194.05	0	12,866	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	12,866		
J - REGIONAL EXPENSE						
1.00	Administrative & General	5.00	698,844	674,610	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	TOTALS		698,844	674,610		
500.00	Grand Total: Decreases		1,289,851	9,315,904		500.00

Increases			Decreases		
Cost Center	Line #	Salary	Cost Center	Line #	Salary
2.00	3.00	4.00	6.00	7.00	8.00
A - DEPRECIATION					
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0Administrative & General	5.00	0 1.00
2.00	Cap Rel Costs-Mvble Equip	2.00	0	0.00	0 2.00
TOTALS			0 TOTALS		
B - RENTS					
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0Employee Benefits	4.00	0 1.00
2.00	Cap Rel Costs-Mvble Equip	2.00	0Administrative & General	5.00	0 2.00
3.00	Laboratory	60.00	0Operation of Plant	7.00	0 3.00
4.00		0.00	0Dietary	10.00	0 4.00
5.00		0.00	0Nursing Administration	13.00	0 5.00
6.00		0.00	0Central Services & Supply	14.00	0 6.00
7.00		0.00	0Pharmacy	15.00	0 7.00
8.00		0.00	0Medical Records & Library	16.00	0 8.00
9.00		0.00	0I&R Services-Other Prgrm	22.00	0 9.00
			Costs Apprvd		
10.00		0.00	0Adults & Pediatrics	30.00	0 10.00
11.00		0.00	0Intensive Care Unit	31.00	0 11.00
12.00		0.00	0SUBPROVIDER - IPF	40.00	0 12.00
13.00		0.00	0SUBPROVIDER - IRF	41.00	0 13.00
14.00		0.00	0Operating Room	50.00	0 14.00
15.00		0.00	0Recovery Room	51.00	0 15.00
16.00		0.00	0Anesthesiology	53.00	0 16.00
17.00		0.00	0Radiology - Diagnostic	54.00	0 17.00
18.00		0.00	0Cardiac Catheterization	59.00	0 18.00
19.00		0.00	0Blood Storing, Processing, & Trans.	63.00	0 19.00
20.00		0.00	0Respiratory Therapy	65.00	0 20.00
21.00		0.00	0Physical Therapy	66.00	0 21.00
22.00		0.00	0Occupational Therapy	67.00	0 22.00
23.00		0.00	0Electro cardiology	69.00	0 23.00
24.00		0.00	0Emergency	91.00	0 24.00
25.00		0.00	0MARKETING	194.00	0 25.00
26.00		0.00	0PHYSICIAN CLINICS	194.04	0 26.00
TOTALS			0 TOTALS		
C - PROPERTY TAXES					
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0Administrative & General	5.00	0 1.00
TOTALS			0 TOTALS		
D - PHARMACY COGS					
1.00	Drugs Charged to Patients	73.00	0Employee Benefits	4.00	0 1.00
2.00		0.00	0Administrative & General	5.00	0 2.00
3.00		0.00	0Operation of Plant	7.00	0 3.00
4.00		0.00	0Dietary	10.00	0 4.00
5.00		0.00	0Central Services & Supply	14.00	0 5.00
6.00		0.00	0Pharmacy	15.00	0 6.00
7.00		0.00	0Adults & Pediatrics	30.00	0 7.00
8.00		0.00	0Intensive Care Unit	31.00	0 8.00
9.00		0.00	0SUBPROVIDER - IPF	40.00	0 9.00
10.00		0.00	0SUBPROVIDER - IRF	41.00	0 10.00
11.00		0.00	0Nursery	43.00	0 11.00
12.00		0.00	0Operating Room	50.00	0 12.00
13.00		0.00	0GASTRO INTESTINAL SERVICES	50.01	0 13.00
14.00		0.00	0Recovery Room	51.00	0 14.00
15.00		0.00	0Labor Room & Delivery Room	52.00	0 15.00
16.00		0.00	0Anesthesiology	53.00	0 16.00
17.00		0.00	0Radiology - Diagnostic	54.00	0 17.00
18.00		0.00	0Radioisotope	56.00	0 18.00
19.00		0.00	0ULTRA SOUND	56.01	0 19.00
20.00		0.00	0CT Scan	57.00	0 20.00
21.00		0.00	0Magnetic Resonance Imaging (MRI)	58.00	0 21.00
22.00		0.00	0Cardiac Catheterization	59.00	0 22.00
23.00		0.00	0Blood Storing, Processing, & Trans.	63.00	0 23.00
24.00		0.00	0Respiratory Therapy	65.00	0 24.00
25.00		0.00	0Occupational Therapy	67.00	0 25.00
26.00		0.00	0Electro cardiology	69.00	0 26.00
27.00		0.00	0Electroencephalography	70.00	0 27.00
28.00		0.00	0Emergency	91.00	0 28.00
29.00		0.00	0COMMUNITY RELATIONS	194.02	0 29.00
TOTALS			0 TOTALS		
E - LAUNDRY					
1.00	Laundry & Linen Service	8.00	0Administrative & General	5.00	0 1.00
2.00		0.00	0Central Services & Supply	14.00	0 2.00
3.00		0.00	0Pharmacy	15.00	0 3.00

RECLASSIFICATIONS

Provider CCN: 140240

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/22/2013 5:21 pm

Increases				Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary		
2.00	3.00	4.00	6.00	7.00	8.00		
4.00		0.00	0 Adults & Pediatrics	30.00	0	4.00	
5.00		0.00	0 Intensive Care Unit	31.00	0	5.00	
6.00		0.00	0 SUBPROVIDER - IPF	40.00	0	6.00	
7.00		0.00	0 SUBPROVIDER - IRF	41.00	0	7.00	
8.00		0.00	0 Operating Room	50.00	0	8.00	
9.00		0.00	0 GASTRO INTESTINAL SERVICES	50.01	0	9.00	
10.00		0.00	0 Anesthesiology	53.00	0	10.00	
11.00		0.00	0 Radiology - Diagnostic	54.00	0	11.00	
12.00		0.00	0 CT Scan	57.00	0	12.00	
13.00		0.00	0 Cardiac Catheterization	59.00	0	13.00	
14.00		0.00	0 Electro cardiology	69.00	0	14.00	
15.00		0.00	0 Emergency	91.00	0	15.00	
TOTALS			0 TOTALS			0	
F - SUPPLIES COGS							
1.00	Medical Supplies Charged to Patients	71.00	0 Employee Benefits	4.00	0	1.00	
2.00	Central Services & supply	14.00	0 Administrative & General	5.00	0	2.00	
3.00	Occupational Therapy	67.00	0 Operation of Plant	7.00	0	3.00	
4.00		0.00	0 Housekeeping	9.00	0	4.00	
5.00		0.00	0 Dietary	10.00	0	5.00	
6.00		0.00	0 Pharmacy	15.00	0	6.00	
7.00		0.00	0 Medical Records & Library	16.00	0	7.00	
8.00		0.00	0 Adults & Pediatrics	30.00	0	8.00	
9.00		0.00	0 Intensive Care Unit	31.00	0	9.00	
10.00		0.00	0 SUBPROVIDER - IPF	40.00	0	10.00	
11.00		0.00	0 SUBPROVIDER - IRF	41.00	0	11.00	
12.00		0.00	0 Nursery	43.00	0	12.00	
13.00		0.00	0 Operating Room	50.00	0	13.00	
14.00		0.00	0 GASTRO INTESTINAL SERVICES	50.01	0	14.00	
15.00		0.00	0 Recovery Room	51.00	0	15.00	
16.00		0.00	0 Labor Room & Delivery Room	52.00	0	16.00	
17.00		0.00	0 Anesthesiology	53.00	0	17.00	
18.00		0.00	0 Radiology - Diagnostic	54.00	0	18.00	
19.00		0.00	0 Radioisotope	56.00	0	19.00	
20.00		0.00	0 ULTRA SOUND	56.01	0	20.00	
21.00		0.00	0 CT Scan	57.00	0	21.00	
22.00		0.00	0 Magnetic Resonance Imaging (MRI)	58.00	0	22.00	
23.00		0.00	0 Cardiac Catheterization	59.00	0	23.00	
24.00		0.00	0 Respiratory Therapy	65.00	0	24.00	
25.00		0.00	0 Physical Therapy	66.00	0	25.00	
26.00		0.00	0 Speech Pathology	68.00	0	26.00	
27.00		0.00	0 Electro cardiology	69.00	0	27.00	
28.00		0.00	0 Electroencephalography	70.00	0	28.00	
29.00		0.00	0 Emergency	91.00	0	29.00	
TOTALS			0 TOTALS			0	
G - IMPLANTABLE DEVICE							
1.00	Implantable Devices Chrgd to Patient	72.00	0 Operation of Plant	7.00	0	1.00	
2.00		0.00	0 Pharmacy	15.00	0	2.00	
3.00		0.00	0 Operating Room	50.00	0	3.00	
4.00		0.00	0 GASTRO INTESTINAL SERVICES	50.01	0	4.00	
5.00		0.00	0 Cardiac Catheterization	59.00	0	5.00	
TOTALS			0 TOTALS			0	
H - NURSERY							
1.00	Nursery	43.00	591,007 Adults & Pediatrics	30.00	591,007	1.00	
TOTALS			591,007 TOTALS			591,007	
I - HOSPITAL SPACE IN POB							
1.00	Employee Benefits	4.00	0 POB	194.05	0	1.00	
2.00	Radiology - Diagnostic	54.00	0	0.00	0	2.00	
TOTALS			0 TOTALS			0	
J - REGIONAL EXPENSE							
1.00	Employee Benefits	4.00	223,796 Administrative & General	5.00	698,844	1.00	
2.00	Medical Records & Library	16.00	419,398	0.00	0	2.00	
3.00	MARKETING	194.00	55,650	0.00	0	3.00	
4.00	PHYSICIAN CLINICS	194.04	0	0.00	0	4.00	
TOTALS			698,844 TOTALS			698,844	
500.00	Grand Total: Increases		1,289,851	Grand Total: Decreases		1,289,851	500.00

Provider CCN: 140240

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

Worksheet A-7
 Part I
 Date/Time Prepared:
 11/22/2013 5:21 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		2.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,187,868	0	0	0	1.00
2.00	Land Improvements	4,893,624	0	0	0	2.00
3.00	Buildings and Fixtures	66,106,726	0	0	0	3.00
4.00	Building Improvements	5,221,491	726,893	0	726,893	4.00
5.00	Fixed Equipment	4,124,706	0	0	0	5.00
6.00	Movable Equipment	69,909,718	2,790,243	0	2,790,243	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	154,444,133	3,517,136	0	3,517,136	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	154,444,133	3,517,136	0	3,517,136	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,187,868	0			1.00
2.00	Land Improvements	4,893,624	0			2.00
3.00	Buildings and Fixtures	66,106,726	0			3.00
4.00	Building Improvements	5,948,384	0			4.00
5.00	Fixed Equipment	4,124,706	0			5.00
6.00	Movable Equipment	72,699,961	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	157,961,269	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	157,961,269	0			10.00

Provider CCN: 140240

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

Worksheet A-7
 Part II
 Date/Time Prepared:
 11/22/2013 5:21 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	Cap Rel Costs-Bldg & Fixt	0	0	0	0	0	1.00
2.00	Cap Rel Costs-Mvble Equip	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	Cap Rel Costs-Bldg & Fixt	0	0				1.00
2.00	Cap Rel Costs-Mvble Equip	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140240

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

Worksheet A-7
Part III
Date/Time Prepared:
11/22/2013 5:21 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt	76,948,733	0	76,948,733	0.500403	0	1.00
2.00	Cap Rel Costs-Mvble Equip	76,824,666	0	76,824,666	0.499597	0	2.00
3.00	Total (sum of lines 1-2)	153,773,399	0	153,773,399	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt	0	0	0	2,110,085	228,042	1.00
2.00	Cap Rel Costs-Mvble Equip	0	0	0	4,145,586	361,124	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,255,671	589,166	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt	457,636	9,617	968,495	0	3,773,875	1.00
2.00	Cap Rel Costs-Mvble Equip	68,105	9,808	0	0	4,584,623	2.00
3.00	Total (sum of lines 1-2)	525,741	19,425	968,495	0	8,358,498	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst. A-7	Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - Cap Rel Costs-Bldg & Fixt (chapter 2)		0	0	Cap Rel Costs-Bldg & Fixt	1.00		0	1.00
2.00 Investment income - Cap Rel Costs-Mvble Equip (chapter 2)		0	0	Cap Rel Costs-Mvble Equip	2.00		0	2.00
3.00 Investment income - other (chapter 2)		0	0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0	0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0	0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0	0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0	0		0.00		0	7.00
8.00 Television and radio service (chapter 21)		0	0		0.00		0	8.00
9.00 Parking lot (chapter 21)		0	0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,989,829	0				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0	0		0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-4,710,568	0				0	12.00
13.00 Laundry and linen service		0	0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-18,030	0	Dietary	10.00		0	14.00
15.00 Rental of quarters to employee and others		0	0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0	0		0.00		0	16.00
17.00 Sale of drugs to other than patients		0	0		0.00		0	17.00
18.00 Sale of medical records and abstracts	B	-4,964	0	Medical Records & Library	16.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0	0		0.00		0	19.00
20.00 Vending machines	B	-2,637	0	Dietary	10.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	Respiratory Therapy	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	Physical Therapy	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - Cap Rel Costs-Bldg & Fixt	A	1,386,636	0	Cap Rel Costs-Bldg & Fixt	1.00		9	26.00
27.00 Depreciation - Cap Rel Costs-Mvble Equip	A	2,549,109	0	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		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	Occupational Therapy	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)		0	0	Adults & Pediatrics	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0	Speech Pathology	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0	0		0.00		0	32.00
33.00 DIRECT PHONE COSTS	A	-34,655	0	Administrative & General	5.00		0	33.00
33.01 PBX SALARY	A	-30,871	0	Administrative & General	5.00		0	33.01

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on worksheet A To/From Which the Amount is to be Adjusted				Ref.
			Cost Center		Line #	Wkst. A-7	
			1.00	2.00	3.00	4.00	
33.02	PBX BENEFITS	A	-16,046	Employee Benefits	4.00	0	33.02
33.03	TELEVISION CABLE & SATELITE	A	-48,712	Cap Rel Costs-Mvble Equip	2.00	9	33.03
33.04	EMPLOYEE BADGES	B	-310	Administrative & General	5.00	0	33.04
33.05	GREAT WEST LIFE	B	-473	Employee Benefits	4.00	0	33.05
33.06	ADMIN SVCS	B	-18,956	Administrative & General	5.00	0	33.06
33.07	RUSH UNIV STUDENTS	B	-9,246	Administrative & General	5.00	0	33.07
33.08	CHAPEL FUNDS	B	90	Administrative & General	5.00	0	33.08
33.09	PENALTY PAYMENTS	B	1,157	Administrative & General	5.00	0	33.09
33.10	GRANT REVENUE	B	-165,954	Administrative & General	5.00	0	33.10
33.11	FACILITIES MGMT FEE	B	-1,072	Operation of Plant	7.00	0	33.11
33.12	STERICYCLE REFUND	B	-53	Housekeeping	9.00	0	33.12
33.13	SEASON HOSPICE	B	-12,601	Central Services & Supply	14.00	0	33.13
33.14	SEASON HOSPICE	B	-1,000,016	Pharmacy	15.00	0	33.14
33.15	RENTAL INCOME	B	-431,682	Adults & Pediatrics	30.00	0	33.15
33.16	SEASON HOSPICE	B	-3,261	Operating Room	50.00	0	33.16
33.17	BARIATRIC PHONE LINE	B	-70,560	Operating Room	50.00	0	33.17
33.18	SEASON HOSPICE	B	-3,042	Recovery Room	51.00	0	33.18
33.19	SEASON HOSPICE	B	-882	Anesthesiology	53.00	0	33.19
33.20	SEASON HOSPICE	B	-7,894	Radiology - Diagnostic	54.00	0	33.20
33.21	SEASON HOSPICE	B	-833	ULTRA SOUND	56.01	0	33.21
33.22	SEASON HOSPICE	B	-6,386	CT Scan	57.00	0	33.22
33.23	SEASON HOSPICE	B	-23,904	Cardiac Catheterization	59.00	0	33.23
33.24	SEASON HOSPICE	B	-14,091	Laboratory	60.00	0	33.24
33.25	SEASON HOSPICE	B	-10,402	Blood Storing, Processing, & Trans.	63.00	0	33.25
33.26	SEASON HOSPICE	B	-404,996	Respiratory Therapy	65.00	0	33.26
33.27	FITNESS CENTER REVENUE	B	-84,358	Physical Therapy	66.00	0	33.27
33.28	SEASON HOSPICE	B	-1,360	Emergency	91.00	0	33.28
33.29	ADVERTISING	A	-3,326	Administrative & General	5.00	0	33.29
33.30	ADVERTISING	A	-452	SUBPROVIDER - IPF	40.00	0	33.30
33.31	OTHER EMPLOYEE BENEFITS	A	-2,790	Employee Benefits	4.00	0	33.31
33.32	OTHER EXPENSE	A	-2,062	Administrative & General	5.00	0	33.32
33.33	OTHER EXPENSE	A	-671	Anesthesiology	53.00	0	33.33
33.34	PURCHASED SVCS	A	-30,197	Administrative & General	5.00	0	33.34
33.35	PURCHASED SVCS	A	-1,400	Medical Records & Library	16.00	0	33.35
33.36	PURCHASED SVCS	A	-4,063	Adults & Pediatrics	30.00	0	33.36
33.37	PHYSICIAN RECRUITMENT	A	-6,888	Administrative & General	5.00	0	33.37
33.38	PHYSICIAN RELOCATION	A	-38,745	Administrative & General	5.00	0	33.38
33.39	PHYSICIAN GUARANTEES	A	-185,924	Administrative & General	5.00	0	33.39
33.40	PHYSICIAN INTERVIEW	A	-53	Administrative & General	5.00	0	33.40
33.41	TRAVEL	A	-4,137	Administrative & General	5.00	0	33.41
33.42	ALCOHOL	A	-542	Administrative & General	5.00	0	33.42
33.43	MEALS	A	-1,901	Administrative & General	5.00	0	33.43
33.44	DONATIONS/CONTRIBUTIONS	A	-7,181	Administrative & General	5.00	0	33.44
33.45	DUES & SUBSCRIPTION	A	-6,273	Administrative & General	5.00	0	33.45
33.46	LOBBYING	A	-39,657	Administrative & General	5.00	0	33.46
33.47	PATIENT TRANSPORTATION	A	-19,176	Administrative & General	5.00	0	33.47
33.48	LEGAL	A	-11,804	Administrative & General	5.00	0	33.48
33.49	IDPA TAX ASSESSMENT	A	-5,229,158	Administrative & General	5.00	0	33.49
33.50	PENALTIES & FINES	A	-787	Administrative & General	5.00	0	33.50
33.51	NON DEDUCTIBLE EXPENSES	A	-146	Administrative & General	5.00	0	33.51
33.52	NON DEDUCTIBLE EXPENSES	A	-591	Intensive Care Unit	31.00	0	33.52
33.53	NON-PATIENT BAD DEBT	A	-101,742	Administrative & General	5.00	0	33.53
33.54			0		0.00	0	33.54
33.55			0		0.00	0	33.55
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-12,891,318				50.00

