

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 Provider CCN: 140250 Period: From 01/01/2013 To 12/31/2013 Worksheet S Parts I-III Date/Time Prepared: 5/29/2014 8:30 am

SETTLEMENT SUMMARY

PART I - COST REPORT STATUS		
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/29/2014 Time: 8:30 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SOUTH SUBURBAN HOSPITAL (140250) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	7,616	674,312	124,671	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	32,436	0	0	0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	40,052	674,312	124,671	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: 140250		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 8:20 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 178TH STREET AND KEDZIE AVE			PO Box:						1.00	
2.00	City: HAZELCREST			State: IL		Zip Code: 60429-		County: COOK		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
		V			XVIII			XIX			
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		SOUTH SUBURBAN HOSPITAL	140250	29404	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF		SOUTH SUBURBAN NURSING UNIT	145599	29404		05/01/1988	N	P	0	9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2013	12/31/2013		20.00	
21.00	Type of Control (see instructions)						2		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	Y		22.01	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						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 days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		4,477	2,111	0	13	964		0	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.		0	0	0	0	0		0	25.00	
							Urban/Rural Status	Date of Geographic			
							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: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 8:20 am		
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N			39.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140250		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 8:20 am	
	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.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					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.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
					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		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N			106.00

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		V	XIX			
		1.00	2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	6,585,404	2,191,217			0118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		148036		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 8:20 am		
1.00		2.00		3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name: ADVOCATE HEALTHCARE	Contractor's Name: NATIONAL GOVT SERV		Contractor's Number: 00131		
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box:				
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515		
				1.00		
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				Y	145.00
				1.00		
				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		
		1.00		2.00		
		Title V		Title XIX		
		3.00		4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
161.10	CORF		N	N	N	161.10
				1.00		
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00
		Name		County		
		0		1.00		
		State		Zip Code		
		2.00		3.00		
		CBSA		FTE/Campus		
		4.00		5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5				0.00	166.00
				1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.50	169.00
		Beginning		Ending		
		1.00		2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				01/01/2013	12/31/2013
		1.00		2.00		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/29/2014 8:20 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		Y		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		N		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
			Y/N		
			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.			N	15.00
			Part A		Part B
			Description	Y/N	Date
			0	1.00	2.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	04/23/2014	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140250

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

Worksheet S-2
Part II
Date/Time Prepared:
5/29/2014 8:20 am

	Description	Part A		Part B		
		Y/N	Date	Y/N		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	2.00	N	3.00	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					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
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.					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.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
						Y/N 1.00
						Date 2.00
Home Office Costs						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
						1.00
						2.00
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.	STEVE		PYRCIOCH		41.00
42.00	Enter the employer/company name of the cost report preparer	ADVOCATE HEALTH CARE				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5762		STEVE.PYRCIOCH@ADVOCATEHEALTH.COM		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/23/2014	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF REIMBURSEMENT	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

HFS Supplemental Information		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part IX Date/Time Prepared: 5/29/2014 8:20 am	
			Title V	Title XIX	
			1.00	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	Outpatient	
			1.00	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	Title XIX	
			1.00	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140250

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2014 8:20 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	223	81,395	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)		223	81,395	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		243	88,695	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	41	14,965		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		284				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140250

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2014 8:20 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	14,409	4,043	34,163			1.00
2.00 HMO and other (see instructions)	7,458	964				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)	14,409	4,043	34,163			7.00
8.00 INTENSIVE CARE UNIT	3,449	627	4,966			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,640	2,187			13.00
14.00 Total (see instructions)	17,858	6,310	41,316	0.00	1,046.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	7,003	0	10,040	0.00	46.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	37	1,358			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,092.00	27.00
28.00 Observation Bed Days		565	6,042			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	291	427			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140250

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2014 8:20 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,008	1,179	10,228	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	4,008	1,179	10,228	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140250

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2014 8:20 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	68,934,143	-1	68,934,142	2,276,509.00	30.28
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		531,273	0	531,273	2,549.00	208.42
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		2,489	0	2,489	1.00	2,489.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	2,647,695	0	2,647,695	96,304.00	27.49
10.00	Excluded area salaries (see instructions)		78,443	82,196	160,639	4,567.00	35.17
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		3,966,287	0	3,966,287	71,136.00	55.76
12.00	Contract management and administrative services		900,319	0	900,319	7,164.00	125.67
13.00	Contract Labor: Physician-Part A - Administrative		532,373	0	532,373	2,500.00	212.95
14.00	Home office salaries & wage-related costs		6,655,102	0	6,655,102	100,793.00	66.03
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		18,879,570	0	18,879,570		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		770,672	0	770,672		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,008,009	0	2,008,009	21,237.00	94.55
27.00	Administrative & General	5.00	8,466,371	-424,426	8,041,945	281,696.00	28.55
28.00	Administrative & General under contract (see inst.)		898,907	0	898,907	7,149.00	125.74
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,961,461	0	1,961,461	75,317.00	26.04
31.00	Laundry & Linen Service	8.00	120,977	0	120,977	8,258.00	14.65
32.00	Housekeeping	9.00	1,379,079	0	1,379,079	97,802.00	14.10
33.00	Housekeeping under contract (see instructions)		1,412	0	1,412	15.00	94.13
34.00	Dietary	10.00	1,845,422	-908,573	936,849	55,986.00	16.73
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	908,573	908,573	54,296.00	16.73
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	3,747,045	0	3,747,045	83,824.00	44.70
39.00	Central Services and Supply	14.00	437,257	44,231	481,488	24,461.00	19.68
40.00	Pharmacy	15.00	2,583,516	0	2,583,516	59,883.00	43.14
41.00	Medical Records & Medical Records Library	16.00	1,102,336	0	1,102,336	52,333.00	21.06