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

Provider CCN: 140240

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

worksheet A-8-1

Date/Time Prepared: 11/22/2013 5:21 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED					
HOME OFFICE COSTS:					
1.00	5.00	Administrative & General	PROPERTY INSURANCE	0	44,396 1.00
2.00	5.00	Administrative & General	OTHER INSURANCE	0	7,320 2.00
3.00	5.00	Administrative & General	MALPRACTICE INSURANCE	0	1,304,491 3.00
4.00	4.00	Employee Benefits	WORKERS COMP	0	266,023 4.00
4.01	5.00	Administrative & General	WORKERS COMP	0	13 4.01
4.02	5.00	Administrative & General	INTEREST EXPENSE	0	3,987,509 4.02
4.03	5.00	Administrative & General	CORP OVERHEAD ALLOC	0	987,758 4.03
4.04	1.00	Cap Rel Costs-Bldg & Fixt	DIRECT ALLOC.-INSURANCE	9,617	0 4.04
4.05	2.00	Cap Rel Costs-Mvble Equip	DIRECT ALLOC.-INSURANCE	9,808	0 4.05
4.06	5.00	Administrative & General	DIRECT ALLOC.-PROF. LIABILITY	213,606	0 4.06
4.07	4.00	Employee Benefits	DIRECT ALLOC.-WORKERS COMP	155,120	0 4.07
4.08	1.00	Cap Rel Costs-Bldg & Fixt	DIRECT ALLOC.-INTEREST EXP.	457,636	0 4.08
4.09	2.00	Cap Rel Costs-Mvble Equip	DIRECT ALLOC.-INTEREST EXP.	68,105	0 4.09
4.10	1.00	Cap Rel Costs-Bldg & Fixt	POOLED ALLOC.-CAPITAL	110,022	0 4.10
4.11	5.00	Administrative & General	POOLED ALLOC.-MGMT FEES	863,028	0 4.11
4.12	60.00	Laboratory	GENESIS LAB	1,356,405	1,356,405 4.12
4.13	0.00			0	0 4.13
4.14	0.00			0	0 4.14
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.			3,243,347	7,953,915 5.00

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

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

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

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

6.00	B		0.00	VANGUARD HLT SY	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: 140240

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

Worksheet A-8-1

Date/Time Prepared:
11/22/2013 5:21 pm

	Net Adjustments (col. 4 minus col. 5) ^a 6.00	Wkst. A-7 Ref. 7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-44,396	0	1.00
2.00	-7,320	0	2.00
3.00	-1,304,491	0	3.00
4.00	-266,023	0	4.00
4.01	-13	0	4.01
4.02	-3,987,509	0	4.02
4.03	-987,758	0	4.03
4.04	9,617	12	4.04
4.05	9,808	12	4.05
4.06	213,606	0	4.06
4.07	155,120	0	4.07
4.08	457,636	11	4.08
4.09	68,105	11	4.09
4.10	110,022	9	4.10
4.11	863,028	0	4.11
4.12	0	0	4.12
4.13	0	0	4.13
4.14	0	0	4.14
5.00	-4,710,568		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: 140240

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

Worksheet A-8-2

Date/Time Prepared:
11/22/2013 5:21 pm

1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	5.00 Administrative & General	1,348,191	1,302,191	46,000	177,200	252	1.00
2.00	30.00 Adults & Pediatrics	12,377	8,627	3,750	196,400	25	2.00
3.00	31.00 Intensive Care Unit	15,000	0	15,000	177,200	224	3.00
4.00	41.00 SUBPROVIDER - IRF	99,415	8,250	91,165	177,200	794	4.00
5.00	43.00 Nursery	315,416	315,416	0	0	0	5.00
6.00	50.00 Operating Room	78,052	30,042	48,010	208,000	232	6.00
7.00	52.00 Labor Room & Delivery Room	902,369	902,369	0	0	0	7.00
8.00	53.00 Anesthesiology	280,260	280,260	0	0	0	8.00
9.00	57.00 CT Scan	973	973	0	0	0	9.00
10.00	59.00 Cardiac Catheterization	98,216	81,841	16,375	177,200	123	10.00
11.00	65.00 Respiratory Therapy	15,000	0	15,000	177,200	224	11.00
12.00	69.00 Electro cardiology	59,380	59,380	0	0	0	12.00
13.00	70.00 Electroencephalography	9,220	9,220	0	0	0	13.00
14.00	91.00 Emergency	924,742	908,717	16,025	177,200	160	14.00
200.00		4,158,611	3,907,286	251,325		2,034	200.00

1.00	2.00	8.00	9.00	12.00	13.00	14.00	15.00
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	5.00 Administrative & General	21,468	1,073	0	0	0	1.00
2.00	30.00 Adults & Pediatrics	2,361	118	0	0	0	2.00
3.00	31.00 Intensive Care Unit	19,083	954	0	0	0	3.00
4.00	41.00 SUBPROVIDER - IRF	67,643	3,382	0	0	0	4.00
5.00	43.00 Nursery	0	0	0	0	0	5.00
6.00	50.00 Operating Room	23,200	1,160	0	0	0	6.00
7.00	52.00 Labor Room & Delivery Room	0	0	0	0	0	7.00
8.00	53.00 Anesthesiology	0	0	0	0	0	8.00
9.00	57.00 CT Scan	0	0	0	0	0	9.00
10.00	59.00 Cardiac Catheterization	10,479	524	0	0	0	10.00
11.00	65.00 Respiratory Therapy	19,083	954	0	0	0	11.00
12.00	69.00 Electro cardiology	0	0	0	0	0	12.00
13.00	70.00 Electroencephalography	0	0	0	0	0	13.00
14.00	91.00 Emergency	13,631	682	0	0	0	14.00
200.00		176,948	8,847	0	0	0	200.00

1.00	2.00	15.00	16.00	17.00	18.00	19.00
wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
1.00	5.00 Administrative & General	0	21,468	24,532	1,326,723	1.00
2.00	30.00 Adults & Pediatrics	0	2,361	1,389	10,016	2.00
3.00	31.00 Intensive Care Unit	0	19,083	0	0	3.00
4.00	41.00 SUBPROVIDER - IRF	0	67,643	23,522	31,772	4.00
5.00	43.00 Nursery	0	0	0	315,416	5.00
6.00	50.00 Operating Room	0	23,200	24,810	54,852	6.00
7.00	52.00 Labor Room & Delivery Room	0	0	0	902,369	7.00
8.00	53.00 Anesthesiology	0	0	0	280,260	8.00
9.00	57.00 CT Scan	0	0	0	973	9.00
10.00	59.00 Cardiac Catheterization	0	10,479	5,896	87,737	10.00
11.00	65.00 Respiratory Therapy	0	19,083	0	0	11.00
12.00	69.00 Electro cardiology	0	0	0	59,380	12.00
13.00	70.00 Electroencephalography	0	0	0	9,220	13.00
14.00	91.00 Emergency	0	13,631	2,394	911,111	14.00
200.00		0	176,948	82,543	3,989,829	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140240

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2013 5:21 pm

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		Employee Benefits DEPARTMENT	Subtotal	
		Bldg & Fixt	Mvble Equip			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	Cap Rel Costs-Bldg & Fixt	3,773,875	3,773,875			1.00
2.00 00200	Cap Rel Costs-Mvble Equip	4,584,623		4,584,623		2.00
4.00 00400	Employee Benefits DEPARTMENT	6,835,791	0	0	6,835,791	4.00
5.00 00500	Administrative & General	12,330,101	247,718	300,935	1,484,866	14,363,620 5.00
7.00 00700	Operation of Plant	4,224,434	513,299	623,572	208,846	5,570,151 7.00
8.00 00800	Laundry & Linen Service	445,452	20,301	24,662	0	490,415 8.00
9.00 00900	Housekeeping	997,128	32,912	39,983	163,163	1,233,186 9.00
10.00 01000	Dietary	1,386,224	129,579	157,416	193,726	1,866,945 10.00
11.00 01100	Cafeteria	0	0	0	0	0 11.00
13.00 01300	Nursing Administration	675,902	18,314	22,248	131,513	847,977 13.00
14.00 01400	Central Services & Supply	375,707	25,057	30,440	51,833	483,037 14.00
15.00 01500	Pharmacy	936,622	24,406	29,649	238,128	1,228,805 15.00
16.00 01600	Medical Records & Library	948,037	38,757	47,083	146,847	1,180,724 16.00
21.00 02100	I&R Services-Salary & Fringes Apprvd	59,165	0	0	12,131	71,296 21.00
22.00 02200	I&R Services-Other Prgrm Costs Apprvd	-44,773	0	0	0	-44,773 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	Adults & Pediatrics	5,589,630	224,565	272,809	1,108,258	7,195,262 30.00
31.00 03100	Intensive Care Unit	1,565,685	82,068	99,699	279,643	2,027,095 31.00
40.00 04000	SUBPROVIDER - IPF	1,862,008	128,065	155,577	374,230	2,519,880 40.00
41.00 04100	SUBPROVIDER - IRF	1,168,920	151,465	184,005	214,043	1,718,433 41.00
43.00 04300	Nursery	1,013,864	59,696	72,521	178,357	1,324,438 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	Operating Room	3,446,208	151,548	184,105	381,455	4,163,316 50.00
50.01 03340	GASTRO INTESTINAL SERVICES	241,828	22,241	27,019	36,782	327,870 50.01
51.00 05100	Recovery Room	391,710	16,326	19,833	79,951	507,820 51.00
52.00 05200	Labor Room & Delivery Room	1,045,491	149,750	181,921	209,691	1,586,853 52.00
53.00 05300	Anesthesiology	138,093	4,709	5,720	21,692	170,214 53.00
54.00 05400	Radiology - Diagnostic	1,020,420	123,380	149,886	191,130	1,484,816 54.00
56.00 05600	Radioisotope	259,896	9,169	11,138	26,596	306,799 56.00
56.01 03630	ULTRA SOUND	487,934	6,980	8,479	98,301	601,694 56.01
57.00 05700	CT Scan	166,229	9,819	11,929	29,327	217,304 57.00
58.00 05800	Magnetic Resonance Imaging (MRI)	145,844	8,956	10,880	28,516	194,196 58.00
59.00 05900	Cardiac Catheterization	1,012,285	41,276	50,144	117,580	1,221,285 59.00
60.00 06000	Laboratory	2,113,514	78,743	95,660	0	2,287,917 60.00
63.00 06300	Blood Storing, Processing, & Trans.	199,678	3,277	3,981	0	206,936 63.00
65.00 06500	Respiratory Therapy	322,960	7,027	8,537	121,844	460,368 65.00
66.00 06600	Physical Therapy	725,908	69,161	84,019	134,508	1,013,596 66.00
67.00 06700	Occupational Therapy	463,229	0	0	85,366	548,595 67.00
68.00 06800	Speech Pathology	94,948	5,537	6,726	19,329	126,540 68.00
69.00 06900	Electro cardiology	228,215	24,383	29,621	44,293	326,512 69.00
70.00 07000	Electroencephalography	10,340	0	0	2,106	12,446 70.00
71.00 07100	Medical Supplies Charged to Patients	1,074,569	0	0	0	1,074,569 71.00
72.00 07200	Implantable Devices Chrgd to Patient	2,047,988	0	0	0	2,047,988 72.00
73.00 07300	Drugs Charged to Patients	1,469,471	0	0	0	1,469,471 73.00
74.00 07400	RENAL DIALYSIS	326,723	0	0	0	326,723 74.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	Emergency	2,203,931	130,691	158,767	350,814	2,844,203 91.00
92.00 09200	Observation Beds (Non-Distinct Part)					0 92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (sum of lines 1-117)	68,365,807	2,559,175	3,108,964	6,764,865	65,604,522 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	Gift, Flower, Coffee Shop, & Canteen	15,012	2,189	2,659	0	19,860 190.00
191.00 19100	Research	0	0	0	0	0 191.00
192.00 19200	Physicians' Private Offices	0	0	0	0	0 192.00
194.00 07950	MARKETING	686,993	6,944	8,436	30,001	732,374 194.00
194.02 07952	COMMUNITY RELATIONS	156,958	5,951	7,229	31,005	201,143 194.02
194.03 07953	SENIOR CENTER	8,712	0	0	0	8,712 194.03
194.04 07954	PHYSICIAN CLINICS	45,692	14,859	18,051	4,091	82,693 194.04
194.05 07955	POB	290,633	1,101,270	1,337,861	0	2,729,764 194.05
194.06 07956	TRITON HLTH CAREER SCHOLARSHIP PROGR	28,428	0	0	5,829	34,257 194.06
194.07 07957	GUEST TRAYS & CATERING MEALS	0	0	0	0	0 194.07
194.08 07958	HOSPICE	0	83,487	101,423	0	184,910 194.08
200.00	Cross Foot Adjustments					0 200.00
201.00	Negative Cost Centers					0 201.00
202.00	TOTAL (sum lines 118-201)	69,598,235	3,773,875	4,584,623	6,835,791	69,598,235 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140240

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2013 5:21 pm

Cost Center Description		Administrative & General	Operation of Plant	Laundry & Linen Service	Housekeeping	Dietary	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00
2.00	00200	Cap Rel Costs-Mvble Equip					2.00
4.00	00400	Employee Benefits DEPARTMENT					4.00
5.00	00500	Administrative & General	14,363,620				5.00
7.00	00700	Operation of Plant	1,447,331	7,017,482			7.00
8.00	00800	Laundry & Linen Service	127,428	47,285	665,128		8.00
9.00	00900	Housekeeping	320,427	76,659	7,537	1,637,809	9.00
10.00	01000	Dietary	485,101	301,812	0	71,706	2,725,564
11.00	01100	Cafeteria	0	0	0	0	853,819
13.00	01300	Nursing Administration	220,336	42,655	0	10,134	0
14.00	01400	Central Services & Supply	125,511	58,362	0	13,866	0
15.00	01500	Pharmacy	319,289	56,846	0	13,506	0
16.00	01600	Medical Records & Library	306,796	90,271	0	21,447	0
21.00	02100	I&R Services-Salary & Fringes Apprvd	18,525	0	0	0	0
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	0	141	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	1,869,586	523,053	321,719	124,270	1,002,869
31.00	03100	Intensive Care Unit	526,714	191,150	38,311	45,415	120,676
40.00	04000	SUBPROVIDER - IPF	654,758	298,285	44,549	70,868	426,772
41.00	04100	SUBPROVIDER - IRF	446,512	352,789	32,786	83,818	231,838
43.00	04300	Nursery	344,138	139,044	0	33,035	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	1,081,784	352,982	54,617	83,864	0
50.01	03340	GASTRO INTESTINAL SERVICES	85,193	51,804	0	12,308	0
51.00	05100	Recovery Room	131,950	38,026	20,499	9,034	0
52.00	05200	Labor Room & Delivery Room	412,323	348,794	0	82,869	0
53.00	05300	Anesthesiology	44,228	10,967	0	2,606	0
54.00	05400	Radiology - Diagnostic	385,810	287,373	44,779	68,276	0
56.00	05600	Radioisotope	79,718	21,355	0	5,074	0
56.01	03630	ULTRA SOUND	156,342	16,258	0	3,863	0
57.00	05700	CT Scan	56,464	22,871	0	5,434	0
58.00	05800	Magnetic Resonance Imaging (MRI)	50,459	20,859	0	4,956	0
59.00	05900	Cardiac Catheterization	317,335	96,140	0	22,842	0
60.00	06000	Laboratory	594,485	183,407	115	43,575	0
63.00	06300	Blood Storing, Processing, & Trans.	53,770	7,633	0	1,813	0
65.00	06500	Respiratory Therapy	119,621	16,368	5,896	3,889	0
66.00	06600	Physical Therapy	263,370	161,088	30,998	38,272	0
67.00	06700	Occupational Therapy	142,545	0	777	0	0
68.00	06800	Speech Pathology	32,880	12,896	0	3,064	0
69.00	06900	Electro cardiology	84,840	56,791	0	13,493	0
70.00	07000	Electroencephalography	3,234	0	0	0	0
71.00	07100	Medical Supplies Charged to Patients	279,213	0	0	0	0
72.00	07200	Implantable Devices Chrgd to Patient	532,143	0	0	0	0
73.00	07300	Drugs Charged to Patients	381,823	0	0	0	0
74.00	07400	RENAL DIALYSIS	84,895	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	Emergency	739,029	304,402	60,282	72,322	0
92.00	09200	Observation Beds (Non-Distinct Part)					0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (sum of lines 1-117)	13,325,906	4,188,225	663,006	965,619	2,635,974
NONREIMBURSABLE COST CENTERS							
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	5,160	5,098	0	1,211	0
191.00	19100	Research	0	0	0	0	0
192.00	19200	Physicians' Private Offices	0	0	0	0	29,704
194.00	07950	MARKETING	190,298	16,175	0	3,843	0
194.02	07952	COMMUNITY RELATIONS	52,264	13,860	0	3,293	0
194.03	07953	SENIOR CENTER	2,264	0	0	0	0
194.04	07954	PHYSICIAN CLINICS	21,487	34,609	0	8,223	0
194.05	07955	POB	709,294	2,565,058	2,122	609,420	0
194.06	07956	TRITON HLTH CAREER SCHOLARSHIP PROGR	8,901	0	0	0	0
194.07	07957	GUEST TRAYS & CATERING MEALS	0	0	0	0	0
194.08	07958	HOSPICE	48,046	194,457	0	46,200	59,886
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	14,363,620	7,017,482	665,128	1,637,809	2,725,564