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140250

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2014 8:20 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	717,987	0	717,987	20,530.00	34.97	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140250

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2014 8:20 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	69,831,973	-1	69,831,972	2,283,672.00	30.58	1.00
2.00	Excluded area salaries (see instructions)	2,726,138	82,196	2,808,334	100,871.00	27.84	2.00
3.00	Subtotal salaries (line 1 minus line 2)	67,105,835	-82,197	67,023,638	2,182,801.00	30.71	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,054,081	0	12,054,081	181,593.00	66.38	4.00
5.00	Subtotal wage-related costs (see inst.)	18,879,570	0	18,879,570	0.00	28.17	5.00
6.00	Total (sum of lines 3 thru 5)	98,039,486	-82,197	97,957,289	2,364,394.00	41.43	6.00
7.00	Total overhead cost (see instructions)	25,269,779	-380,195	24,889,584	842,787.00	29.53	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2014 8:20 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,356,762 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			1,354,854 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			174,350 6.00
7.00	Employee Managed Care Program Administration Fees			914,318 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			4,622,803 8.00
9.00	Prescription Drug Plan			1,220,329 9.00
10.00	Dental, Hearing and Vision Plan			294,776 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			103,736 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			567,597 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			2,520,500 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			4,898,892 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			127,635 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			181,564 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			541,454 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			18,879,570 24.00
Part B - Other than Core Related Cost				
25.00	OTHER EMPLOYEE COSTS			156,633 25.00

WAGE INDEX PENSION COST SCHEDULE		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Exhibit 3 Date/Time Prepared: 5/29/2014 8:20 am
				1.00
Step 1: Determine the 3-Year Averaging Period				
1.00	Wage Index fiscal year ending.		2017	1.00
		From	To	
		1.00	2.00	
2.00	Provider cost reporting period used for Wage Index year shown on line 1.	01/01/2013	12/31/2013	2.00
3.00	Midpoint of provider's cost reporting period shown on line 2. (adjust response to first of month)	07/01/2013		3.00
4.00	Date beginning the 3-year averaging period. (subtract 18 months from midpoint shown on line 3)	01/01/2012		4.00
5.00	Date ending the of the 3-year averaging period. (add 18 months to midpoint shown on line 3)	12/31/2014		5.00
Step 2: Adjust Averaging Period for a New Plan(See Instructions) (Leave lines 6 through 8 blank if the provider has not elected to use an adjusted averaging period)				
6.00	Effective date of pension plan			6.00
7.00	First day of the provider cost reporting period containing the pension plan effective date.			7.00
8.00	Starting date of the adjusted averaging period. (date on line 7 if first of the month, otherwise to first of the month immediately preceding or following the date in line 7). If this date occurs after the period shown on line 2 (Step 1), stop here and see instructions. No cost is reportable for a period which is excluded from the averaging period.			8.00
Step 3: Average Pension Contribution During the Averaging Period				
9.00	Beginning date of averaging period from line 4 or line 8.	01/01/2012		9.00
10.00	Ending date of averaging period from line 5	12/31/2014		10.00
		Deposit Date	Contributions	
		1.00	2.00	
11.00	Enter provider contributions made during the averaging period shown on lines 9 & 10. Add additional lines as necessary if more than 15 contributions are made during the cost reporting period. (Data may be grouped within the averaging period to agree with documentation records (enter beginning date of grouped date range))			11.00
11.01		07/01/2011	22,300,000	11.01
11.02		07/01/2012	63,550,000	11.02
11.03		07/01/2013	31,950,000	11.03
				1.00
12.00	Total number of months included in the averaging period		36	12.00
13.00	Total contributions made during averaging period		117,800,000	13.00
14.00	Average monthly contribution. (line 13 divided by line 12)		3,272,222	14.00
15.00	Number of months in provider cost reporting period shown on line 2.		12	15.00
16.00	Average pension contributions. (line 14 multiplied by line 15)		39,266,664	16.00
Step 4: Total Pension Cost for Wage Index				
17.00	Annual prefunding installment from line 8 of pension prefunding worksheet, if applicable.		0	17.00
18.00	Reportable prefunding installment. (line 17 multiplied by line 15 divided by 12)		0	18.00
19.00	Total Pension Cost for Wage Index. (line 16 plus line 18)		39,266,664	19.00
		Prepared By	Date	
		1.00	2.00	
100.00	Prepared By and Date Prepared	DAVE STRIEPLING	04/16/2014	100.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140250