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140240

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2013 5:21 pm

Cost Center Description		Cafeteria	Nursing Administration	Central Services & Supply	Pharmacy	Medical Records & Library	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	853,819					11.00
13.00	01300		1,139,065				13.00
14.00	01400	13,944		694,720			14.00
15.00	01500	33,598	46	0	1,652,090		15.00
16.00	01600	37,102	0	0	0	1,636,340	16.00
21.00	02100	3,945	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	214,652	401,028	0	0	265,044	30.00
31.00	03100	46,782	123,943	0	0	40,511	31.00
40.00	04000	69,524	89,684	0	0	77,408	40.00
41.00	04100	40,337	74,923	0	0	30,524	41.00
43.00	04300	25,413	69,213	0	0	14,552	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	65,211	110,666	0	0	114,969	50.00
50.01	03340	4,313	14,297	0	0	13,918	50.01
51.00	05100	9,606	27,806	0	0	24,780	51.00
52.00	05200	35,681	92,562	0	0	67,997	52.00
53.00	05300	5,734	2,878	0	0	26,507	53.00
54.00	05400	38,107	603	0	0	36,771	54.00
56.00	05600	3,333	0	0	0	13,113	56.00
56.01	03630	13,454	0	0	0	37,394	56.01
57.00	05700	4,558	3,064	0	0	87,170	57.00
58.00	05800	3,847	0	0	0	18,311	58.00
59.00	05900	15,439	9,423	0	0	65,376	59.00
60.00	06000	0	0	0	0	145,586	60.00
63.00	06300	0	0	0	0	11,483	63.00
65.00	06500	24,482	0	0	0	22,786	65.00
66.00	06600	24,433	0	0	0	25,425	66.00
67.00	06700	15,512	0	0	0	18,054	67.00
68.00	06800	2,573	0	0	0	3,118	68.00
69.00	06900	9,067	0	0	0	22,793	69.00
70.00	07000	515	0	0	0	1,047	70.00
71.00	07100	0	0	239,053	0	46,171	71.00
72.00	07200	0	0	455,667	0	35,851	72.00
73.00	07300	0	0	0	1,652,090	212,327	73.00
74.00	07400	0	0	0	0	5,095	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	62,074	118,929	0	0	152,259	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		841,199	1,139,065	694,720	1,652,090	1,636,340	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	3,896	0	0	0	0	194.00
194.02	07952	6,494	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	466	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	1,764	0	0	0	0	194.06
194.07	07957	0	0	0	0	0	194.07
194.08	07958	0	0	0	0	0	194.08
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		853,819	1,139,065	694,720	1,652,090	1,636,340	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140240

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2013 5:21 pm

Cost Center Description		INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		Services-Salary & Fringes	Services-Other Prgrm Costs				
		21.00	22.00				
GENERAL SERVICE COST CENTERS							
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00
2.00	00200	Cap Rel Costs-Mvble Equip					2.00
4.00	00400	Employee Benefits DEPARTMENT					4.00
5.00	00500	Administrative & General					5.00
7.00	00700	Operation of Plant					7.00
8.00	00800	Laundry & Linen Service					8.00
9.00	00900	Housekeeping					9.00
10.00	01000	Dietary					10.00
11.00	01100	Cafeteria					11.00
13.00	01300	Nursing Administration					13.00
14.00	01400	Central Services & Supply					14.00
15.00	01500	Pharmacy					15.00
16.00	01600	Medical Records & Library					16.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	93,766				21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	-44,632			22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	93,766	0	12,011,249	-93,766	30.00
31.00	03100	Intensive Care Unit	0	0	3,160,597	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	4,251,728	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	3,011,960	0	41.00
43.00	04300	Nursery	0	0	1,949,833	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0	0	6,027,409	0	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	0	509,703	0	50.01
51.00	05100	Recovery Room	0	0	769,521	0	51.00
52.00	05200	Labor Room & Delivery Room	0	0	2,627,079	0	52.00
53.00	05300	Anesthesiology	0	0	263,134	0	53.00
54.00	05400	Radiology - Diagnostic	0	0	2,346,535	0	54.00
56.00	05600	Radioisotope	0	0	429,392	0	56.00
56.01	03630	ULTRA SOUND	0	0	829,005	0	56.01
57.00	05700	CT Scan	0	0	396,865	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	292,628	0	58.00
59.00	05900	Cardiac Catheterization	0	0	1,747,840	0	59.00
60.00	06000	Laboratory	0	0	3,255,085	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	281,635	0	63.00
65.00	06500	Respiratory Therapy	0	0	653,410	0	65.00
66.00	06600	Physical Therapy	0	0	1,557,182	0	66.00
67.00	06700	Occupational Therapy	0	0	725,483	0	67.00
68.00	06800	Speech Pathology	0	0	181,071	0	68.00
69.00	06900	Electro cardiology	0	0	513,496	0	69.00
70.00	07000	Electroencephalography	0	0	17,242	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	1,639,006	0	71.00
72.00	07200	Implantable Devices chrgd to Patient	0	0	3,071,649	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	3,715,711	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	416,713	0	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	Emergency	0	0	4,353,500	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)				0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (sum of lines 1-117)	93,766	0	61,005,661	-93,766	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	0	31,329	0	190.00
191.00	19100	Research	0	0	0	0	191.00
192.00	19200	Physicians' Private Offices	0	0	29,704	0	192.00
194.00	07950	MARKETING	0	0	946,586	0	194.00
194.02	07952	COMMUNITY RELATIONS	0	0	277,054	0	194.02
194.03	07953	SENIOR CENTER	0	0	10,976	0	194.03
194.04	07954	PHYSICIAN CLINICS	0	0	147,478	0	194.04
194.05	07955	POB	0	0	6,615,658	0	194.05
194.06	07956	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	44,922	0	194.06
194.07	07957	GUEST TRAYS & CATERING MEALS	0	0	0	0	194.07
194.08	07958	HOSPICE	0	0	533,499	0	194.08
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	-44,632	-44,632	44,632	201.00
202.00		TOTAL (sum lines 118-201)	93,766	-44,632	69,598,235	-49,134	202.00

Provider CCN: 140240

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

Worksheet Non-CMS W
 Date/Time Prepared:
 11/22/2013 5:21 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	Cap Rel Costs-Bldg & Fixt	1	Square Feet	1.00
2.00	Cap Rel Costs-Mvble Equip	1	Square Feet	2.00
4.00	Employee Benefits DEPARTMENT	S	GROSS SALARIES	4.00
5.00	Administrative & General	-5	Accum. Cost	5.00
7.00	Operation of Plant	1	Square Feet	7.00
8.00	Laundry & Linen Service	8	Pounds of Laundry	8.00
9.00	Housekeeping	1	Square Feet	9.00
10.00	Dietary	10	Meals Served	10.00
11.00	Cafeteria	18	FTES	11.00
13.00	Nursing Administration	13	Direct Nurs. Hrs. (FTES)	13.00
14.00	Central Services & Supply	14	Costed Requis.	14.00
15.00	Pharmacy	15	Costed Requis.	15.00
16.00	Medical Records & Library	C	GROSS CHARGES	16.00
21.00	I&R Services-Salary & Fringes Apprvd	21	Assigned Time	21.00
22.00	I&R Services-Other Prgrm Costs Apprvd	21	Assigned Time	22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140240

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

Worksheet B
Part II
Date/Time Prepared:
11/22/2013 5:21 pm

Cost Center Description	CAPITAL RELATED COSTS			Subtotal	Employee Benefits DEPARTMENT	
	Directly Assigned New Capital Related Costs	Bldg & Fixt	Mvble Equip			
	0	1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	Cap Rel Costs-Bldg & Fixt					1.00
2.00 00200	Cap Rel Costs-Mvble Equip					2.00
4.00 00400	Employee Benefits DEPARTMENT	0	0	0	0	4.00
5.00 00500	Administrative & General	0	247,718	300,935	548,653	5.00
7.00 00700	Operation of Plant	0	513,299	623,572	1,136,871	7.00
8.00 00800	Laundry & Linen Service	0	20,301	24,662	44,963	8.00
9.00 00900	Housekeeping	0	32,912	39,983	72,895	9.00
10.00 01000	Dietary	0	129,579	157,416	286,995	10.00
11.00 01100	Cafeteria	0	0	0	0	11.00
13.00 01300	Nursing Administration	0	18,314	22,248	40,562	13.00
14.00 01400	Central Services & Supply	0	25,057	30,440	55,497	14.00
15.00 01500	Pharmacy	0	24,406	29,649	54,055	15.00
16.00 01600	Medical Records & Library	0	38,757	47,083	85,840	16.00
21.00 02100	I&R Services-Salary & Fringes Apprvd	0	0	0	0	21.00
22.00 02200	I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	Adults & Pediatrics	0	224,565	272,809	497,374	30.00
31.00 03100	Intensive Care Unit	0	82,068	99,699	181,767	31.00
40.00 04000	SUBPROVIDER - IPF	0	128,065	155,577	283,642	40.00
41.00 04100	SUBPROVIDER - IRF	0	151,465	184,005	335,470	41.00
43.00 04300	Nursery	0	59,696	72,521	132,217	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	Operating Room	0	151,548	184,105	335,653	50.00
50.01 03340	GASTRO INTESTINAL SERVICES	0	22,241	27,019	49,260	50.01
51.00 05100	Recovery Room	0	16,326	19,833	36,159	51.00
52.00 05200	Labor Room & Delivery Room	0	149,750	181,921	331,671	52.00
53.00 05300	Anesthesiology	0	4,709	5,720	10,429	53.00
54.00 05400	Radiology - Diagnostic	0	123,380	149,886	273,266	54.00
56.00 05600	Radioisotope	0	9,169	11,138	20,307	56.00
56.01 03630	ULTRA SOUND	0	6,980	8,479	15,459	56.01
57.00 05700	CT Scan	0	9,819	11,929	21,748	57.00
58.00 05800	Magnetic Resonance Imaging (MRI)	0	8,956	10,880	19,836	58.00
59.00 05900	Cardiac Catheterization	0	41,276	50,144	91,420	59.00
60.00 06000	Laboratory	0	78,743	95,660	174,403	60.00
63.00 06300	Blood Storing, Processing, & Trans.	0	3,277	3,981	7,258	63.00
65.00 06500	Respiratory Therapy	0	7,027	8,537	15,564	65.00
66.00 06600	Physical Therapy	0	69,161	84,019	153,180	66.00
67.00 06700	Occupational Therapy	0	0	0	0	67.00
68.00 06800	Speech Pathology	0	5,537	6,726	12,263	68.00
69.00 06900	Electro cardiology	0	24,383	29,621	54,004	69.00
70.00 07000	Electroencephalography	0	0	0	0	70.00
71.00 07100	Medical Supplies charged to Patients	0	0	0	0	71.00
72.00 07200	Implantable Devices Chrgd to Patient	0	0	0	0	72.00
73.00 07300	Drugs Charged to Patients	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	Emergency	0	130,691	158,767	289,458	91.00
92.00 09200	Observation Beds (Non-Distinct Part)				0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (sum of lines 1-117)	0	2,559,175	3,108,964	5,668,139	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	Gift, Flower, Coffee Shop, & Canteen	0	2,189	2,659	4,848	190.00
191.00 19100	Research	0	0	0	0	191.00
192.00 19200	Physicians' Private Offices	0	0	0	0	192.00
194.00 07950	MARKETING	0	6,944	8,436	15,380	194.00
194.02 07952	COMMUNITY RELATIONS	0	5,951	7,229	13,180	194.02
194.03 07953	SENIOR CENTER	0	0	0	0	194.03
194.04 07954	PHYSICIAN CLINICS	0	14,859	18,051	32,910	194.04
194.05 07955	POB	0	1,101,270	1,337,861	2,439,131	194.05
194.06 07956	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	0	0	194.06
194.07 07957	GUEST TRAYS & CATERING MEALS	0	0	0	0	194.07
194.08 07958	HOSPICE	0	83,487	101,423	184,910	194.08
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	3,773,875	4,584,623	8,358,498	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140240

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

Worksheet B
Part II
Date/Time Prepared:
11/22/2013 5:21 pm

Cost Center Description		Administrative & General 5.00	Operation of Plant 7.00	Laundry & Linen Service 8.00	Housekeeping 9.00	Dietary 10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 Cap Rel Costs-Bldg & Fixt						1.00
2.00	00200 Cap Rel Costs-Mvble Equip						2.00
4.00	00400 Employee Benefits DEPARTMENT						4.00
5.00	00500 Administrative & General	548,653					5.00
7.00	00700 Operation of Plant	55,284	1,192,155				7.00
8.00	00800 Laundry & Linen Service	4,867	8,033	57,863			8.00
9.00	00900 Housekeeping	12,239	13,023	656	98,813		9.00
10.00	01000 Dietary	18,529	51,273	0	4,326	361,123	10.00
11.00	01100 Cafeteria	0	0	0	0	113,126	11.00
13.00	01300 Nursing Administration	8,416	7,246	0	611	0	13.00
14.00	01400 Central Services & Supply	4,794	9,915	0	837	0	14.00
15.00	01500 Pharmacy	12,196	9,657	0	815	0	15.00
16.00	01600 Medical Records & Library	11,719	15,336	0	1,294	0	16.00
21.00	02100 I&R Services-Salary & Fringes Apprvd	708	0	0	0	0	21.00
22.00	02200 I&R Services-Other Prgrm Costs Apprvd	0	0	12	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 Adults & Pediatrics	71,418	88,858	27,987	7,498	132,875	30.00
31.00	03100 Intensive Care Unit	20,119	32,473	3,333	2,740	15,989	31.00
40.00	04000 SUBPROVIDER - IPF	25,010	50,674	3,876	4,276	56,545	40.00
41.00	04100 SUBPROVIDER - IRF	17,055	59,933	2,852	5,057	30,717	41.00
43.00	04300 Nursery	13,145	23,621	0	1,993	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 Operating Room	41,321	59,966	4,751	5,060	0	50.00
50.01	03340 GASTRO INTESTINAL SERVICES	3,254	8,801	0	743	0	50.01
51.00	05100 Recovery Room	5,040	6,460	1,783	545	0	51.00
52.00	05200 Labor Room & Delivery Room	15,750	59,254	0	5,000	0	52.00
53.00	05300 Anesthesiology	1,689	1,863	0	157	0	53.00
54.00	05400 Radiology - Diagnostic	14,737	48,820	3,896	4,119	0	54.00
56.00	05600 Radioisotope	3,045	3,628	0	306	0	56.00
56.01	03630 ULTRA SOUND	5,972	2,762	0	233	0	56.01
57.00	05700 CT Scan	2,157	3,885	0	328	0	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	1,927	3,544	0	299	0	58.00
59.00	05900 Cardiac Catheterization	12,121	16,333	0	1,378	0	59.00
60.00	06000 Laboratory	22,708	31,158	10	2,629	0	60.00
63.00	06300 Blood Storing, Processing, & Trans.	2,054	1,297	0	109	0	63.00
65.00	06500 Respiratory Therapy	4,569	2,781	513	235	0	65.00
66.00	06600 Physical Therapy	10,060	27,366	2,697	2,309	0	66.00
67.00	06700 Occupational Therapy	5,445	0	68	0	0	67.00
68.00	06800 Speech Pathology	1,256	2,191	0	185	0	68.00
69.00	06900 Electro cardiology	3,241	9,648	0	814	0	69.00
70.00	07000 Electroencephalography	124	0	0	0	0	70.00
71.00	07100 Medical Supplies Charged to Patients	10,665	0	0	0	0	71.00
72.00	07200 Implantable Devices Chrgd to Patient	20,326	0	0	0	0	72.00
73.00	07300 Drugs Charged to Patients	14,584	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	3,243	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 Emergency	28,229	51,713	5,244	4,363	0	91.00
92.00	09200 Observation Beds (Non-Distinct Part)						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (sum of lines 1-117)	509,016	711,512	57,678	58,259	349,252	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 Gift, Flower, Coffee Shop, & Canteen	197	866	0	73	0	190.00
191.00	19100 Research	0	0	0	0	0	191.00
192.00	19200 Physicians' Private Offices	0	0	0	0	3,936	192.00
194.00	07950 MARKETING	7,269	2,748	0	232	0	194.00
194.02	07952 COMMUNITY RELATIONS	1,996	2,355	0	199	0	194.02
194.03	07953 SENIOR CENTER	86	0	0	0	0	194.03
194.04	07954 PHYSICIAN CLINICS	821	5,880	0	496	0	194.04
194.05	07955 POB	27,093	435,759	185	36,767	0	194.05
194.06	07956 TRITON HLTH CAREER SCHOLARSHIP PROGR	340	0	0	0	0	194.06
194.07	07957 GUEST TRAYS & CATERING MEALS	0	0	0	0	0	194.07
194.08	07958 HOSPICE	1,835	33,035	0	2,787	7,935	194.08
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)	548,653	1,192,155	57,863	98,813	361,123	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140240

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

Worksheet B
Part II
Date/Time Prepared:
11/22/2013 5:21 pm

Cost Center Description		Cafeteria	Nursing Administration	Central Services & Supply	Pharmacy	Medical Records & Library	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	113,126					11.00
13.00	01300	2,380	59,215				13.00
14.00	01400	1,847	0	72,890			14.00
15.00	01500	4,452	2	0	81,177		15.00
16.00	01600	4,916	0	0	0	119,105	16.00
21.00	02100	523	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	28,439	20,848	0	0	19,350	30.00
31.00	03100	6,198	6,443	0	0	2,947	31.00
40.00	04000	9,212	4,662	0	0	5,631	40.00
41.00	04100	5,344	3,895	0	0	2,220	41.00
43.00	04300	3,367	3,598	0	0	1,059	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	8,640	5,753	0	0	8,363	50.00
50.01	03340	571	743	0	0	1,012	50.01
51.00	05100	1,273	1,446	0	0	1,803	51.00
52.00	05200	4,728	4,812	0	0	4,946	52.00
53.00	05300	760	150	0	0	1,928	53.00
54.00	05400	5,049	31	0	0	2,675	54.00
56.00	05600	442	0	0	0	954	56.00
56.01	03630	1,783	0	0	0	2,720	56.01
57.00	05700	604	159	0	0	6,341	57.00
58.00	05800	510	0	0	0	1,332	58.00
59.00	05900	2,046	490	0	0	4,756	59.00
60.00	06000	0	0	0	0	10,591	60.00
63.00	06300	0	0	0	0	835	63.00
65.00	06500	3,244	0	0	0	1,658	65.00
66.00	06600	3,237	0	0	0	1,850	66.00
67.00	06700	2,055	0	0	0	1,313	67.00
68.00	06800	341	0	0	0	227	68.00
69.00	06900	1,201	0	0	0	1,658	69.00
70.00	07000	68	0	0	0	76	70.00
71.00	07100	0	0	25,081	0	3,359	71.00
72.00	07200	0	0	47,809	0	2,608	72.00
73.00	07300	0	0	0	81,177	15,446	73.00
74.00	07400	0	0	0	0	371	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	8,224	6,183	0	0	11,076	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		111,454	59,215	72,890	81,177	119,105	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	516	0	0	0	0	194.00
194.02	07952	860	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	62	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	234	0	0	0	0	194.06
194.07	07957	0	0	0	0	0	194.07
194.08	07958	0	0	0	0	0	194.08
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		113,126	59,215	72,890	81,177	119,105	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140240

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

Worksheet B
Part II
Date/Time Prepared:
11/22/2013 5:21 pm

Cost Center Description	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	Services-Salary & Fringes	Services-Other Prgrm Costs			
	21.00	22.00			
GENERAL SERVICE COST CENTERS					
1.00 00100 Cap Rel Costs-Bldg & Fixt					1.00
2.00 00200 Cap Rel Costs-Mvble Equip					2.00
4.00 00400 Employee Benefits DEPARTMENT					4.00
5.00 00500 Administrative & General					5.00
7.00 00700 Operation of Plant					7.00
8.00 00800 Laundry & Linen Service					8.00
9.00 00900 Housekeeping					9.00
10.00 01000 Dietary					10.00
11.00 01100 Cafeteria					11.00
13.00 01300 Nursing Administration					13.00
14.00 01400 Central Services & Supply					14.00
15.00 01500 Pharmacy					15.00
16.00 01600 Medical Records & Library					16.00
21.00 02100 I&R Services-Salary & Fringes Apprvd	1,231				21.00
22.00 02200 I&R Services-Other Prgrm Costs Apprvd		12			22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 Adults & Pediatrics			894,647	0	894,647 30.00
31.00 03100 Intensive Care Unit			272,009	0	272,009 31.00
40.00 04000 SUBPROVIDER - IPF			443,528	0	443,528 40.00
41.00 04100 SUBPROVIDER - IRF			462,543	0	462,543 41.00
43.00 04300 Nursery			179,000	0	179,000 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 Operating Room			469,507	0	469,507 50.00
50.01 03340 GASTRO INTESTINAL SERVICES			64,384	0	64,384 50.01
51.00 05100 Recovery Room			54,509	0	54,509 51.00
52.00 05200 Labor Room & Delivery Room			426,161	0	426,161 52.00
53.00 05300 Anesthesiology			16,976	0	16,976 53.00
54.00 05400 Radiology - Diagnostic			352,593	0	352,593 54.00
56.00 05600 Radioisotope			28,682	0	28,682 56.00
56.01 03630 ULTRA SOUND			28,929	0	28,929 56.01
57.00 05700 CT Scan			35,222	0	35,222 57.00
58.00 05800 Magnetic Resonance Imaging (MRI)			27,448	0	27,448 58.00
59.00 05900 Cardiac Catheterization			128,544	0	128,544 59.00
60.00 06000 Laboratory			241,499	0	241,499 60.00
63.00 06300 Blood Storing, Processing, & Trans.			11,553	0	11,553 63.00
65.00 06500 Respiratory Therapy			28,564	0	28,564 65.00
66.00 06600 Physical Therapy			200,699	0	200,699 66.00
67.00 06700 Occupational Therapy			8,881	0	8,881 67.00
68.00 06800 Speech Pathology			16,463	0	16,463 68.00
69.00 06900 Electro cardiology			70,566	0	70,566 69.00
70.00 07000 Electroencephalography			268	0	268 70.00
71.00 07100 Medical Supplies Charged to Patients			39,105	0	39,105 71.00
72.00 07200 Implantable Devices Chrgd to Patient			70,743	0	70,743 72.00
73.00 07300 Drugs Charged to Patients			111,207	0	111,207 73.00
74.00 07400 RENAL DIALYSIS			3,614	0	3,614 74.00
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 Emergency			404,490	0	404,490 91.00
92.00 09200 Observation Beds (Non-Distinct Part)				0	0 92.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (sum of lines 1-117)		0	0	5,092,334 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 Gift, Flower, Coffee Shop, & Canteen			5,984	0	5,984 190.00
191.00 19100 Research			0	0	0 191.00
192.00 19200 Physicians' Private Offices			3,936	0	3,936 192.00
194.00 07950 MARKETING			26,145	0	26,145 194.00
194.02 07952 COMMUNITY RELATIONS			18,590	0	18,590 194.02
194.03 07953 SENIOR CENTER			86	0	86 194.03
194.04 07954 PHYSICIAN CLINICS			40,169	0	40,169 194.04
194.05 07955 POB			2,938,935	0	2,938,935 194.05
194.06 07956 TRITON HLTH CAREER SCHOLARSHIP PROGR			574	0	574 194.06
194.07 07957 GUEST TRAYS & CATERING MEALS			0	0	0 194.07
194.08 07958 HOSPICE			230,502	0	230,502 194.08
200.00 Cross Foot Adjustments	1,231	0	1,231	0	1,231 200.00
201.00 Negative Cost Centers	0	12	12	0	12 201.00
202.00 TOTAL (sum lines 118-201)	1,231	12	8,358,498	0	8,358,498 202.00

Cost Center Description		CAPITAL RELATED COSTS			Reconciliation	Administrative & General (Accum. Cost)	
		Bldg & Fixt (Square Feet)	Mvble Equip (Square Feet)	Employee Benefits DEPARTMENT (GROSS SALARIES)			
		1.00	2.00	4.00			
GENERAL SERVICE COST CENTERS							
1.00	00100	Cap Rel Costs-Bldg & Fixt	318,997				1.00
2.00	00200	Cap Rel Costs-Mvble Equip		318,997			2.00
4.00	00400	Employee Benefits DEPARTMENT	0	0	33,338,049		4.00
5.00	00500	Administrative & General	20,939	20,939	7,241,699	-14,363,620	5.00
7.00	00700	Operation of Plant	43,388	43,388	1,018,539	0	7.00
8.00	00800	Laundry & Linen Service	1,716	1,716	0	0	8.00
9.00	00900	Housekeeping	2,782	2,782	795,740	0	9.00
10.00	01000	Dietary	10,953	10,953	944,798	0	10.00
11.00	01100	Cafeteria	0	0	0	0	11.00
13.00	01300	Nursing Administration	1,548	1,548	641,388	0	13.00
14.00	01400	Central Services & Supply	2,118	2,118	252,786	0	14.00
15.00	01500	Pharmacy	2,063	2,063	1,161,343	0	15.00
16.00	01600	Medical Records & Library	3,276	3,276	716,168	0	16.00
21.00	02100	I&R Services-Salary & Fringes Apprvd	0	0	59,165	0	21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	0	0	44,773	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	Adults & Pediatrics	18,982	18,982	5,404,951	0	30.00
31.00	03100	Intensive Care Unit	6,937	6,937	1,363,811	0	31.00
40.00	04000	SUBPROVIDER - IPF	10,825	10,825	1,825,112	0	40.00
41.00	04100	SUBPROVIDER - IRF	12,803	12,803	1,043,882	0	41.00
43.00	04300	Nursery	5,046	5,046	869,842	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	12,810	12,810	1,860,350	0	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	1,880	1,880	179,386	0	50.01
51.00	05100	Recovery Room	1,380	1,380	389,917	0	51.00
52.00	05200	Labor Room & Delivery Room	12,658	12,658	1,022,658	0	52.00
53.00	05300	Anesthesiology	398	398	105,793	0	53.00
54.00	05400	Radiology - Diagnostic	10,429	10,429	932,138	0	54.00
56.00	05600	Radioisotope	775	775	129,707	0	56.00
56.01	03630	ULTRA SOUND	590	590	479,413	0	56.01
57.00	05700	CT Scan	830	830	143,026	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	757	757	139,070	0	58.00
59.00	05900	Cardiac Catheterization	3,489	3,489	573,435	0	59.00
60.00	06000	Laboratory	6,656	6,656	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	277	277	0	0	63.00
65.00	06500	Respiratory Therapy	594	594	594,232	0	65.00
66.00	06600	Physical Therapy	5,846	5,846	655,995	0	66.00
67.00	06700	Occupational Therapy	0	0	416,327	0	67.00
68.00	06800	Speech Pathology	468	468	94,268	0	68.00
69.00	06900	Electro cardiology	2,061	2,061	216,018	0	69.00
70.00	07000	Electroencephalography	0	0	10,272	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	Emergency	11,047	11,047	1,710,913	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (sum of lines 1-117)	216,321	216,321	32,992,142	-14,318,847	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	185	185	0	0	190.00
191.00	19100	Research	0	0	0	0	191.00
192.00	19200	Physicians' Private Offices	0	0	0	0	192.00
194.00	07950	MARKETING	587	587	146,314	0	194.00
194.02	07952	COMMUNITY RELATIONS	503	503	151,211	0	194.02
194.03	07953	SENIOR CENTER	0	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	1,256	1,256	19,954	0	194.04
194.05	07955	POB	93,088	93,088	0	0	194.05
194.06	07956	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	28,428	0	194.06
194.07	07957	GUEST TRAYS & CATERING MEALS	0	0	0	0	194.07
194.08	07958	HOSPICE	7,057	7,057	0	0	194.08
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per wkst. B, Part I)	3,773,875	4,584,623	6,835,791		202.00
203.00		Unit cost multiplier (wkst. B, Part I)	11.830440	14.371994	0.205045		203.00

Provider CCN: 140240

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

Worksheet B-1

Date/Time Prepared:
 11/22/2013 5:21 pm

Cost Center Description	CAPITAL RELATED COSTS			Reconciliation	Administrative & General (Accum. Cost)	
	Bldg & Fixt (Square Feet)	Mvble Equip (Square Feet)	Employee Benefits DEPARTMENT (GROSS SALARIES)			
	1.00	2.00	4.00			
204.00	Cost to be allocated (per wkst. B, Part II)			0	548,653	204.00
205.00	Unit cost multiplier (wkst. B, Part II)			0.000000	0.009925	205.00

Cost Center Description		Operation of Plant (Square Feet)	Laundry & Linen Service (Pounds of Laundry)	Housekeeping (Square Feet)	Dietary (Meals Served)	Cafeteria (FTES)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	Cap Rel Costs-Bldg & Fixt					1.00	
2.00	00200	Cap Rel Costs-Mvble Equip					2.00	
4.00	00400	Employee Benefits DEPARTMENT					4.00	
5.00	00500	Administrative & General					5.00	
7.00	00700	Operation of Plant	254,670				7.00	
8.00	00800	Laundry & Linen Service	1,716	550,304			8.00	
9.00	00900	Housekeeping	2,782	6,236	250,172		9.00	
10.00	01000	Dietary	10,953	0	10,953	199,117	10.00	
11.00	01100	Cafeteria	0	0	0	62,376	11.00	
13.00	01300	Nursing Administration	1,548	0	1,548	0	13.00	
14.00	01400	Central Services & Supply	2,118	0	2,118	0	14.00	
15.00	01500	Pharmacy	2,063	0	2,063	0	15.00	
16.00	01600	Medical Records & Library	3,276	0	3,276	0	16.00	
21.00	02100	I&R Services-Salary & Fringes Apprvd	0	0	0	0	21.00	
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	0	117	0	0	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	18,982	266,179	18,982	73,265	8,759	30.00
31.00	03100	Intensive Care Unit	6,937	31,697	6,937	8,816	1,909	31.00
40.00	04000	SUBPROVIDER - IPF	10,825	36,858	10,825	31,178	2,837	40.00
41.00	04100	SUBPROVIDER - IRF	12,803	27,126	12,803	16,937	1,646	41.00
43.00	04300	Nursery	5,046	0	5,046	0	1,037	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	12,810	45,188	12,810	0	2,661	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	1,880	0	1,880	0	176	50.01
51.00	05100	Recovery Room	1,380	16,960	1,380	0	392	51.00
52.00	05200	Labor Room & Delivery Room	12,658	0	12,658	0	1,456	52.00
53.00	05300	Anesthesiology	398	0	398	0	234	53.00
54.00	05400	Radiology - Diagnostic	10,429	37,049	10,429	0	1,555	54.00
56.00	05600	Radioisotope	775	0	775	0	136	56.00
56.01	03630	ULTRA SOUND	590	0	590	0	549	56.01
57.00	05700	CT Scan	830	0	830	0	186	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	757	0	757	0	157	58.00
59.00	05900	Cardiac Catheterization	3,489	0	3,489	0	630	59.00
60.00	06000	Laboratory	6,656	95	6,656	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	277	0	277	0	0	63.00
65.00	06500	Respiratory Therapy	594	4,878	594	0	999	65.00
66.00	06600	Physical Therapy	5,846	25,647	5,846	0	997	66.00
67.00	06700	Occupational Therapy	0	643	0	0	633	67.00
68.00	06800	Speech Pathology	468	0	468	0	105	68.00
69.00	06900	Electro cardiology	2,061	0	2,061	0	370	69.00
70.00	07000	Electroencephalography	0	0	0	0	21	70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	Emergency	11,047	49,875	11,047	0	2,533	91.00
92.00	09200	Observation Beds (Non-Distinct Part)						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (sum of lines 1-117)	151,994	548,548	147,496	192,572	34,326	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	185	0	185	0	0	190.00
191.00	19100	Research	0	0	0	0	0	191.00
192.00	19200	Physicians' Private Offices	0	0	0	2,170	0	192.00
194.00	07950	MARKETING	587	0	587	0	159	194.00
194.02	07952	COMMUNITY RELATIONS	503	0	503	0	265	194.02
194.03	07953	SENIOR CENTER	0	0	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	1,256	0	1,256	0	19	194.04
194.05	07955	POB	93,088	1,756	93,088	0	0	194.05
194.06	07956	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	0	0	72	194.06
194.07	07957	GUEST TRAYS & CATERING MEALS	0	0	0	0	0	194.07
194.08	07958	HOSPICE	7,057	0	7,057	4,375	0	194.08
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)	7,017,482	665,128	1,637,809	2,725,564	853,819	202.00
203.00		Unit cost multiplier (wkst. B, Part I)	27.555197	1.208656	6.546732	13.688254	24.506157	203.00
204.00		Cost to be allocated (per wkst. B, Part II)	1,192,155	57,863	98,813	361,123	113,126	204.00
205.00		Unit cost multiplier (wkst. B, Part II)	4.681176	0.105147	0.394980	1.813622	3.246922	205.00

Cost Center Description	Nursing Administration	Central Services & Supply	Pharmacy (Costed Requis.)	Medical Records & Library (GROSS CHARGES)	INTERNS & RESIDENTS Services-Salary & Fringes (Assigned Time)		
	(Direct Nurs. Hrs. (FTES))	(Costed Requis.)					
	13.00	14.00	15.00	16.00	21.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 Cap Rel Costs-Bldg & Fixt						1.00	
2.00 00200 Cap Rel Costs-Mvble Equip						2.00	
4.00 00400 Employee Benefits DEPARTMENT						4.00	
5.00 00500 Administrative & General						5.00	
7.00 00700 Operation of Plant						7.00	
8.00 00800 Laundry & Linen Service						8.00	
9.00 00900 Housekeeping						9.00	
10.00 01000 Dietary						10.00	
11.00 01100 Cafeteria						11.00	
13.00 01300 Nursing Administration	24,538					13.00	
14.00 01400 Central Services & Supply	0	10,000				14.00	
15.00 01500 Pharmacy	1	0	1,000			15.00	
16.00 01600 Medical Records & Library	0	0	0	317,437,168		16.00	
21.00 02100 I&R Services-Salary & Fringes Apprvd	0	0	0	0	150	21.00	
22.00 02200 I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	0	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 Adults & Pediatrics	8,639	0	0	51,424,544	150	30.00	
31.00 03100 Intensive Care Unit	2,670	0	0	7,858,497	0	31.00	
40.00 04000 SUBPROVIDER - IPF	1,932	0	0	15,016,029	0	40.00	
41.00 04100 SUBPROVIDER - IRF	1,614	0	0	5,921,310	0	41.00	
43.00 04300 Nursery	1,491	0	0	2,822,936	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 Operating Room	2,384	0	0	22,302,486	0	50.00	
50.01 03340 GASTRO INTESTINAL SERVICES	308	0	0	2,699,925	0	50.01	
51.00 05100 Recovery Room	599	0	0	4,807,036	0	51.00	
52.00 05200 Labor Room & Delivery Room	1,994	0	0	13,190,577	0	52.00	
53.00 05300 Anesthesiology	62	0	0	5,141,911	0	53.00	
54.00 05400 Radiology - Diagnostic	13	0	0	7,133,055	0	54.00	
56.00 05600 Radioisotope	0	0	0	2,543,714	0	56.00	
56.01 03630 ULTRA SOUND	0	0	0	7,253,942	0	56.01	
57.00 05700 CT Scan	66	0	0	16,909,809	0	57.00	
58.00 05800 Magnetic Resonance Imaging (MRI)	0	0	0	3,552,060	0	58.00	
59.00 05900 Cardiac Catheterization	203	0	0	12,682,120	0	59.00	
60.00 06000 Laboratory	0	0	0	28,241,675	0	60.00	
63.00 06300 Blood Storing, Processing, & Trans.	0	0	0	2,227,563	0	63.00	
65.00 06500 Respiratory Therapy	0	0	0	4,420,252	0	65.00	
66.00 06600 Physical Therapy	0	0	0	4,932,051	0	66.00	
67.00 06700 Occupational Therapy	0	0	0	3,502,135	0	67.00	
68.00 06800 Speech Pathology	0	0	0	604,868	0	68.00	
69.00 06900 Electro cardiology	0	0	0	4,421,474	0	69.00	
70.00 07000 Electroencephalography	0	0	0	203,109	0	70.00	
71.00 07100 Medical Supplies Charged to Patients	0	3,441	0	8,956,451	0	71.00	
72.00 07200 Implantable Devices Chrgd to Patient	0	6,559	0	6,954,511	0	72.00	
73.00 07300 Drugs Charged to Patients	0	0	1,000	41,188,564	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	988,401	0	74.00	
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 Emergency	2,562	0	0	29,536,163	0	91.00	
92.00 09200 Observation Beds (Non-Distinct Part)						92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (sum of lines 1-117)	24,538	10,000	1,000	317,437,168	150	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00	
191.00 19100 Research	0	0	0	0	0	191.00	
192.00 19200 Physicians' Private Offices	0	0	0	0	0	192.00	
194.00 07950 MARKETING	0	0	0	0	0	194.00	
194.02 07952 COMMUNITY RELATIONS	0	0	0	0	0	194.02	
194.03 07953 SENIOR CENTER	0	0	0	0	0	194.03	
194.04 07954 PHYSICIAN CLINICS	0	0	0	0	0	194.04	
194.05 07955 POB	0	0	0	0	0	194.05	
194.06 07956 TRITON HLTH CAREER SCHOLARSHIP PROGR	0	0	0	0	0	194.06	
194.07 07957 GUEST TRAYS & CATERING MEALS	0	0	0	0	0	194.07	
194.08 07958 HOSPICE	0	0	0	0	0	194.08	
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)	1,139,065	694,720	1,652,090	1,636,340	93,766	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	46.420450	69.472000	1,652.090000	0.005155	625.106667	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140240

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

Worksheet B-1

Date/Time Prepared:
11/22/2013 5:21 pm

Cost Center Description	Nursing Administration (Direct Nurs. Hrs. (FTES)) 13.00	Central Services & Supply (Costed Requis.) 14.00	Pharmacy (Costed Requis.) 15.00	Medical Records & Library (GROSS CHARGES) 16.00	INTERNS & RESIDENTS	204.00
					Services-Salary & Fringes (Assigned Time) 21.00	
204.00 Cost to be allocated (per wkst. B, Part II)	59,215	72,890	81,177	119,105	1,231	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	2.413196	7.289000	81.177000	0.000375	8.206667	205.00