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

Worksheet S-3
Part V
Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	3,966,287	18,879,570	1.00
2.00	Hospital	3,966,287	18,108,898	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	770,672	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140250

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

Worksheet S-7

Date/Time Prepared:
5/29/2014 8:20 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	0	0	0	3.00
4.00	RUL	23	0	23	4.00
5.00	RVX	31	0	31	5.00
6.00	RVL	72	0	72	6.00
7.00	RHX	28	0	28	7.00
8.00	RHL	83	0	83	8.00
9.00	RMX	25	0	25	9.00
10.00	RML	8	0	8	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	110	0	110	12.00
13.00	RUB	1,548	0	1,548	13.00
14.00	RUA	927	0	927	14.00
15.00	RVC	493	0	493	15.00
16.00	RVB	1,723	0	1,723	16.00
17.00	RVA	879	0	879	17.00
18.00	RHC	99	0	99	18.00
19.00	RHB	272	0	272	19.00
20.00	RHA	158	0	158	20.00
21.00	RMC	39	0	39	21.00
22.00	RMB	91	0	91	22.00
23.00	RMA	171	0	171	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	3	0	3	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	3	0	3	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	47	0	47	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	2	0	2	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	9	0	9	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	35	0	35	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	11	0	11	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	10	0	10	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	8	0	8	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	0	0	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	21	0	21	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	2	0	2	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	59	0	59	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140250

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

Worksheet S-7

Date/Time Prepared:
5/29/2014 8:20 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	1	0	1	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	11	0	11	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	1	0	1	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		7,003	0	7,003	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			16974	16974	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		2,647,695	30.24	Y	202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		8,755,945			207.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140250

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

Worksheet S-7

Date/Time Prepared:
5/29/2014 8:20 am

			Prior to 10/1	On/After 10/1	Transfer Total to Settlement Worksheet (Y/N)		
			1.00	2.00	3.00		
1.00	Wage Index Factor		1.0558	1.0658		1.00	
		Group	Base Rate Prior to 10/1	Actual Rate for Services Prior to 10/1	Days for Services Prior to 10/1	Base Rate On/After 10/1	
		1.00	2.00	3.00	4.00	5.00	
3.00		RUX	779.30	779.30	0	795.71	3.00
4.00		RUL	762.32	762.32	14	778.37	4.00
5.00		RVX	693.63	693.63	21	708.24	5.00
6.00		RVL	622.31	622.31	68	635.41	6.00
7.00		RHX	628.45	628.45	28	641.69	7.00
8.00		RHL	560.52	560.52	57	572.32	8.00
9.00		RMX	576.48	576.48	25	588.63	9.00
10.00		RML	528.93	528.93	8	540.07	10.00
11.00		RLX	506.28	506.28	0	516.94	11.00
12.00		RUC	590.79	590.79	77	603.24	12.00
13.00		RUB	590.79	590.79	1,096	603.24	13.00
14.00		RUA	494.00	494.00	667	504.40	14.00
15.00		RVC	506.84	506.84	389	517.51	15.00
16.00		RVB	438.90	438.90	1,284	448.15	16.00
17.00		RVA	437.21	437.21	606	446.41	17.00
18.00		RHC	441.64	441.64	63	450.94	18.00
19.00		RHB	397.49	397.49	207	405.86	19.00
20.00		RHA	349.94	349.94	92	357.32	20.00
21.00		RMC	387.98	387.98	39	396.16	21.00
22.00		RMB	364.21	364.21	86	371.88	22.00
23.00		RMA	299.67	299.67	122	305.99	23.00
24.00		RLB	377.21	377.21	0	385.16	24.00
25.00		RLA	243.05	243.05	0	248.18	25.00
26.00		ES3	711.48	711.48	0	726.46	26.00
27.00		ES2	556.94	556.94	0	568.66	27.00
28.00		ES1	497.51	497.51	3	507.98	28.00
29.00		HE2	480.52	480.52	0	490.64	29.00
30.00		HE1	399.01	399.01	0	407.41	30.00
31.00		HD2	449.95	449.95	0	459.42	31.00
32.00		HD1	375.23	375.23	19	383.14	32.00
33.00		HC2	424.48	424.48	0	433.42	33.00
34.00		HC1	354.85	354.85	2	362.32	34.00
35.00		HB2	419.38	419.38	0	428.22	35.00
36.00		HB1	351.46	351.46	9	358.85	36.00
37.00		LE2	436.37	436.37	0	445.56	37.00
38.00		LE1	365.04	365.04	0	372.73	38.00
39.00		LD2	419.38	419.38	0	428.22	39.00
40.00		LD1	351.46	351.46	11	358.85	40.00
41.00		LC2	368.43	368.43	0	376.19	41.00
42.00		LC1	310.70	310.70	10	317.24	42.00
43.00		LB2	349.76	349.76	0	357.12	43.00
44.00		LB1	297.11	297.11	8	303.36	44.00
45.00		CE2	388.81	388.81	0	397.00	45.00
46.00		CE1	358.25	358.25	0	365.80	46.00
47.00		CD2	368.43	368.43	0	376.19	47.00
48.00		CD1	337.87	337.87	0	344.99	48.00
49.00		CC2	322.59	322.59	0	329.37	49.00
50.00		CC1	298.81	298.81	9	305.10	50.00
51.00		CB2	298.81	298.81	0	305.10	51.00
52.00		CB1	276.73	276.73	2	282.56	52.00
53.00		CA2	252.96	252.96	0	258.28	53.00
54.00		CA1	235.97	235.97	59	240.94	54.00
55.00		SE3	0.00	0.00	0	0.00	55.00
56.00		SE2	0.00	0.00	0	0.00	56.00
57.00		SE1	0.00	0.00	0	0.00	57.00
58.00		SSC	0.00	0.00	0	0.00	58.00
59.00		SSB	0.00	0.00	0	0.00	59.00
60.00		SSA	0.00	0.00	0	0.00	60.00
61.00		IB2	0.00	0.00	0	0.00	61.00
62.00		IB1	0.00	0.00	0	0.00	62.00
63.00		IA2	0.00	0.00	0	0.00	63.00
64.00		IA1	0.00	0.00	0	0.00	64.00
65.00		BB2	268.24	268.24	0	273.90	65.00
66.00		BB1	256.35	256.35	0	261.75	66.00
67.00		BA2	222.39	222.39	0	227.14	67.00
68.00		BA1	212.20	212.20	0	216.67	68.00
69.00		PE2	358.25	358.25	0	365.80	69.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140250

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

Worksheet S-7

Date/Time Prepared:
5/29/2014 8:20 am

	Group	Base Rate	Actual Rate	Days for	Base Rate	
		Prior to 10/1	for Services Prior to 10/1	Services Prior to 10/1	On/After 10/1	
	1.00	2.00	3.00	4.00	5.00	
70.00	PE1	341.26	341.26	0	348.45	70.00
71.00	PD2	337.87	337.87	0	344.99	71.00
72.00	PD1	320.88	320.88	1	327.65	72.00
73.00	PC2	290.32	290.32	0	296.43	73.00
74.00	PC1	276.73	276.73	0	282.56	74.00
75.00	PB2	246.17	246.17	0	251.35	75.00
76.00	PB1	235.97	235.97	11	240.94	76.00
77.00	PA2	203.71	203.71	0	208.00	77.00
78.00	PA1	195.22	195.22	1	199.33	78.00
199.00	AAA	195.22	195.22	0	199.33	199.00
200.00	TOTAL			5,094		200.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140250

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

Worksheet S-7

Date/Time Prepared:
5/29/2014 8:20 am

	Actual Rate for Services	Days for Services	Total	
	On/After 10/1	On/After 10/1	8.00	
3.00	795.71	0	0	3.00
4.00	778.37	9	17,677	4.00
5.00	708.24	10	21,648	5.00
6.00	635.41	4	44,859	6.00
7.00	641.69	0	17,597	7.00
8.00	572.32	26	46,830	8.00
9.00	588.63	0	14,412	9.00
10.00	540.07	0	4,231	10.00
11.00	516.94	0	0	11.00
12.00	603.24	33	65,398	12.00
13.00	603.24	452	920,170	13.00
14.00	504.40	260	460,642	14.00
15.00	517.51	104	250,982	15.00
16.00	448.15	439	760,286	16.00
17.00	446.41	273	386,819	17.00
18.00	450.94	36	44,057	18.00
19.00	405.86	65	108,661	19.00
20.00	357.32	66	55,777	20.00
21.00	396.16	0	15,131	21.00
22.00	371.88	5	33,181	22.00
23.00	305.99	49	51,554	23.00
24.00	385.16	0	0	24.00
25.00	248.18	3	745	25.00
26.00	726.46	0	0	26.00
27.00	568.66	0	0	27.00
28.00	507.98	0	1,493	28.00
29.00	490.64	0	0	29.00
30.00	407.41	0	0	30.00
31.00	459.42	0	0	31.00
32.00	383.14	28	17,857	32.00
33.00	433.42	0	0	33.00
34.00	362.32	0	710	34.00
35.00	428.22	0	0	35.00
36.00	358.85	0	3,163	36.00
37.00	445.56	0	0	37.00
38.00	372.73	35	13,046	38.00
39.00	428.22	0	0	39.00
40.00	358.85	0	3,866	40.00
41.00	376.19	0	0	41.00
42.00	317.24	0	3,107	42.00
43.00	357.12	0	0	43.00
44.00	303.36	0	2,377	44.00
45.00	397.00	0	0	45.00
46.00	365.80	0	0	46.00
47.00	376.19	0	0	47.00
48.00	344.99	0	0	48.00
49.00	329.37	0	0	49.00
50.00	305.10	12	6,350	50.00
51.00	305.10	0	0	51.00
52.00	282.56	0	553	52.00
53.00	258.28	0	0	53.00
54.00	240.94	0	13,922	54.00
55.00	0.00	0	0	55.00
56.00	0.00	0	0	56.00
57.00	0.00	0	0	57.00
58.00	0.00	0	0	58.00
59.00	0.00	0	0	59.00
60.00	0.00	0	0	60.00
61.00	0.00	0	0	61.00
62.00	0.00	0	0	62.00
63.00	0.00	0	0	63.00
64.00	0.00	0	0	64.00
65.00	273.90	0	0	65.00
66.00	261.75	0	0	66.00
67.00	227.14	0	0	67.00
68.00	216.67	0	0	68.00
69.00	365.80	0	0	69.00
70.00	348.45	0	0	70.00
71.00	344.99	0	0	71.00
72.00	327.65	0	321	72.00
73.00	296.43	0	0	73.00
74.00	282.56	0	0	74.00
75.00	251.35	0	0	75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140250

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

Worksheet S-7
Date/Time Prepared:
5/29/2014 8:20 am

	Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total	
	6.00	7.00	8.00	
76.00	240.94	0	2,596	76.00
77.00	208.00	0	0	77.00
78.00	199.33	0	195	78.00
199.00	199.33	0	0	199.00
200.00 TOTAL		1,909	3,390,213	200.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/29/2014 8:20 am	
				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)			0.243323	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			17,392,321	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			101,538,285	6.00
7.00	Medicaid cost (line 1 times line 6)			24,706,600	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)			7,314,279	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			7,314,279	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	19,483,740	1,455,261	20,939,001	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,740,842	354,098	5,094,940	21.00
22.00	Partial payment by patients approved for charity care	365,352	106,563	471,915	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,375,490	247,535	4,623,025	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			19,525,330	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,589,384	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			17,935,946	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			4,364,228	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			8,987,253	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			16,301,532	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140250		Period: From 01/01/2013 To 12/31/2013		Worksheet A	