Cost Center Description		INTERNS & RESIDENTS	Services-Other Prgrm Costs (Assigned Time)	22.00
GENERAL SERVICE COST CENTERS				
1.00	00100	Cap Rel Costs-Bldg & Fixt		1.00
2.00	00200	Cap Rel Costs-Mvble Equip		2.00
4.00	00400	Employee Benefits DEPARTMENT		4.00
5.00	00500	Administrative & General		5.00
7.00	00700	Operation of Plant		7.00
8.00	00800	Laundry & Linen Service		8.00
9.00	00900	Housekeeping		9.00
10.00	01000	Dietary		10.00
11.00	01100	Cafeteria		11.00
13.00	01300	Nursing Administration		13.00
14.00	01400	Central Services & Supply		14.00
15.00	01500	Pharmacy		15.00
16.00	01600	Medical Records & Library		16.00
21.00	02100	I&R Services-Salary & Fringes Apprvd		21.00
22.00	02200	I&R Services-Other Prgrm Costs Apprvd	150	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	Adults & Pediatrics	150	30.00
31.00	03100	Intensive Care Unit	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
43.00	04300	Nursery	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	Operating Room	0	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	50.01
51.00	05100	Recovery Room	0	51.00
52.00	05200	Labor Room & Delivery Room	0	52.00
53.00	05300	Anesthesiology	0	53.00
54.00	05400	Radiology - Diagnostic	0	54.00
56.00	05600	Radioisotope	0	56.00
56.01	03630	ULTRA SOUND	0	56.01
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	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	63.00
65.00	06500	Respiratory Therapy	0	65.00
66.00	06600	Physical Therapy	0	66.00
67.00	06700	Occupational Therapy	0	67.00
68.00	06800	Speech Pathology	0	68.00
69.00	06900	Electro cardiology	0	69.00
70.00	07000	Electroencephalography	0	70.00
71.00	07100	Medical Supplies charged to Patients	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	72.00
73.00	07300	Drugs Charged to Patients	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	Emergency	0	91.00
92.00	09200	observation Beds (Non-Distinct Part)		92.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (sum of lines 1-117)	150	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	Gift, Flower, Coffee Shop, & Canteen	0	190.00
191.00	19100	Research	0	191.00
192.00	19200	Physicians' Private Offices	0	192.00
194.00	07950	MARKETING	0	194.00
194.02	07952	COMMUNITY RELATIONS	0	194.02
194.03	07953	SENIOR CENTER	0	194.03
194.04	07954	PHYSICIAN CLINICS	0	194.04
194.05	07955	POB	0	194.05
194.06	07956	TRITON HLTH CAREER SCHOLARSHIP PROGR	0	194.06
194.07	07957	GUEST TRAYS & CATERING MEALS	0	194.07
194.08	07958	HOSPICE	0	194.08
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)	-44,632	202.00
203.00		Unit cost multiplier (wkst. B, Part I)	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	12	204.00

Provider CCN: 140240

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

worksheet B-1

Date/Time Prepared:
 11/22/2013 5:21 pm

Cost Center Description	INTERNS & RESIDENTS	205.00
	Services-Other Prgrm Costs (Assigned Time)	
205.00 Unit cost multiplier (wkst. B, Part II)	0.080000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140240

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

Worksheet C
Part I
Date/Time Prepared:
11/22/2013 5:21 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	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		11,917,483		1,389	11,918,872 30.00
31.00	03100 Intensive Care Unit		3,160,597		0	3,160,597 31.00
40.00	04000 SUBPROVIDER - IPF		4,251,728		0	4,251,728 40.00
41.00	04100 SUBPROVIDER - IRF		3,011,960		23,522	3,035,482 41.00
43.00	04300 Nursery		1,949,833		0	1,949,833 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 Operating Room		6,027,409		24,810	6,052,219 50.00
50.01	03340 GASTRO INTESTINAL SERVICES		509,703		0	509,703 50.01
51.00	05100 Recovery Room		769,521		0	769,521 51.00
52.00	05200 Labor Room & Delivery Room		2,627,079		0	2,627,079 52.00
53.00	05300 Anesthesiology		263,134		0	263,134 53.00
54.00	05400 Radiology - Diagnostic		2,346,535		0	2,346,535 54.00
56.00	05600 Radioisotope		429,392		0	429,392 56.00
56.01	03630 ULTRA SOUND		829,005		0	829,005 56.01
57.00	05700 CT Scan		396,865		0	396,865 57.00
58.00	05800 Magnetic Resonance Imaging (MRI)		292,628		0	292,628 58.00
59.00	05900 Cardiac Catheterization		1,747,840		5,896	1,753,736 59.00
60.00	06000 Laboratory		3,255,085		0	3,255,085 60.00
63.00	06300 Blood Storing, Processing, & Trans.		281,635		0	281,635 63.00
65.00	06500 Respiratory Therapy	0	653,410		0	653,410 65.00
66.00	06600 Physical Therapy	0	1,557,182		0	1,557,182 66.00
67.00	06700 Occupational Therapy	0	725,483		0	725,483 67.00
68.00	06800 Speech Pathology	0	181,071		0	181,071 68.00
69.00	06900 Electro cardiology		513,496		0	513,496 69.00
70.00	07000 Electroencephalography		17,242		0	17,242 70.00
71.00	07100 Medical supplies charged to Patients		1,639,006		0	1,639,006 71.00
72.00	07200 Implantable Devices Chrgd to Patient		3,071,649		0	3,071,649 72.00
73.00	07300 Drugs Charged to Patients		3,715,711		0	3,715,711 73.00
74.00	07400 RENAL DIALYSIS		416,713		0	416,713 74.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 Emergency		4,353,500		2,394	4,355,894 91.00
92.00	09200 Observation Beds (Non-Distinct Part)		1,160,623		0	1,160,623 92.00
200.00	Subtotal (see instructions)	0	62,072,518		58,011	62,130,529 200.00
201.00	Less Observation Beds		1,160,623		0	1,160,623 201.00
202.00	Total (see instructions)	0	60,911,895		58,011	60,969,906 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140240

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

Worksheet C
Part I
Date/Time Prepared:
11/22/2013 5:21 pm

Cost Center Description	Title XVIII			Hospital	PPS			
	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	46,902,354		46,902,354		30.00	
31.00	03100	Intensive Care Unit	7,858,497		7,858,497		31.00	
40.00	04000	SUBPROVIDER - IPF	15,016,029		15,016,029		40.00	
41.00	04100	SUBPROVIDER - IRF	5,921,310		5,921,310		41.00	
43.00	04300	Nursery	2,822,936		2,822,936		43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	9,384,110	12,918,376	22,302,486	0.270257	0.000000	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	801,986	1,897,939	2,699,925	0.188784	0.000000	50.01
51.00	05100	Recovery Room	2,089,072	2,717,964	4,807,036	0.160082	0.000000	51.00
52.00	05200	Labor Room & Delivery Room	12,006,249	1,184,328	13,190,577	0.199163	0.000000	52.00
53.00	05300	Anesthesiology	1,890,161	3,251,750	5,141,911	0.051174	0.000000	53.00
54.00	05400	Radiology - Diagnostic	2,011,876	5,121,179	7,133,055	0.328966	0.000000	54.00
56.00	05600	Radioisotope	886,102	1,657,612	2,543,714	0.168805	0.000000	56.00
56.01	03630	ULTRA SOUND	1,445,867	5,808,075	7,253,942	0.114283	0.000000	56.01
57.00	05700	CT Scan	5,780,875	11,128,934	16,909,809	0.023470	0.000000	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	918,056	2,634,004	3,552,060	0.082383	0.000000	58.00
59.00	05900	Cardiac Catheterization	7,716,025	4,966,095	12,682,120	0.137819	0.000000	59.00
60.00	06000	Laboratory	19,227,304	9,014,371	28,241,675	0.115258	0.000000	60.00
63.00	06300	Blood Storing, Processing, & Trans.	1,868,264	359,299	2,227,563	0.126432	0.000000	63.00
65.00	06500	Respiratory Therapy	4,396,811	23,441	4,420,252	0.147822	0.000000	65.00
66.00	06600	Physical Therapy	2,789,464	2,142,587	4,932,051	0.315727	0.000000	66.00
67.00	06700	Occupational Therapy	3,129,522	372,613	3,502,135	0.207154	0.000000	67.00
68.00	06800	Speech Pathology	602,127	2,741	604,868	0.299356	0.000000	68.00
69.00	06900	Electro cardiology	2,259,553	2,161,921	4,421,474	0.116137	0.000000	69.00
70.00	07000	Electroencephalography	160,727	42,382	203,109	0.084890	0.000000	70.00
71.00	07100	Medical Supplies Charged to Patients	5,017,661	3,938,790	8,956,451	0.182997	0.000000	71.00
72.00	07200	Implantable Devices Chrgd to Patient	4,603,965	2,350,546	6,954,511	0.441677	0.000000	72.00
73.00	07300	Drugs Charged to Patients	32,426,685	8,761,879	41,188,564	0.090212	0.000000	73.00
74.00	07400	RENAL DIALYSIS	940,771	47,630	988,401	0.421603	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	Emergency	7,811,880	21,724,283	29,536,163	0.147396	0.000000	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	858,345	3,663,845	4,522,190	0.256651	0.000000	92.00
200.00		Subtotal (see instructions)	209,544,584	107,892,584	317,437,168			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	209,544,584	107,892,584	317,437,168			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140240

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

Worksheet C
Part I
Date/Time Prepared:
11/22/2013 5:21 pm

Title XVIII

Hospital

PPS

Cost Center Description		PPS Inpatient Ratio	
		11.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 Adults & Pediatrics		30.00
31.00	03100 Intensive Care Unit		31.00
40.00	04000 SUBPROVIDER - IPF		40.00
41.00	04100 SUBPROVIDER - IRF		41.00
43.00	04300 Nursery		43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 Operating Room	0.271370	50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0.188784	50.01
51.00	05100 Recovery Room	0.160082	51.00
52.00	05200 Labor Room & Delivery Room	0.199163	52.00
53.00	05300 Anesthesiology	0.051174	53.00
54.00	05400 Radiology - Diagnostic	0.328966	54.00
56.00	05600 Radioisotope	0.168805	56.00
56.01	03630 ULTRA SOUND	0.114283	56.01
57.00	05700 CT Scan	0.023470	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0.082383	58.00
59.00	05900 Cardiac Catheterization	0.138284	59.00
60.00	06000 Laboratory	0.115258	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0.126432	63.00
65.00	06500 Respiratory Therapy	0.147822	65.00
66.00	06600 Physical Therapy	0.315727	66.00
67.00	06700 Occupational Therapy	0.207154	67.00
68.00	06800 Speech Pathology	0.299356	68.00
69.00	06900 Electro cardiology	0.116137	69.00
70.00	07000 Electroencephalography	0.084890	70.00
71.00	07100 Medical supplies charged to Patients	0.182997	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0.441677	72.00
73.00	07300 Drugs Charged to Patients	0.090212	73.00
74.00	07400 RENAL DIALYSIS	0.421603	74.00
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 Emergency	0.147477	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0.256651	92.00
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: 140240

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

Worksheet D
Part I
Date/Time Prepared:
11/22/2013 5:21 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Capital Related Cost (from wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	Adults & Pediatrics	894,647	0	894,647	19,481	45.92	30.00	
31.00	Intensive Care Unit	272,009		272,009	2,116	128.55	31.00	
40.00	SUBPROVIDER - IPF	443,528	0	443,528	7,483	59.27	40.00	
41.00	SUBPROVIDER - IRF	462,543	0	462,543	4,065	113.79	41.00	
43.00	Nursery	179,000		179,000	1,994	89.77	43.00	
200.00	Total (lines 30-199)	2,251,727		2,251,727	35,139		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	6,908	317,215					30.00
31.00	Intensive Care Unit	991	127,393					31.00
40.00	SUBPROVIDER - IPF	2,997	177,632					40.00
41.00	SUBPROVIDER - IRF	2,121	241,349					41.00
43.00	Nursery	0	0					43.00
200.00	Total (lines 30-199)	13,017	863,589					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140240

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

Worksheet D
Part II
Date/Time Prepared:
11/22/2013 5:21 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	469,507	22,302,486	0.021052	2,923,046	61,536	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	64,384	2,699,925	0.023847	439,411	10,479	50.01
51.00	05100	Recovery Room	54,509	4,807,036	0.011339	685,447	7,772	51.00
52.00	05200	Labor Room & Delivery Room	426,161	13,190,577	0.032308	11,534	373	52.00
53.00	05300	Anesthesiology	16,976	5,141,911	0.003301	560,730	1,851	53.00
54.00	05400	Radiology - Diagnostic	352,593	7,133,055	0.049431	1,197,440	59,191	54.00
56.00	05600	Radioisotope	28,682	2,543,714	0.011276	445,197	5,020	56.00
56.01	03630	ULTRA SOUND	28,929	7,253,942	0.003988	654,680	2,611	56.01
57.00	05700	CT Scan	35,222	16,909,809	0.002083	2,259,302	4,706	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	27,448	3,552,060	0.007727	471,324	3,642	58.00
59.00	05900	Cardiac Catheterization	128,544	12,682,120	0.010136	3,737,458	37,883	59.00
60.00	06000	Laboratory	241,499	28,241,675	0.008551	8,094,037	69,212	60.00
63.00	06300	Blood Storing, Processing, & Trans.	11,553	2,227,563	0.005186	699,168	3,626	63.00
65.00	06500	Respiratory Therapy	28,564	4,420,252	0.006462	1,641,448	10,607	65.00
66.00	06600	Physical Therapy	200,699	4,932,051	0.040693	255,727	10,406	66.00
67.00	06700	Occupational Therapy	8,881	3,502,135	0.002536	331,513	841	67.00
68.00	06800	Speech Pathology	16,463	604,868	0.027218	100,701	2,741	68.00
69.00	06900	Electrocardiology	70,566	4,421,474	0.015960	1,338,480	21,362	69.00
70.00	07000	Electroencephalography	268	203,109	0.001319	87,147	115	70.00
71.00	07100	Medical Supplies Charged to Patients	39,105	8,956,451	0.004366	1,702,610	7,434	71.00
72.00	07200	Implantable Devices Chrgd to Patient	70,743	6,954,511	0.010172	1,987,087	20,213	72.00
73.00	07300	Drugs Charged to Patients	111,207	41,188,564	0.002700	11,971,070	32,322	73.00
74.00	07400	RENAL DIALYSIS	3,614	988,401	0.003656	503,851	1,842	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	Emergency	404,490	29,536,163	0.013695	2,534,880	34,715	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	87,118	4,522,190	0.019265	393,379	7,578	92.00
200.00		Total (lines 50-199)	2,927,725	238,916,042		45,026,667	418,078	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240

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

Worksheet D
Part III
Date/Time Prepared:
11/22/2013 5:21 pm

Cost Center Description		Title XVIII			Hospital	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	0	0	0	0	30.00	
31.00	03100	Intensive Care Unit	0	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
43.00	04300	Nursery	0	0	0	0	43.00	
200.00		Total (lines 30-199)	0	0	0	0	200.00	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School		
		6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	19,481	0.00	6,908	0	30.00	
31.00	03100	Intensive Care Unit	2,116	0.00	991	0	31.00	
40.00	04000	SUBPROVIDER - IPF	7,483	0.00	2,997	0	40.00	
41.00	04100	SUBPROVIDER - IRF	4,065	0.00	2,121	0	41.00	
43.00	04300	Nursery	1,994	0.00	0	0	43.00	
200.00		Total (lines 30-199)	35,139		13,017	0	200.00	
Cost Center Description		PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost					
		12.00	13.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	Adults & Pediatrics	0	0				30.00
31.00	03100	Intensive Care Unit	0	0				31.00
40.00	04000	SUBPROVIDER - IPF	0	0				40.00
41.00	04100	SUBPROVIDER - IRF	0	0				41.00
43.00	04300	Nursery	0	0				43.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2013 5:21 pm

Cost Center Description	Title XVIII			Hospital	PPS	Total Cost (sum of col 1 through col. 4) 5.00	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0	0	0	0	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	50.01
51.00	05100	Recovery Room	0	0	0	0	51.00
52.00	05200	Labor Room & Delivery Room	0	0	0	0	52.00
53.00	05300	Anesthesiology	0	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	0	0	0	54.00
56.00	05600	Radioisotope	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	56.01
57.00	05700	CT Scan	0	0	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	0	0	59.00
60.00	06000	Laboratory	0	0	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	0	66.00
67.00	06700	occupational Therapy	0	0	0	0	67.00
68.00	06800	Speech Pathology	0	0	0	0	68.00
69.00	06900	Electro cardiology	0	0	0	0	69.00
70.00	07000	Electroencephalography	0	0	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	Emergency	0	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2013 5:21 pm

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	PPS
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
	6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 Operating Room	0	22,302,486	0.000000	0.000000		2,923,046	50.00
50.01 03340 GASTRO INTESTINAL SERVICES	0	2,699,925	0.000000	0.000000		439,411	50.01
51.00 05100 Recovery Room	0	4,807,036	0.000000	0.000000		685,447	51.00
52.00 05200 Labor Room & Delivery Room	0	13,190,577	0.000000	0.000000		11,534	52.00
53.00 05300 Anesthesiology	0	5,141,911	0.000000	0.000000		560,730	53.00
54.00 05400 Radiology - Diagnostic	0	7,133,055	0.000000	0.000000		1,197,440	54.00
56.00 05600 Radioisotope	0	2,543,714	0.000000	0.000000		445,197	56.00
56.01 03630 ULTRA SOUND	0	7,253,942	0.000000	0.000000		654,680	56.01
57.00 05700 CT Scan	0	16,909,809	0.000000	0.000000		2,259,302	57.00
58.00 05800 Magnetic Resonance Imaging (MRI)	0	3,552,060	0.000000	0.000000		471,324	58.00
59.00 05900 Cardiac Catheterization	0	12,682,120	0.000000	0.000000		3,737,458	59.00
60.00 06000 Laboratory	0	28,241,675	0.000000	0.000000		8,094,037	60.00
63.00 06300 Blood Storing, Processing, & Trans.	0	2,227,563	0.000000	0.000000		699,168	63.00
65.00 06500 Respiratory Therapy	0	4,420,252	0.000000	0.000000		1,641,448	65.00
66.00 06600 Physical Therapy	0	4,932,051	0.000000	0.000000		255,727	66.00
67.00 06700 Occupational Therapy	0	3,502,135	0.000000	0.000000		331,513	67.00
68.00 06800 Speech Pathology	0	604,868	0.000000	0.000000		100,701	68.00
69.00 06900 Electro cardiology	0	4,421,474	0.000000	0.000000		1,338,480	69.00
70.00 07000 Electroencephalography	0	203,109	0.000000	0.000000		87,147	70.00
71.00 07100 Medical Supplies Charged to Patients	0	8,956,451	0.000000	0.000000		1,702,610	71.00
72.00 07200 Implantable Devices Chrgd to Patient	0	6,954,511	0.000000	0.000000		1,987,087	72.00
73.00 07300 Drugs Charged to Patients	0	41,188,564	0.000000	0.000000		11,971,070	73.00
74.00 07400 RENAL DIALYSIS	0	988,401	0.000000	0.000000		503,851	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00 09100 Emergency	0	29,536,163	0.000000	0.000000		2,534,880	91.00
92.00 09200 Observation Beds (Non-Distinct Part)	0	4,522,190	0.000000	0.000000		393,379	92.00
200.00 Total (lines 50-199)	0	238,916,042				45,026,667	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2013 5:21 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
		11.00	12.00	13.00	21.00	22.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0	2,951,332	0	0	0	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	649,409	0	0	0	50.01
51.00	05100	Recovery Room	0	1,028,456	0	0	0	51.00
52.00	05200	Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00	05300	Anesthesiology	0	568,821	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	1,508,847	0	0	0	54.00
56.00	05600	Radioisotope	0	659,265	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	261,979	0	0	0	56.01
57.00	05700	CT Scan	0	2,426,560	0	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	608,838	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0	1,808,134	0	0	0	59.00
60.00	06000	Laboratory	0	385,314	0	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	39,029	0	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	0	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	0	0	66.00
67.00	06700	Occupational Therapy	0	0	0	0	0	67.00
68.00	06800	Speech Pathology	0	0	0	0	0	68.00
69.00	06900	Electro cardiology	0	742,195	0	0	0	69.00
70.00	07000	Electroencephalography	0	12,838	0	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	1,050,860	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	1,009,289	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	2,585,953	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	42,864	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	Emergency	0	2,640,697	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	938,884	0	0	0	92.00
200.00		Total (lines 50-199)	0	21,919,564	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2013 5:21 pm