Date/Time Prepared: 5/29/2014 8:20 am							
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT		4,494,680	4,494,680	3,421,753	7,916,433	1.00
3.00 00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,008,009	14,589,553	16,597,562	-3,761	16,593,801	4.00
5.01 00510	COMMUNICATIONS	381,998	474,989	856,987	-1,818	855,169	5.01
5.02 00520	DATA PROCESSING	0	9,797,724	9,797,724	-4,573	9,793,151	5.02
5.03 00530	PURCHASING RECEIVING AND STORES	268,065	323,453	591,518	-72,347	519,171	5.03
5.04 00540	ADMINISTRATIVE	1,642,568	278,977	1,921,545	-24,584	1,896,961	5.04
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	758,817	765,779	1,524,596	-16,535	1,508,061	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	5,414,923	29,941,770	35,356,693	-968,271	34,388,422	5.06
7.00 00700	OPERATION OF PLANT	1,961,461	4,241,199	6,202,660	-81,870	6,120,790	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	120,977	22,944	143,921	-9,506	134,415	8.00
9.00 00900	HOUSEKEEPING	1,379,079	1,025,575	2,404,654	-27,676	2,376,978	9.00
10.00 01000	DIETARY	1,845,422	1,097,788	2,943,210	-1,482,419	1,460,791	10.00
11.00 01100	CAFETERIA	0	0	0	1,449,057	1,449,057	11.00
13.00 01300	NURSING ADMINISTRATION	3,747,045	870,845	4,617,890	-25,692	4,592,198	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	437,257	392,185	829,442	-109,518	719,924	14.00
15.00 01500	PHARMACY	2,583,516	8,421,499	11,005,015	-9,140,576	1,864,439	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,102,336	1,111,832	2,214,168	-10,433	2,203,735	16.00
17.00 01700	SOCIAL SERVICE	717,987	72,234	790,221	-935	789,286	17.00
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	78,443	45,127	123,570	79,334	202,904	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	17,710,523	7,047,993	24,758,516	-2,296,626	22,461,890	30.00
31.00 03100	INTENSIVE CARE UNIT	3,267,403	1,850,847	5,118,250	-443,255	4,674,995	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00 04100	SUBPROVIDER - IIRF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	420,079	645,203	1,065,282	-84,274	981,008	43.00
44.00 04400	SKILLED NURSING FACILITY	2,647,695	492,188	3,139,883	-144,214	2,995,669	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	3,731,124	11,885,984	15,617,108	-9,753,450	5,863,658	50.00
53.00 05300	ANESTHESIOLOGY	70,423	382,657	453,080	663,337	1,116,417	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,405,638	2,572,359	6,977,997	-995,804	5,982,193	54.00
56.00 05600	RADIOISOTOPE	312,272	476,858	789,130	-52,215	736,915	56.00
56.01 05601	ULTRASOUND	523,970	174,833	698,803	-107,025	591,778	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	853,023	4,066,179	4,919,202	-3,400,725	1,518,477	59.00
60.00 06000	LABORATORY	0	5,845,711	5,845,711	-15,989	5,829,722	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,490,468	1,490,468	-951,560	538,908	62.00
64.00 06400	INTRAVENOUS THERAPY	375,853	235,425	611,278	-138,235	473,043	64.00
65.00 06500	RESPIRATORY THERAPY	1,360,466	512,086	1,872,552	-275,226	1,597,326	65.00
66.00 06600	PHYSICAL THERAPY	56,123	3,807,600	3,863,723	-1,236,118	2,627,605	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	556	556	1,207,097	1,207,653	67.00
68.00 06800	SPEECH PATHOLOGY	196,337	18,621	214,958	-1,230	213,728	68.00
69.00 06900	ELECTROCARDIOLOGY	721,551	401,489	1,123,040	63,595	1,186,635	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	88,700	45,580	134,280	-38,443	95,837	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,236,508	11,236,508	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	6,273,549	6,273,549	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,027,036	9,027,036	73.00
74.00 07400	RENAL DIALYSIS	419,925	167,818	587,743	-99,014	488,729	74.00
75.00 07500	ASC (NON-DISTINCT PART)	1,315,898	469,148	1,785,046	-134,805	1,650,241	75.00
76.00 03020	PULMONARY FUNCTION TESTING	119,285	22,592	141,877	1,559	143,436	76.00
76.97 07697	CARDIAC REHABILITATION	228,626	27,832	256,458	28,292	284,750	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	1,058,372	849,120	1,907,492	-410,058	1,497,434	90.00
91.00 09100	EMERGENCY	4,366,040	2,995,949	7,361,989	-906,066	6,455,923	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04040	SLEEP LAB	236,914	195,392	432,306	-19,216	413,090	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910	CORF	0	0	0	0	0	99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	30,409	30,409	0	30,409	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140250

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

Worksheet A
Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE		1,846,591	1,846,591	0	1,846,591	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	33,040	33,040	114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	68,934,143	126,525,641	195,459,784	95	195,459,879	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	57,330	57,330	-95	57,235	190.00
190.01	19001	NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	68,934,143	126,582,971	195,517,114	0	195,517,114	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140250

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

Worksheet A
Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,272,317	9,188,750	1.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,561,715	19,155,516	4.00
5.01	00510	COMMUNICATIONS	-87,752	767,417	5.01
5.02	00520	DATA PROCESSING	-4,766,800	5,026,351	5.02
5.03	00530	PURCHASING RECEIVING AND STORES	0	519,171	5.03
5.04	00540	ADMINISTRATIVE	0	1,896,961	5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	-8,818	1,499,243	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-15,197,648	19,190,774	5.06
7.00	00700	OPERATION OF PLANT	-69,674	6,051,116	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	134,415	8.00
9.00	00900	HOUSEKEEPING	-546	2,376,432	9.00
10.00	01000	DIETARY	0	1,460,791	10.00
11.00	01100	CAFETERIA	-599,450	849,607	11.00
13.00	01300	NURSING ADMINISTRATION	-42,350	4,549,848	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	719,924	14.00
15.00	01500	PHARMACY	-144	1,864,295	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-4,034	2,199,701	16.00
17.00	01700	SOCIAL SERVICE	-16,581	772,705	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	-13,425	189,479	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,971,653	19,490,237	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,674,995	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
41.00	04100	SUBPROVIDER - I R F	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-514,080	466,928	43.00
44.00	04400	SKILLED NURSING FACILITY	-23,670	2,971,999	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-60,889	5,802,769	50.00
53.00	05300	ANESTHESIOLOGY	-926,721	189,696	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-125,108	5,857,085	54.00
56.00	05600	RADIO SOTOPE	-13,107	723,808	56.00
56.01	05601	ULTRASOUND	0	591,778	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	-31	1,518,446	59.00
60.00	06000	LABORATORY	-362,676	5,467,046	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	538,908	62.00
64.00	06400	INTRAVENOUS THERAPY	0	473,043	64.00
65.00	06500	RESPIRATORY THERAPY	-89,459	1,507,867	65.00
66.00	06600	PHYSICAL THERAPY	0	2,627,605	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,207,653	67.00
68.00	06800	SPEECH PATHOLOGY	0	213,728	68.00
69.00	06900	ELECTROCARDIOLOGY	-47,775	1,138,860	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	95,837	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,236,508	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	6,273,549	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,027,036	73.00
74.00	07400	RENAL DIALYSIS	-15,600	473,129	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,650,241	75.00
76.00	03020	PULMONARY FUNCTION TESTING	0	143,436	76.00
76.97	07697	CARDIAC REHABILITATION	0	284,750	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-135,165	1,362,269	90.00
91.00	09100	EMERGENCY	-1,184,234	5,271,689	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	SLEEP LAB	0	413,090	93.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	-30,409	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	112.00
113.00	11300	INTEREST EXPENSE	-1,846,591	0	113.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140250