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000	Operating Room	0	0		50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	0		50.01
51.00	05100	Recovery Room	0	0		51.00
52.00	05200	Labor Room & Delivery Room	0	0		52.00
53.00	05300	Anesthesiology	0	0		53.00
54.00	05400	Radiology - Diagnostic	0	0		54.00
56.00	05600	Radioisotope	0	0		56.00
56.01	03630	ULTRA SOUND	0	0		56.01
57.00	05700	CT Scan	0	0		57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0		58.00
59.00	05900	Cardiac Catheterization	0	0		59.00
60.00	06000	Laboratory	0	0		60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0		63.00
65.00	06500	Respiratory Therapy	0	0		65.00
66.00	06600	Physical Therapy	0	0		66.00
67.00	06700	Occupational Therapy	0	0		67.00
68.00	06800	Speech Pathology	0	0		68.00
69.00	06900	Electro cardiology	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	Implantable Devices Chrgd 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
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	Emergency	0	0		91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0		92.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140240

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

Worksheet D
Part V
Date/Time Prepared:
11/22/2013 5:21 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0.270257	2,951,332	0	0	797,618	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0.188784	649,409	0	0	122,598	50.01
51.00	05100	Recovery Room	0.160082	1,028,456	0	0	164,637	51.00
52.00	05200	Labor Room & Delivery Room	0.199163	0	0	0	0	52.00
53.00	05300	Anesthesiology	0.051174	568,821	0	0	29,109	53.00
54.00	05400	Radiology - Diagnostic	0.328966	1,508,847	0	0	496,359	54.00
56.00	05600	Radioisotope	0.168805	659,265	0	0	111,287	56.00
56.01	03630	ULTRA SOUND	0.114283	261,979	0	0	29,940	56.01
57.00	05700	CT Scan	0.023470	2,426,560	0	0	56,951	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0.082383	608,838	0	0	50,158	58.00
59.00	05900	Cardiac Catheterization	0.137819	1,808,134	0	0	249,195	59.00
60.00	06000	Laboratory	0.115258	385,314	0	0	44,411	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0.126432	39,029	0	0	4,935	63.00
65.00	06500	Respiratory Therapy	0.147822	0	0	0	0	65.00
66.00	06600	Physical Therapy	0.315727	0	0	0	0	66.00
67.00	06700	Occupational Therapy	0.207154	0	0	0	0	67.00
68.00	06800	Speech Pathology	0.299356	0	0	0	0	68.00
69.00	06900	Electro cardiology	0.116137	742,195	0	0	86,196	69.00
70.00	07000	Electroencephalography	0.084890	12,838	0	0	1,090	70.00
71.00	07100	Medical Supplies Charged to Patients	0.182997	1,050,860	0	0	192,304	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0.441677	1,009,289	0	0	445,780	72.00
73.00	07300	Drugs Charged to Patients	0.090212	2,585,953	0	25,859	233,284	73.00
74.00	07400	RENAL DIALYSIS	0.421603	42,864	0	0	18,072	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	Emergency	0.147396	2,640,697	0	0	389,228	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0.256651	938,884	0	0	240,966	92.00
200.00		Subtotal (see instructions)		21,919,564	0	25,859	3,764,118	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		21,919,564	0	25,859	3,764,118	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140240

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

Worksheet D
Part V
Date/Time Prepared:
11/22/2013 5:21 pm

Title XVIII

Hospital

PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	Operating Room	0	0	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	0	50.01
51.00	05100	Recovery Room	0	0	51.00
52.00	05200	Labor Room & Delivery Room	0	0	52.00
53.00	05300	Anesthesiology	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	0	54.00
56.00	05600	Radioisotope	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	56.01
57.00	05700	CT Scan	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	59.00
60.00	06000	Laboratory	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	65.00
66.00	06600	Physical Therapy	0	0	66.00
67.00	06700	Occupational Therapy	0	0	67.00
68.00	06800	Speech Pathology	0	0	68.00
69.00	06900	Electro cardiology	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	Implantable Devices Chrgd to Patient	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	2,333	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
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	2,333	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	2,333	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140240
Component CCN: 14S240

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

Worksheet D
Part II
Date/Time Prepared:
11/22/2013 5:21 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 Operating Room	469,507	22,302,486	0.021052	1,659	35	50.00
50.01	03340 GASTRO INTESTINAL SERVICES	64,384	2,699,925	0.023847	0	0	50.01
51.00	05100 Recovery Room	54,509	4,807,036	0.011339	0	0	51.00
52.00	05200 Labor Room & Delivery Room	426,161	13,190,577	0.032308	0	0	52.00
53.00	05300 Anesthesiology	16,976	5,141,911	0.003301	28,821	95	53.00
54.00	05400 Radiology - Diagnostic	352,593	7,133,055	0.049431	24,846	1,228	54.00
56.00	05600 Radioisotope	28,682	2,543,714	0.011276	12,903	145	56.00
56.01	03630 ULTRA SOUND	28,929	7,253,942	0.003988	6,192	25	56.01
57.00	05700 CT Scan	35,222	16,909,809	0.002083	37,049	77	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	27,448	3,552,060	0.007727	0	0	58.00
59.00	05900 Cardiac Catheterization	128,544	12,682,120	0.010136	28,918	293	59.00
60.00	06000 Laboratory	241,499	28,241,675	0.008551	648,433	5,545	60.00
63.00	06300 Blood Storing, Processing, & Trans.	11,553	2,227,563	0.005186	1,119	6	63.00
65.00	06500 Respiratory Therapy	28,564	4,420,252	0.006462	3,206	21	65.00
66.00	06600 Physical Therapy	200,699	4,932,051	0.040693	8,493	346	66.00
67.00	06700 Occupational Therapy	8,881	3,502,135	0.002536	4,117	10	67.00
68.00	06800 Speech Pathology	16,463	604,868	0.027218	0	0	68.00
69.00	06900 Electro cardiology	70,566	4,421,474	0.015960	64,764	1,034	69.00
70.00	07000 Electroencephalography	268	203,109	0.001319	2,595	3	70.00
71.00	07100 Medical Supplies Charged to Patients	39,105	8,956,451	0.004366	10,133	44	71.00
72.00	07200 Implantable Devices Chrgd to Patient	70,743	6,954,511	0.010172	3,876	39	72.00
73.00	07300 Drugs Charged to Patients	111,207	41,188,564	0.002700	1,210,815	3,269	73.00
74.00	07400 RENAL DIALYSIS	3,614	988,401	0.003656	19,652	72	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 Emergency	404,490	29,536,163	0.013695	346,016	4,739	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0	4,522,190	0.000000	0	0	92.00
200.00	Total (lines 50-199)	2,840,607	238,916,042		2,463,607	17,026	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240
Component CCN: 14S240

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

Worksheet D
Part IV
Date/Time Prepared:
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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	0	0	0 50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0 50.01
51.00	05100	Recovery Room	0	0	0	0	0 51.00
52.00	05200	Labor Room & Delivery Room	0	0	0	0	0 52.00
53.00	05300	Anesthesiology	0	0	0	0	0 53.00
54.00	05400	Radiology - Diagnostic	0	0	0	0	0 54.00
56.00	05600	Radioisotope	0	0	0	0	0 56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0 56.01
57.00	05700	CT Scan	0	0	0	0	0 57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	0	0 58.00
59.00	05900	Cardiac Catheterization	0	0	0	0	0 59.00
60.00	06000	Laboratory	0	0	0	0	0 60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	0 63.00
65.00	06500	Respiratory Therapy	0	0	0	0	0 65.00
66.00	06600	Physical Therapy	0	0	0	0	0 66.00
67.00	06700	Occupational Therapy	0	0	0	0	0 67.00
68.00	06800	Speech Pathology	0	0	0	0	0 68.00
69.00	06900	Electro cardiology	0	0	0	0	0 69.00
70.00	07000	Electroencephalography	0	0	0	0	0 70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	0 71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	0 72.00
73.00	07300	Drugs Charged to Patients	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	Emergency	0	0	0	0	0 91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	0 92.00
200.00		Total (lines 50-199)	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240
Component CCN: 14S240

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2013 5:21 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0	22,302,486	0.000000	0.000000	1,659	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	2,699,925	0.000000	0.000000	0	50.01
51.00	05100	Recovery Room	0	4,807,036	0.000000	0.000000	0	51.00
52.00	05200	Labor Room & Delivery Room	0	13,190,577	0.000000	0.000000	0	52.00
53.00	05300	Anesthesiology	0	5,141,911	0.000000	0.000000	28,821	53.00
54.00	05400	Radiology - Diagnostic	0	7,133,055	0.000000	0.000000	24,846	54.00
56.00	05600	Radioisotope	0	2,543,714	0.000000	0.000000	12,903	56.00
56.01	03630	ULTRA SOUND	0	7,253,942	0.000000	0.000000	6,192	56.01
57.00	05700	CT Scan	0	16,909,809	0.000000	0.000000	37,049	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	3,552,060	0.000000	0.000000	0	58.00
59.00	05900	Cardiac Catheterization	0	12,682,120	0.000000	0.000000	28,918	59.00
60.00	06000	Laboratory	0	28,241,675	0.000000	0.000000	648,433	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	2,227,563	0.000000	0.000000	1,119	63.00
65.00	06500	Respiratory Therapy	0	4,420,252	0.000000	0.000000	3,206	65.00
66.00	06600	Physical Therapy	0	4,932,051	0.000000	0.000000	8,493	66.00
67.00	06700	Occupational Therapy	0	3,502,135	0.000000	0.000000	4,117	67.00
68.00	06800	Speech Pathology	0	604,868	0.000000	0.000000	0	68.00
69.00	06900	Electro cardiology	0	4,421,474	0.000000	0.000000	64,764	69.00
70.00	07000	Electroencephalography	0	203,109	0.000000	0.000000	2,595	70.00
71.00	07100	Medical Supplies Charged to Patients	0	8,956,451	0.000000	0.000000	10,133	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	6,954,511	0.000000	0.000000	3,876	72.00
73.00	07300	Drugs Charged to Patients	0	41,188,564	0.000000	0.000000	1,210,815	73.00
74.00	07400	RENAL DIALYSIS	0	988,401	0.000000	0.000000	19,652	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	Emergency	0	29,536,163	0.000000	0.000000	346,016	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	4,522,190	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	238,916,042			2,463,607	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240
Component CCN: 14S240

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2013 5:21 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 Operating Room	0	0	0	0	0	50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.01
51.00	05100 Recovery Room	0	0	0	0	0	51.00
52.00	05200 Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00	05300 Anesthesiology	0	0	0	0	0	53.00
54.00	05400 Radiology - Diagnostic	0	3,073	0	0	0	54.00
56.00	05600 Radioisotope	0	0	0	0	0	56.00
56.01	03630 ULTRA SOUND	0	0	0	0	0	56.01
57.00	05700 CT Scan	0	0	0	0	0	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00	05900 Cardiac Catheterization	0	0	0	0	0	59.00
60.00	06000 Laboratory	0	0	0	0	0	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
65.00	06500 Respiratory Therapy	0	0	0	0	0	65.00
66.00	06600 Physical Therapy	0	0	0	0	0	66.00
67.00	06700 Occupational Therapy	0	0	0	0	0	67.00
68.00	06800 Speech Pathology	0	0	0	0	0	68.00
69.00	06900 Electro cardiology	0	5,221	0	0	0	69.00
70.00	07000 Electroencephalography	0	0	0	0	0	70.00
71.00	07100 Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00	07300 Drugs Charged to Patients	0	2,350	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 Emergency	0	16,560	0	0	0	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	27,204	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240
Component CCN: 14S240

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2013 5:21 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 Operating Room	0	0	50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0	0	50.01
51.00	05100 Recovery Room	0	0	51.00
52.00	05200 Labor Room & Delivery Room	0	0	52.00
53.00	05300 Anesthesiology	0	0	53.00
54.00	05400 Radiology - Diagnostic	0	0	54.00
56.00	05600 Radioisotope	0	0	56.00
56.01	03630 ULTRA SOUND	0	0	56.01
57.00	05700 CT Scan	0	0	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00	05900 Cardiac Catheterization	0	0	59.00
60.00	06000 Laboratory	0	0	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	0	63.00
65.00	06500 Respiratory Therapy	0	0	65.00
66.00	06600 Physical Therapy	0	0	66.00
67.00	06700 Occupational Therapy	0	0	67.00
68.00	06800 Speech Pathology	0	0	68.00
69.00	06900 Electro cardiology	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 Implantable Devices Chrgd 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
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 Emergency	0	0	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140240
Component CCN: 145240

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

Worksheet D
Part V
Date/Time Prepared:
11/22/2013 5:21 pm

Title XVIII

Subprovider -
IPF

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	0.270257	0	0	0	0	50.00
50.01 03340 GASTRO INTESTINAL SERVICES	0.188784	0	0	0	0	50.01
51.00 05100 Recovery Room	0.160082	0	0	0	0	51.00
52.00 05200 Labor Room & Delivery Room	0.199163	0	0	0	0	52.00
53.00 05300 Anesthesiology	0.051174	0	0	0	0	53.00
54.00 05400 Radiology - Diagnostic	0.328966	3,073	0	0	1,011	54.00
56.00 05600 Radioisotope	0.168805	0	0	0	0	56.00
56.01 03630 ULTRA SOUND	0.114283	0	0	0	0	56.01
57.00 05700 CT Scan	0.023470	0	0	0	0	57.00
58.00 05800 Magnetic Resonance Imaging (MRI)	0.082383	0	0	0	0	58.00
59.00 05900 Cardiac Catheterization	0.137819	0	0	0	0	59.00
60.00 06000 Laboratory	0.115258	0	0	0	0	60.00
63.00 06300 Blood Storing, Processing, & Trans.	0.126432	0	0	0	0	63.00
65.00 06500 Respiratory Therapy	0.147822	0	0	0	0	65.00
66.00 06600 Physical Therapy	0.315727	0	0	0	0	66.00
67.00 06700 Occupational Therapy	0.207154	0	0	0	0	67.00
68.00 06800 Speech Pathology	0.299356	0	0	0	0	68.00
69.00 06900 Electro cardiology	0.116137	5,221	0	0	606	69.00
70.00 07000 Electroencephalography	0.084890	0	0	0	0	70.00
71.00 07100 Medical Supplies Charged to Patients	0.182997	0	0	0	0	71.00
72.00 07200 Implantable Devices Chrgd to Patient	0.441677	0	0	0	0	72.00
73.00 07300 Drugs Charged to Patients	0.090212	2,350	0	0	212	73.00
74.00 07400 RENAL DIALYSIS	0.421603	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 Emergency	0.147396	16,560	0	0	2,441	91.00
92.00 09200 Observation Beds (Non-Distinct Part)	0.256651	0	0	0	0	92.00
200.00	Subtotal (see instructions)		27,204	0	4,270	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		27,204	0	4,270	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140240

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

Worksheet D
Part V
Date/Time Prepared:
11/22/2013 5:21 pm

Component CCN: 145240

Title XVIII

Subprovider -
IPF

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
50.01 03340 GASTRO INTESTINAL SERVICES	0	0		50.01
51.00 05100 Recovery Room	0	0		51.00
52.00 05200 Labor Room & Delivery Room	0	0		52.00
53.00 05300 Anesthesiology	0	0		53.00
54.00 05400 Radiology - Diagnostic	0	0		54.00
56.00 05600 Radioisotope	0	0		56.00
56.01 03630 ULTRA SOUND	0	0		56.01
57.00 05700 CT Scan	0	0		57.00
58.00 05800 Magnetic Resonance Imaging (MRI)	0	0		58.00
59.00 05900 Cardiac Catheterization	0	0		59.00
60.00 06000 Laboratory	0	0		60.00
63.00 06300 Blood Storing, Processing, & Trans.	0	0		63.00
65.00 06500 Respiratory Therapy	0	0		65.00
66.00 06600 Physical Therapy	0	0		66.00
67.00 06700 Occupational Therapy	0	0		67.00
68.00 06800 Speech Pathology	0	0		68.00
69.00 06900 Electro cardiology	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 Implantable Devices Chrgd 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
OUTPATIENT SERVICE COST CENTERS				
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: 140240
Component CCN: 14T240