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

Worksheet A
Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
114.00	11400	UTILIZATION REVIEW-SNF	-33,040	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-25,353,398	170,106,481	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	57,235	190.00
190.01	19001	NONREIMBURSABLE HHA	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	FUND RAISING	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-25,353,398	170,163,716	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140250

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

Worksheet Non-CMS Wo
Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
3.00 OTHER CAPITAL RELATED COSTS	00300		3.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01 COMMUNICATIONS	00510		5.01
5.02 DATA PROCESSING	00520		5.02
5.03 PURCHASING RECEIVING AND STORES	00530		5.03
5.04 ADMITTING	00540		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	00550		5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	00560		5.06
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
17.00 SOCIAL SERVICE	01700		17.00
23.00 PARAMED ED PRGM-(SPECIFY)	02300		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
32.00 CORONARY CARE UNIT	03200		32.00
33.00 BURN INTENSIVE CARE UNIT	03300		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	03400		34.00
41.00 SUBPROVIDER - IRF	04100		41.00
42.00 SUBPROVIDER	04200		42.00
43.00 NURSERY	04300		43.00
44.00 SKILLED NURSING FACILITY	04400		44.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	05000		50.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
56.00 RADIOISOTOPE	05600		56.00
56.01 ULTRASOUND	05601		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
60.01 BLOOD LABORATORY	06001		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	06200		62.00
64.00 INTRAVENOUS THERAPY	06400		64.00
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 ELECTROCARDIOLOGY	06900		69.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00
75.00 ASC (NON-DISTINCT PART)	07500		75.00
76.00 PULMONARY FUNCTION TESTING	03020		76.00
76.97 CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	08800		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00 CLINIC	09000		90.00
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
93.00 SLEEP LAB	04040		93.00
OTHER REIMBURSABLE COST CENTERS			
99.10 CORF	09910		99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	10000		100.00
101.00 HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS			
109.00 PANCREAS ACQUISITION	10900		109.00
110.00 INTESTINAL ACQUISITION	11000		110.00
111.00 ISLET ACQUISITION	11100		111.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140250

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

Worksheet Non-CMS Wo
Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
112.00	OTHER ORGAN ACQUISITION (SPECIF	08600		112.00
113.00	INTEREST EXPENSE	11300		113.00
114.00	UTILIZATION REVIEW-SNF	11400		114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.01	NONREIMBURSABLE HHA	19001		190.01
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00	FUND RAISING	07950		194.00
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140250

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

Worksheet A-6
Date/Time Prepared:
5/29/2014 8:20 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	908,573	540,484	1.00
	TOTALS		908,573	540,484	
B - PATIENT DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,027,036	1.00
	TOTALS		0	9,027,036	
C - PHYSICIAN COMPENSATION					
1.00	UTILIZATION REVIEW-SNF	114.00	0	33,040	1.00
	TOTALS		0	33,040	
D - CENTRAL PROCESSING					
1.00	CENTRAL SERVICES & SUPPLY	14.00	44,231	0	1.00
	TOTALS		44,231	0	
E - MEDICAL DIRECTORS - PHYSICIANS					
1.00	OPERATING ROOM	50.00	20,000	26,337	1.00
2.00	ANESTHESIOLOGY	53.00	0	926,721	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	110,000	3.00
4.00	EMERGENCY	91.00	64,000	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	67,634	5.00
6.00	SKILLED NURSING FACILITY	44.00	0	23,670	6.00
7.00	ELECTROCARDIOLOGY	69.00	42,500	0	7.00
8.00	CLINIC	90.00	0	44,195	8.00
9.00	PULMONARY FUNCTION TESTING	76.00	0	9,240	9.00
10.00	RENAL DIALYSIS	74.00	0	15,600	10.00
	TOTALS		126,500	1,223,397	
F - EDUCATION COST					
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	82,196	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		82,196	0	
G - CONTRACTED OR NURSE ASSISTANTS					
1.00	OPERATING ROOM	50.00	0	115,960	1.00
	TOTALS		0	115,960	
H - EQUIP DEPR					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,421,753	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
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
TOTALS			0	3,421,753	
I - OCCUPATIONAL THERAPY					
1.00	OCCUPATIONAL THERAPY	67.00	0	1,207,329	1.00
TOTALS			0	1,207,329	
J - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	17,510,057	1.00
2.00		0.00	0	0	2.00
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
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
TOTALS			0	17,510,057	
K - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	6,273,549	1.00
TOTALS			0	6,273,549	
L - CARDIOLOGY ADMINISTRATION					
1.00	CARDIAC CATHETERIZATION	59.00	114,329	14,990	1.00
2.00	ELECTROCARDIOLOGY	69.00	96,708	12,680	2.00
3.00	CARDIAC REHABILITATION	76.97	30,642	4,018	3.00
TOTALS			241,679	31,688	
500.00	Grand Total: Increases		1,403,179	39,384,293	500.00