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

Worksheet D
Part II
Date/Time Prepared:
11/22/2013 5:21 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	469,507	22,302,486	0.021052	11,537	243 50.00
50.01	03340	GASTRO INTESTINAL SERVICES	64,384	2,699,925	0.023847	0	0 50.01
51.00	05100	Recovery Room	54,509	4,807,036	0.011339	472	5 51.00
52.00	05200	Labor Room & Delivery Room	426,161	13,190,577	0.032308	0	0 52.00
53.00	05300	Anesthesiology	16,976	5,141,911	0.003301	0	0 53.00
54.00	05400	Radiology - Diagnostic	352,593	7,133,055	0.049431	65,712	3,248 54.00
56.00	05600	Radioisotope	28,682	2,543,714	0.011276	3,958	45 56.00
56.01	03630	ULTRA SOUND	28,929	7,253,942	0.003988	7,608	30 56.01
57.00	05700	CT Scan	35,222	16,909,809	0.002083	33,727	70 57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	27,448	3,552,060	0.007727	16,305	126 58.00
59.00	05900	Cardiac Catheterization	128,544	12,682,120	0.010136	0	0 59.00
60.00	06000	Laboratory	241,499	28,241,675	0.008551	587,110	5,020 60.00
63.00	06300	Blood Storing, Processing, & Trans.	11,553	2,227,563	0.005186	54,646	283 63.00
65.00	06500	Respiratory Therapy	28,564	4,420,252	0.006462	106,351	687 65.00
66.00	06600	Physical Therapy	200,699	4,932,051	0.040693	1,134,756	46,177 66.00
67.00	06700	Occupational Therapy	8,881	3,502,135	0.002536	1,416,757	3,593 67.00
68.00	06800	Speech Pathology	16,463	604,868	0.027218	217,545	5,921 68.00
69.00	06900	Electro cardiology	70,566	4,421,474	0.015960	17,353	277 69.00
70.00	07000	Electroencephalography	268	203,109	0.001319	1,786	2 70.00
71.00	07100	Medical Supplies Charged to Patients	39,105	8,956,451	0.004366	94,169	411 71.00
72.00	07200	Implantable Devices Chrgd to Patient	70,743	6,954,511	0.010172	3,321	34 72.00
73.00	07300	Drugs Charged to Patients	111,207	41,188,564	0.002700	1,216,019	3,283 73.00
74.00	07400	RENAL DIALYSIS	3,614	988,401	0.003656	93,331	341 74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	Emergency	404,490	29,536,163	0.013695	5,662	78 91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	4,522,190	0.000000	0	0 92.00
200.00		Total (lines 50-199)	2,840,607	238,916,042		5,088,125	69,874 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240
Component CCN: 14T240

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2013 5:21 pm
PPS

Title XVIII

Subprovider -
IRF

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0	0	0	0	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	50.01
51.00	05100	Recovery Room	0	0	0	0	51.00
52.00	05200	Labor Room & Delivery Room	0	0	0	0	52.00
53.00	05300	Anesthesiology	0	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	0	0	0	54.00
56.00	05600	Radioisotope	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	56.01
57.00	05700	CT Scan	0	0	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	0	0	59.00
60.00	06000	Laboratory	0	0	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	63.00
65.00	06500	Respiratory Therapy	0	0	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	0	66.00
67.00	06700	Occupational Therapy	0	0	0	0	67.00
68.00	06800	Speech Pathology	0	0	0	0	68.00
69.00	06900	Electro cardiology	0	0	0	0	69.00
70.00	07000	Electroencephalography	0	0	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	Emergency	0	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240
Component CCN: 14T240

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2013 5:21 pm

Title XVIII

Subprovider -
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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	0	22,302,486	0.000000	0.000000	11,537	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	2,699,925	0.000000	0.000000	0	50.01
51.00	05100	Recovery Room	0	4,807,036	0.000000	0.000000	472	51.00
52.00	05200	Labor Room & Delivery Room	0	13,190,577	0.000000	0.000000	0	52.00
53.00	05300	Anesthesiology	0	5,141,911	0.000000	0.000000	0	53.00
54.00	05400	Radiology - Diagnostic	0	7,133,055	0.000000	0.000000	65,712	54.00
56.00	05600	Radioisotope	0	2,543,714	0.000000	0.000000	3,958	56.00
56.01	03630	ULTRA SOUND	0	7,253,942	0.000000	0.000000	7,608	56.01
57.00	05700	CT Scan	0	16,909,809	0.000000	0.000000	33,727	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	3,552,060	0.000000	0.000000	16,305	58.00
59.00	05900	Cardiac Catheterization	0	12,682,120	0.000000	0.000000	0	59.00
60.00	06000	Laboratory	0	28,241,675	0.000000	0.000000	587,110	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	2,227,563	0.000000	0.000000	54,646	63.00
65.00	06500	Respiratory Therapy	0	4,420,252	0.000000	0.000000	106,351	65.00
66.00	06600	Physical Therapy	0	4,932,051	0.000000	0.000000	1,134,756	66.00
67.00	06700	Occupational Therapy	0	3,502,135	0.000000	0.000000	1,416,757	67.00
68.00	06800	Speech Pathology	0	604,868	0.000000	0.000000	217,545	68.00
69.00	06900	Electro cardiology	0	4,421,474	0.000000	0.000000	17,353	69.00
70.00	07000	Electroencephalography	0	203,109	0.000000	0.000000	1,786	70.00
71.00	07100	Medical Supplies Charged to Patients	0	8,956,451	0.000000	0.000000	94,169	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	6,954,511	0.000000	0.000000	3,321	72.00
73.00	07300	Drugs Charged to Patients	0	41,188,564	0.000000	0.000000	1,216,019	73.00
74.00	07400	RENAL DIALYSIS	0	988,401	0.000000	0.000000	93,331	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	Emergency	0	29,536,163	0.000000	0.000000	5,662	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	4,522,190	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	238,916,042			5,088,125	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240
Component CCN: 14T240

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2013 5:21 pm

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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	Operating Room	0	0	0	0	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	50.01
51.00	05100	Recovery Room	0	0	0	0	51.00
52.00	05200	Labor Room & Delivery Room	0	0	0	0	52.00
53.00	05300	Anesthesiology	0	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0	7,420	0	0	54.00
56.00	05600	Radioisotope	0	1,952	0	0	56.00
56.01	03630	ULTRA SOUND	0	3,394	0	0	56.01
57.00	05700	CT Scan	0	0	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0	0	0	0	59.00
60.00	06000	Laboratory	0	1,116	0	0	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0	0	0	0	63.00
65.00	06500	Respiratory Therapy	0	153	0	0	65.00
66.00	06600	Physical Therapy	0	0	0	0	66.00
67.00	06700	Occupational Therapy	0	0	0	0	67.00
68.00	06800	Speech Pathology	0	0	0	0	68.00
69.00	06900	Electro cardiology	0	2,540	0	0	69.00
70.00	07000	Electroencephalography	0	0	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0	4,481	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	Emergency	0	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	21,056	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240
Component CCN: 14T240

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2013 5:21 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 Operating Room	0	0	50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0	0	50.01
51.00	05100 Recovery Room	0	0	51.00
52.00	05200 Labor Room & Delivery Room	0	0	52.00
53.00	05300 Anesthesiology	0	0	53.00
54.00	05400 Radiology - Diagnostic	0	0	54.00
56.00	05600 Radioisotope	0	0	56.00
56.01	03630 ULTRA SOUND	0	0	56.01
57.00	05700 CT Scan	0	0	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00	05900 Cardiac Catheterization	0	0	59.00
60.00	06000 Laboratory	0	0	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0	0	63.00
65.00	06500 Respiratory Therapy	0	0	65.00
66.00	06600 Physical Therapy	0	0	66.00
67.00	06700 Occupational Therapy	0	0	67.00
68.00	06800 Speech Pathology	0	0	68.00
69.00	06900 Electro cardiology	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 Implantable Devices Chrgd 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
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 Emergency	0	0	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0	0	92.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140240

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

Worksheet D
Part V
Date/Time Prepared:
11/22/2013 5:21 pm

Component CCN: 14T240

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				PPS Services (see inst.)	PPS Services (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
		1.00	2.00	3.00	4.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	Operating Room	0.270257	0	0	0	0	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0.188784	0	0	0	0	50.01
51.00	05100	Recovery Room	0.160082	0	0	0	0	51.00
52.00	05200	Labor Room & Delivery Room	0.199163	0	0	0	0	52.00
53.00	05300	Anesthesiology	0.051174	0	0	0	0	53.00
54.00	05400	Radiology - Diagnostic	0.328966	7,420	0	0	2,441	54.00
56.00	05600	Radioisotope	0.168805	1,952	0	0	330	56.00
56.01	03630	ULTRA SOUND	0.114283	3,394	0	0	388	56.01
57.00	05700	CT Scan	0.023470	0	0	0	0	57.00
58.00	05800	Magnetic Resonance Imaging (MRI)	0.082383	0	0	0	0	58.00
59.00	05900	Cardiac Catheterization	0.137819	0	0	0	0	59.00
60.00	06000	Laboratory	0.115258	1,116	0	0	129	60.00
63.00	06300	Blood Storing, Processing, & Trans.	0.126432	0	0	0	0	63.00
65.00	06500	Respiratory Therapy	0.147822	153	0	0	23	65.00
66.00	06600	Physical Therapy	0.315727	0	0	0	0	66.00
67.00	06700	Occupational Therapy	0.207154	0	0	0	0	67.00
68.00	06800	Speech Pathology	0.299356	0	0	0	0	68.00
69.00	06900	Electro cardiology	0.116137	2,540	0	0	295	69.00
70.00	07000	Electroencephalography	0.084890	0	0	0	0	70.00
71.00	07100	Medical Supplies Charged to Patients	0.182997	0	0	0	0	71.00
72.00	07200	Implantable Devices Chrgd to Patient	0.441677	0	0	0	0	72.00
73.00	07300	Drugs Charged to Patients	0.090212	4,481	0	2,045	404	73.00
74.00	07400	RENAL DIALYSIS	0.421603	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	Emergency	0.147396	0	0	0	0	91.00
92.00	09200	Observation Beds (Non-Distinct Part)	0.256651	0	0	0	0	92.00
200.00		Subtotal (see instructions)		21,056	0	2,045	4,010	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		21,056	0	2,045	4,010	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140240

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

Worksheet D
Part V
Date/Time Prepared:
11/22/2013 5:21 pm

Component CCN: 14T240

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 Operating Room	0	0		50.00
50.01 03340 GASTRO INTESTINAL SERVICES	0	0		50.01
51.00 05100 Recovery Room	0	0		51.00
52.00 05200 Labor Room & Delivery Room	0	0		52.00
53.00 05300 Anesthesiology	0	0		53.00
54.00 05400 Radiology - Diagnostic	0	0		54.00
56.00 05600 Radioisotope	0	0		56.00
56.01 03630 ULTRA SOUND	0	0		56.01
57.00 05700 CT Scan	0	0		57.00
58.00 05800 Magnetic Resonance Imaging (MRI)	0	0		58.00
59.00 05900 Cardiac Catheterization	0	0		59.00
60.00 06000 Laboratory	0	0		60.00
63.00 06300 Blood Storing, Processing, & Trans.	0	0		63.00
65.00 06500 Respiratory Therapy	0	0		65.00
66.00 06600 Physical Therapy	0	0		66.00
67.00 06700 Occupational Therapy	0	0		67.00
68.00 06800 Speech Pathology	0	0		68.00
69.00 06900 Electro cardiology	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 Implantable Devices Chrgd to Patient	0	0		72.00
73.00 07300 Drugs Charged to Patients	0	184		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
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	184		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	184		202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140240

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

Worksheet D-1

Date/Time Prepared:
11/22/2013 5:21 pm

Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			19,481 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			19,481 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)			17,584 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)			6,908 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)			11,918,872 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)			11,918,872 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)			11,918,872 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)			611.82 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			4,226,453 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)			4,226,453 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140240

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

Worksheet D-1

Date/Time Prepared:
11/22/2013 5:21 pm

Cost Center Description	Title XVIII			Hospital	PPS	
	Total	Total	Average Per	Program Days	Program Cost	
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)		(col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 Nursery (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 Intensive Care Unit	3,160,597	2,116	1,493.67	991	1,480,227	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					6,732,200	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48) (see instructions)					12,438,880	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)					444,608	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					418,078	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					862,686	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,576,194	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					1,897	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					611.82	88.00
89.00 observation bed cost (line 87 x line 88) (see instructions)					1,160,623	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140240

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

Worksheet D-1

Date/Time Prepared:
11/22/2013 5:21 pm

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	894,647	11,918,872	0.075061	1,160,623	87,118	90.00
91.00 Nursing School cost	0	11,918,872	0.000000	1,160,623	0	91.00
92.00 Allied health cost	0	11,918,872	0.000000	1,160,623	0	92.00
93.00 All other Medical Education	0	11,918,872	0.000000	1,160,623	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140240	Period: From 07/01/2012	Worksheet D-1
		Component CCN: 14S240	To 06/30/2013	Date/Time Prepared: 11/22/2013 5:21 pm
		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)		7,483	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,483	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)		7,483	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)		2,997	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)		4,251,728	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)		4,251,728	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)		4,251,728	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)		568.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,702,835	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,702,835	41.00

Provider CCN: 140240 Period: From 07/01/2012 To 06/30/2013
Component CCN: 145240 Date/Time Prepared: 11/22/2013 5:21 pm

Worksheet D-1

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)	
42.00 Nursery (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	0 42.00
Intensive Care Type Inpatient Hospital Units						
43.00 Intensive Care Unit	0	0	0.00	0	0	0 43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					276,590	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,979,425	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)					177,632	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					17,026	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					194,658	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,784,767	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: 140240
Component CCN: 14s240

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

Worksheet D-1
Date/Time Prepared:
11/22/2013 5:21 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	443,528	4,251,728	0.104317	0	0	90.00
91.00 Nursing School cost	0	4,251,728	0.000000	0	0	91.00
92.00 Allied health cost	0	4,251,728	0.000000	0	0	92.00
93.00 All other Medical Education	0	4,251,728	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140240	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1
Component CCN: 14T240		Date/Time Prepared: 11/22/2013 5:21 pm
Title XVIII	Subprovider - IRF	PPS

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,065	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,065	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)	4,065	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)	2,121	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	3,035,482	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,035,482	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,035,482	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)	746.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,583,836	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,583,836	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140240
Component CCN: 14T240

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

Worksheet D-1
Date/Time Prepared:
11/22/2013 5:21 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
	1.00	2.00	3.00	4.00	5.00	
42.00 Nursery (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 Intensive Care Unit	0	0	0.00	0	0	43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					1,006,429	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,590,265	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)					241,349	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					69,874	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					311,223	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,279,042	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: 140240
 Component CCN: 14T240

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

Worksheet D-1
 Date/Time Prepared:
 11/22/2013 5:21 pm

Title XVIII

Subprovider -
 IRF

PPS

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	462,543	3,035,482	0.152379	0	0	90.00
91.00 Nursing School cost	0	3,035,482	0.000000	0	0	91.00
92.00 Allied health cost	0	3,035,482	0.000000	0	0	92.00
93.00 All other Medical Education	0	3,035,482	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140240

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

Worksheet D-3

Date/Time Prepared:
11/22/2013 5:21 pm

Cost Center Description		Title XVIII		Hospital		PPS
		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		20,355,425			30.00
31.00	03100 Intensive Care Unit		3,901,149			31.00
40.00	04000 SUBPROVIDER - IPF		0			40.00
41.00	04100 SUBPROVIDER - IRF		0			41.00
43.00	04300 Nursery					43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 Operating Room	0.271370	2,923,046	793,227		50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0.188784	439,411	82,954		50.01
51.00	05100 Recovery Room	0.160082	685,447	109,728		51.00
52.00	05200 Labor Room & Delivery Room	0.199163	11,534	2,297		52.00
53.00	05300 Anesthesiology	0.051174	560,730	28,695		53.00
54.00	05400 Radiology - Diagnostic	0.328966	1,197,440	393,917		54.00
56.00	05600 Radioisotope	0.168805	445,197	75,151		56.00
56.01	03630 ULTRA SOUND	0.114283	654,680	74,819		56.01
57.00	05700 CT Scan	0.023470	2,259,302	53,026		57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0.082383	471,324	38,829		58.00
59.00	05900 Cardiac Catheterization	0.138284	3,737,458	516,831		59.00
60.00	06000 Laboratory	0.115258	8,094,037	932,903		60.00
63.00	06300 Blood Storing, Processing, & Trans.	0.126432	699,168	88,397		63.00
65.00	06500 Respiratory Therapy	0.147822	1,641,448	242,642		65.00
66.00	06600 Physical Therapy	0.315727	255,727	80,740		66.00
67.00	06700 Occupational Therapy	0.207154	331,513	68,674		67.00
68.00	06800 Speech Pathology	0.299356	100,701	30,145		68.00
69.00	06900 Electro cardiology	0.116137	1,338,480	155,447		69.00
70.00	07000 Electroencephalography	0.084890	87,147	7,398		70.00
71.00	07100 Medical Supplies Charged to Patients	0.182997	1,702,610	311,573		71.00
72.00	07200 Implantable Devices Chrgd to Patient	0.441677	1,987,087	877,651		72.00
73.00	07300 Drugs Charged to Patients	0.090212	11,971,070	1,079,934		73.00
74.00	07400 RENAL DIALYSIS	0.421603	503,851	212,425		74.00
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 Emergency	0.147477	2,534,880	373,836		91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0.256651	393,379	100,961		92.00
200.00	Total (sum of lines 50-94 and 96-98)		45,026,667	6,732,200		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)		45,026,667			202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 140240	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3
	Component CCN: 14S240		Date/Time Prepared: 11/22/2013 5:21 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 Adults & Pediatrics		0		30.00
31.00	03100 Intensive Care Unit		0		31.00
40.00	04000 SUBPROVIDER - IPF		6,029,579		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 Nursery				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 Operating Room	0.271370	1,659	450	50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0.188784	0	0	50.01
51.00	05100 Recovery Room	0.160082	0	0	51.00
52.00	05200 Labor Room & Delivery Room	0.199163	0	0	52.00
53.00	05300 Anesthesiology	0.051174	28,821	1,475	53.00
54.00	05400 Radiology - Diagnostic	0.328966	24,846	8,173	54.00
56.00	05600 Radioisotope	0.168805	12,903	2,178	56.00
56.01	03630 ULTRA SOUND	0.114283	6,192	708	56.01
57.00	05700 CT Scan	0.023470	37,049	870	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0.082383	0	0	58.00
59.00	05900 Cardiac Catheterization	0.138284	28,918	3,999	59.00
60.00	06000 Laboratory	0.115258	648,433	74,737	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0.126432	1,119	141	63.00
65.00	06500 Respiratory Therapy	0.147822	3,206	474	65.00
66.00	06600 Physical Therapy	0.315727	8,493	2,681	66.00
67.00	06700 Occupational Therapy	0.207154	4,117	853	67.00
68.00	06800 Speech Pathology	0.299356	0	0	68.00
69.00	06900 Electro cardiology	0.116137	64,764	7,521	69.00
70.00	07000 Electroencephalography	0.084890	2,595	220	70.00
71.00	07100 Medical Supplies Charged to Patients	0.182997	10,133	1,854	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0.441677	3,876	1,712	72.00
73.00	07300 Drugs Charged to Patients	0.090212	1,210,815	109,230	73.00
74.00	07400 RENAL DIALYSIS	0.421603	19,652	8,285	74.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 Emergency	0.147477	346,016	51,029	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0.256651	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		2,463,607	276,590	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)		2,463,607		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140240

Period:

Worksheet D-3

Component CCN: 14T240

From 07/01/2012

To 06/30/2013

Date/Time Prepared:

11/22/2013 5:21 pm

Title XVIII

Subprovider -

IRF

PPS

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 Adults & Pediatrics		0		30.00
31.00	03100 Intensive Care Unit		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		3,181,808		41.00
43.00	04300 Nursery				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 Operating Room	0.271370	11,537	3,131	50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0.188784	0	0	50.01
51.00	05100 Recovery Room	0.160082	472	76	51.00
52.00	05200 Labor Room & Delivery Room	0.199163	0	0	52.00
53.00	05300 Anesthesiology	0.051174	0	0	53.00
54.00	05400 Radiology - Diagnostic	0.328966	65,712	21,617	54.00
56.00	05600 Radioisotope	0.168805	3,958	668	56.00
56.01	03630 ULTRA SOUND	0.114283	7,608	869	56.01
57.00	05700 CT Scan	0.023470	33,727	792	57.00
58.00	05800 Magnetic Resonance Imaging (MRI)	0.082383	16,305	1,343	58.00
59.00	05900 Cardiac Catheterization	0.138284	0	0	59.00
60.00	06000 Laboratory	0.115258	587,110	67,669	60.00
63.00	06300 Blood Storing, Processing, & Trans.	0.126432	54,646	6,909	63.00
65.00	06500 Respiratory Therapy	0.147822	106,351	15,721	65.00
66.00	06600 Physical Therapy	0.315727	1,134,756	358,273	66.00
67.00	06700 Occupational Therapy	0.207154	1,416,757	293,487	67.00
68.00	06800 Speech Pathology	0.299356	217,545	65,123	68.00
69.00	06900 Electro cardiology	0.116137	17,353	2,015	69.00
70.00	07000 Electroencephalography	0.084890	1,786	152	70.00
71.00	07100 Medical supplies charged to Patients	0.182997	94,169	17,233	71.00
72.00	07200 Implantable Devices Chrgd to Patient	0.441677	3,321	1,467	72.00
73.00	07300 Drugs Charged to Patients	0.090212	1,216,019	109,700	73.00
74.00	07400 RENAL DIALYSIS	0.421603	93,331	39,349	74.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 Emergency	0.147477	5,662	835	91.00
92.00	09200 Observation Beds (Non-Distinct Part)	0.256651	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		5,088,125	1,006,429	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)		5,088,125		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140240	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/22/2013 5:21 pm
		Title XVIII	Hospital	PPS
		0	before 1/1	on/after 1/1
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		11,654,504	1.00
2.00	Outlier payments for discharges, (see instructions)		110,763	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		1,543,176	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		127.80	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)		36.87	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.		-34.87	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		2.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		1.50	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)		1.50	12.00
13.00	Total allowable FTE count for the prior year.		30.53	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.		34.88	14.00
15.00	Sum of lines 12 through 14 divided by 3.		22.30	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		22.30	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.174491	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.276440	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.174491	21.00
22.00	IME payment adjustment (see instructions)		1,199,181	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. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		1,199,181	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.88	30.00
31.00	Percentage of Medicaid patient days (see instructions)		39.05	31.00
32.00	Sum of lines 30 and 31		46.93	32.00
33.00	Allowable disproportionate share percentage (see instructions)		27.93	33.00
34.00	Disproportionate share adjustment (see instructions)		3,255,103	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0 41.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140240

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

Worksheet E
Part A
Date/Time Prepared:
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		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
			1.00	1.01	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0		46.00
47.00	Subtotal (see instructions)		16,219,551		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		16,219,551		49.00
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)		1,143,528		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).		877,496		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs (from wkst D, Part III, column 9, lines 30-35).		0		57.00
58.00	Ancillary service other pass through costs worksheet D, Part IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		18,240,575		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		18,240,575		61.00
62.00	Deductibles billed to program beneficiaries		1,040,180		62.00
63.00	Coinurance billed to program beneficiaries		197,320		63.00
64.00	Allowable bad debts (see instructions)		850,439		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		595,307		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		711,075		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		17,598,382		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 (SEQUESTRATION)		0		70.00
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		-18,247		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-29,298		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume Payment-1 (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low Volume Payment-2 (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		17,550,837		71.00
71.01	Sequestration adjustment (see instructions)		87,754		71.01
72.00	Interim payments		18,594,370		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		-1,131,287		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		157,769		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time value of Money		0.00		94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140240

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

Worksheet E
Part A
Date/Time Prepared:
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		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
		0	1.00	1.01	
95.00	Time Value of Money for operating expenses (see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 140240

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

worksheet DSH
Date/Time Prepared:
11/22/2013 5:21 pm

		Title XVIII		Hospital		PPS	
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	7.88	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	39.05	0.00			39.05	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	46.93	0.00			39.05	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	127.80	0.00			127.80	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	27.93	0.00			21.43	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	7.88	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (worksheet S-2, line 75, column 1 = "y")	Yes				Yes	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	7.24	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (worksheet S-2, line 24, column 1)	5,899	0			5,899	15.00
16.00	In-State Medicaid eligible unpaid paid days (worksheet S-2, line 24, column 2)	0	0			0	16.00
17.00	Out-of-State Medicaid paid days (worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (worksheet S-2, line 24, column 5)	0	0			0	19.00
20.00	Other Medicaid days (worksheet S-2, line 24, column 6)	2,573	0			2,573	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	8,472	0			8,472	21.00
22.00	Total patient days (worksheet S-3, Part I, Column 8, Line 14)	21,694	0			21,694	22.00
23.00	Plus total labor room days (worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	21,694	0			21,694	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	39.05	0.00			39.05	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 140240

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

Worksheet DSH

Date/Time Prepared:
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Title XVIII

Hospital

PPS

		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	27.93		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		27.93		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		27.93		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle ammendment? (worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is this a Rural Referral Center? (worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Cummunity hospital? (worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 140240

Period:
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Worksheet DSH

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Title XVIII

Hospital

PPS

		Revised Percentage 6.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	21.43	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00
30.00	Line 28 or 29 as applicable	21.43	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	21.43	31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140240

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

Worksheet E
Part B
Date/Time Prepared:
11/22/2013 5:21 pm

		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,333	1.00
2.00	Medical and other services reimbursed under OPPI (see instructions)		3,764,118	2.00
3.00	PPS payments		3,567,666	3.00
4.00	Outlier payment (see instructions)		92,459	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)		2,333	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		25,859	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)		25,859	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)		25,859	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		23,526	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)		2,333	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)		3,660,125	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)		809,182	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)		2,853,276	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)		194,838	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)		3,048,114	30.00
31.00	Primary payer payments		775	31.00
32.00	Subtotal (line 30 minus line 31)		3,047,339	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)		514,199	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		359,939	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		464,517	36.00
37.00	Subtotal (see instructions)		3,407,278	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		3,407,278	40.00
40.01	Sequestration adjustment (see instructions)		17,036	40.01
41.00	Interim payments		3,387,870	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		2,372	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
			overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	override of Ancillary service charges (line 12)		0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140240
Component CCN: 14S240

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

Worksheet E
Part B
Date/Time Prepared:
11/22/2013 5:21 pm

Title XVIII

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)	4,270	2.00
3.00	PPS payments	4,076	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)	4,076	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)	845	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)	3,231	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)	3,231	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	3,231	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)	3,231	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	3,231	40.00
40.01	Sequestration adjustment (see instructions)	16	40.01
41.00	Interim payments	3,204	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	11	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
		Overrides	
		1.00	
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140240
Component CCN: 14T240

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

Worksheet E
Part B
Date/Time Prepared:
11/22/2013 5:21 pm

Title XVIII

Subprovider -
IRF

PPS

1.00

PART B - MEDICAL AND OTHER HEALTH SERVICES

1.00	Medical and other services (see instructions)	184	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	4,010	2.00
3.00	PPS payments	2,565	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)	184	11.00

COMPUTATION OF LESSER OF COST OR CHARGES

Reasonable charges

12.00	Ancillary service charges	2,045	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)	2,045	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)	2,045	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	1,861	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)	184	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	2,565	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)	627	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)	2,122	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)	2,122	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	2,122	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)	2,122	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	2,122	40.00
40.01	Sequestration adjustment (see instructions)	11	40.01
41.00	Interim payments	1,939	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	172	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

overrides

1.00

WORKSHEET OVERRIDE VALUES

112.00	override of Ancillary service charges (line 12)	0	112.00
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140240

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

Worksheet E-1
Part I
Date/Time Prepared:
11/22/2013 5:21 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		18,352,397		3,418,712	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	02/08/2013	213,724		0	3.01	
3.02		05/07/2013	28,249		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0	02/08/2013	29,285	3.50	
3.51			0	05/07/2013	1,557	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)		241,973		-30,842	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)		18,594,370		3,387,870	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		19,408	6.01	
6.02	SETTLEMENT TO PROGRAM		1,043,533		0	6.02	
7.00	Total Medicare program liability (see instructions)		17,550,837		3,407,278	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: 140240

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

Worksheet E-1
Part I
Date/Time Prepared:
11/22/2013 5:21 pm

Component CCN: 14S240

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		2,081,895		3,204	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		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		2,081,895		3,204	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		4,356		27	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,086,251		3,231	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: 140240
Component CCN: 14T240

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

Worksheet E-1
Part I
Date/Time Prepared:
11/22/2013 5:21 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		3,141,687		1,939	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		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	02/08/2013	12,281		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)		-12,281		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)		3,129,406		1,939	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		151,187		183	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,280,593		2,122	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

Provider CCN: 140240		Period:	Worksheet E-3
Component CCN: 145240		From 07/01/2012	Part II
Title XVIII		To 06/30/2013	Date/Time Prepared:
Subprovider - IPF		11/22/2013 5:21 pm	
			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)	2,320,933	1.00
2.00	Net IPF PPS Outlier Payments	0	2.00
3.00	Net IPF PPS ECT Payments	16,393	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)	20,501370	9.00
10.00	Indirect Medical Education Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$.	0.000000	10.00
11.00	Indirect Medical Education 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)	2,337,326	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)	0	14.00
15.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)	0	15.00
16.00	Subtotal (see instructions)	2,337,326	16.00
17.00	Primary payer payments	10,872	17.00
18.00	Subtotal (line 16 less line 17).	2,326,454	18.00
19.00	Deductibles	119,060	19.00
20.00	Subtotal (line 18 minus line 19)	2,207,394	20.00
21.00	Coinsurance	121,143	21.00
22.00	Subtotal (line 20 minus line 21)	2,086,251	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)	2,086,251	26.00
27.00	Direct graduate medical education payments (from worksheet E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	0	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEQUESTRATION)	0	30.00
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	2,086,251	31.00
31.01	Sequestration adjustment (see instructions)	10,431	31.01
32.00	Interim payments	2,081,895	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	-6,075	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	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140240	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part III Date/Time Prepared: 11/22/2013 5:21 pm
		Component CCN: 14T240		PPS
		Title XVIII	Subprovider - IRF	

				1.00	
PART III - MEDICARE PART A SERVICES - IRF PPS					
1.00	Net Federal PPS Payment (see instructions)			2,891,731	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0724	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			423,928	3.00
4.00	Outlier Payments			33,584	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)			11.136986	10.00
11.00	Indirect Medical Education Adjustment Factor $\{((1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1)\}$.			0.000000	11.00
12.00	Indirect Medical Education Adjustment (line 1 multiplied by line 11).			0	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			3,349,243	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0	15.00
16.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)			0	16.00
17.00	Subtotal (see instructions)			3,349,243	17.00
18.00	Primary payer payments			0	18.00
19.00	Subtotal (line 17 less line 18).			3,349,243	19.00
20.00	Deductibles			25,712	20.00
21.00	Subtotal (line 19 minus line 20)			3,323,531	21.00
22.00	Coinsurance			42,938	22.00
23.00	Subtotal (line 21 minus line 22)			3,280,593	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)			3,280,593	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 49)			0	28.00
29.00	Other pass through costs (see instructions)			0	29.00
30.00	Outlier payments reconciliation			0	30.00
31.00	OTHER ADJUSTMENTS (SEQUESTRATION)			0	31.00
31.99	Recovery of Accelerated Depreciation			0	31.99
32.00	Total amount payable to the provider (see instructions)			3,280,593	32.00
32.01	Sequestration adjustment (see instructions)			16,403	32.01
33.00	Interim payments			3,129,406	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			134,784	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0	36.00
TO BE COMPLETED BY CONTRACTOR					
50.00	Original outlier amount from worksheet E-3, Part III, line 4			33,584	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: 140240

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

Worksheet E-4

Date/Time Prepared:
11/22/2013 5:21 pm

		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.				36.33 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))				-34.33 4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)				0.00 4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)				0.00 4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts				2.00 5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)				1.50 6.00
7.00	Enter the lesser of line 5 or line 6				1.50 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.	1.50	0.00	1.50	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.	1.50	0.00	1.50	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	1.50	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	29.63	0.90		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	31.90	3.21		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	21.01	1.37		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	21.01	1.37		17.00
18.00	Per resident amount	108,754.52	105,833.42		18.00
19.00	Approved amount for resident costs	2,284,932	144,992	2,429,924	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)				2,429,924 25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	13,017	900		26.00
27.00	Total Inpatient Days (see instructions)	31,248	31,248		27.00
28.00	Ratio of inpatient days to total inpatient days	0.416571	0.028802		28.00
29.00	Program direct GME amount	1,012,236	69,987		29.00
30.00	Reduction for direct GME payments for Medicare managed care		9,889		30.00
31.00	Net Program direct GME amount			1,072,334	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 140240

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

worksheet E-4

Date/Time Prepared:
11/22/2013 5:21 pm

		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (worksheet C, Part I, column 8, sum of lines 74 and 94)		988,401	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		17,008,570	37.00
38.00	Organ acquisition costs (worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		10,872	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		16,997,698	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		3,774,915	42.00
43.00	Primary payer payments (see instructions)		775	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		3,774,140	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		20,771,838	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.818305	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.181695	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,072,334	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(title XVIII only)(see instructions)		877,496	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		194,838	50.00

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

Provider CCN: 140240

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

Worksheet G

Date/Time Prepared:
11/22/2013 5:21 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	-7,498	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	18,561,597	0	0	0	4.00
5.00 Other receivable	246,529	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-4,494,421	0	0	0	6.00
7.00 Inventory	1,529,579	0	0	0	7.00
8.00 Prepaid expenses	98,814	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	15,934,600	0	0	0	11.00
FIXED ASSETS					
12.00 Land	5,200,000	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	9,532,097	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	9,048,482	0	0	0	23.00
24.00 Accumulated depreciation	-4,799,958	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	78,838	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	19,059,459	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	0	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	-1,412	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	-1,412	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	34,992,647	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	4,910,169	0	0	0	37.00
38.00 Salaries, wages, and fees payable	3,228,164	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	1,211,000	0	0	0	43.00
44.00 Other current liabilities	0	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	9,349,333	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	44,171,130	0	0	0	46.00
47.00 Notes payable	1,484,464	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	993,022	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	46,648,616	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	55,997,949	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	-21,005,302				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)	-21,005,302	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	34,992,647	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140240

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

Worksheet G-1

Date/Time Prepared:
11/22/2013 5:21 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		-79,216,795			0	1.00
2.00	Net income (loss) (from wkst. G-3, line 29)		-11,891,273				2.00
3.00	Total (sum of line 1 and line 2)		-91,108,068			0	3.00
4.00	RECONCILING ITEM	70,102,766		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		70,102,766			0	10.00
11.00	Subtotal (line 3 plus line 10)		-21,005,302			0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-21,005,302			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	RECONCILING ITEM		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: 140240

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/22/2013 5:21 pm

Cost Center Description	Inpatient	Outpatient	Total	
	1.00	2.00	3.00	
PART I - PATIENT REVENUES				
General Inpatient Routine Services				
1.00 Hospital	49,725,290		49,725,290	1.00
2.00 SUBPROVIDER - IPF	15,016,029		15,016,029	2.00
3.00 SUBPROVIDER - IRF	5,921,310		5,921,310	3.00
4.00 SUBPROVIDER				4.00
5.00 Swing bed - SNF	0		0	5.00
6.00 Swing bed - NF	0		0	6.00
7.00 SKILLED NURSING FACILITY				7.00
8.00 NURSING FACILITY				8.00
9.00 OTHER LONG TERM CARE				9.00
10.00 Total general inpatient care services (sum of lines 1-9)	70,662,629		70,662,629	10.00
Intensive Care Type Inpatient Hospital Services				
11.00 Intensive Care Unit	7,858,497		7,858,497	11.00
12.00 CORONARY CARE UNIT				12.00
13.00 BURN INTENSIVE CARE UNIT				13.00
14.00 SURGICAL INTENSIVE CARE UNIT				14.00
15.00 OTHER SPECIAL CARE (SPECIFY)				15.00
16.00 Total intensive care type inpatient hospital services (sum of lines 11-15)	7,858,497		7,858,497	16.00
17.00 Total inpatient routine care services (sum of lines 10 and 16)	78,521,126		78,521,126	17.00
18.00 Ancillary services	122,353,232	82,504,456	204,857,688	18.00
19.00 Outpatient services	8,670,225	25,388,127	34,058,352	19.00
20.00 RURAL HEALTH CLINIC	0	0	0	20.00
21.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULANCE SERVICES				23.00
24.00 CMHC				24.00
25.00 AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00 HOSPICE				26.00
27.00 OTHER (SPECIFY)	0	0	0	27.00
27.01 DIETARY	0	690	690	27.01
27.02 PHYSICIAN CLINIC	0	12,043	12,043	27.02
28.00 Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	209,544,583	107,905,316	317,449,899	28.00
PART II - OPERATING EXPENSES				
29.00 operating expenses (per wkst. A, column 3, line 200)		82,489,553		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)		82,489,553		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140240

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

Worksheet G-3

Date/Time Prepared:
11/22/2013 5:21 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	317,449,899	1.00
2.00	Less contractual allowances and discounts on patients' accounts	247,210,888	2.00
3.00	Net patient revenues (line 1 minus line 2)	70,239,011	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	82,489,553	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-12,250,542	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,100,940	22.00
23.00	Governmental appropriations	0	23.00
24.00	HOSPICE BED RENTAL	191,682	24.00
25.00	Total other income (sum of lines 6-24)	1,292,622	25.00
26.00	Total (line 5 plus line 25)	-10,957,920	26.00
27.00	OTHER EXPENSES (SPECIFY)	933,353	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	933,353	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-11,891,273	29.00

Provider CCN: 140240

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

Worksheet L
 Parts I-III
 Date/Time Prepared:
 11/22/2013 5:21 pm

		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		930,899	1.00
2.00	Capital DRG outlier payments		4,666	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		53.97	3.00
4.00	Number of interns & residents (see instructions)		22.30	4.00
5.00	Indirect medical education percentage (see instructions)		12.37	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		115,152	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		7.88	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		39.05	8.00
9.00	Sum of lines 7 and 8		46.93	9.00
10.00	Allowable disproportionate share percentage (see instructions)		9.97	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		92,811	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,143,528	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