RECLASSIFICATIONS

Provider CCN: 140250

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

Worksheet A-6
Date/Time Prepared:
5/29/2014 8:20 am

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - CAFETERIA COSTS						
1.00	DIETARY	10.00	908,573	540,484	0	1.00
	TOTALS		908,573	540,484		
B - PATIENT DRUGS						
1.00	PHARMACY	15.00	0	9,027,036	0	1.00
	TOTALS		0	9,027,036		
C - PHYSICIAN COMPENSATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33,040	0	1.00
	TOTALS		0	33,040		
D - CENTRAL PROCESSING						
1.00	PURCHASING RECEIVING AND STORES	5.03	44,231	0	0	1.00
	TOTALS		44,231	0		
E - MEDICAL DIRECTORS - PHYSICIANS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	126,500	324,676	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	898,721	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
	TOTALS		126,500	1,223,397		
F - EDUCATION COST						
1.00	ADULTS & PEDIATRICS	30.00	15,142	0	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	12,458	0	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	12,015	0	0	3.00
4.00	EMERGENCY	91.00	42,581	0	0	4.00
	TOTALS		82,196	0		
G - CONTRACTED OR NURSE ASSISTANTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	115,960	0	1.00
	TOTALS		0	115,960		
H - EQUIP DEPR						
1.00	EMPLOYEE BENEFITS	4.00	0	3,232	9	1.00
2.00	COMMUNICATIONS	5.01	0	1,818	0	2.00
3.00	DATA PROCESSING	5.02	0	4,573	0	3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	28,116	0	4.00
5.00	ADMINISTRATIVE	5.04	0	22,781	0	5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	16,535	0	6.00
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	82,713	0	7.00
8.00	OPERATION OF PLANT	7.00	0	78,627	0	8.00
9.00	HOUSEKEEPING	9.00	0	21,848	0	9.00
10.00	DIETARY	10.00	0	32,015	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	25,200	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	22,872	0	12.00
13.00	PHARMACY	15.00	0	94,636	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	10,360	0	14.00
15.00	SOCIAL SERVICE	17.00	0	900	0	15.00
16.00	PARAMEDICAL PRGM-(SPECIFY)	23.00	0	2,862	0	16.00
17.00	ADULTS & PEDIATRICS	30.00	0	252,983	0	17.00
18.00	INTENSIVE CARE UNIT	31.00	0	108,057	0	18.00
19.00	NURSERY	43.00	0	42,870	0	19.00
20.00	SKILLED NURSING FACILITY	44.00	0	2,018	0	20.00
21.00	OPERATING ROOM	50.00	0	1,227,431	0	21.00
22.00	ANESTHESIOLOGY	53.00	0	21,557	0	22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	588,898	0	23.00
24.00	RADIOISOTOPE	56.00	0	46,943	0	24.00
25.00	ULTRASOUND	56.01	0	74,042	0	25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	143,067	0	26.00
27.00	LABORATORY	60.00	0	4,863	0	27.00
28.00	INTRAVENOUS THERAPY	64.00	0	2,693	0	28.00
29.00	RESPIRATORY THERAPY	65.00	0	13,294	0	29.00
30.00	PHYSICAL THERAPY	66.00	0	3,892	0	30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	205	0	31.00
32.00	ELECTROCARDIOLOGY	69.00	0	63,101	0	32.00

RECLASSIFICATIONS

Provider CCN: 140250

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

Worksheet A-6
Date/Time Prepared:
5/29/2014 8:20 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	28,760	0	33.00	
34.00	RENAL DIALYSIS	74.00	0	12,249	0	34.00	
35.00	ASC (NON-DISTINCT PART)	75.00	0	93,600	0	35.00	
36.00	PULMONARY FUNCTION TESTING	76.00	0	1,359	0	36.00	
37.00	CARDIAC REHABILITATION	76.97	0	2,848	0	37.00	
38.00	CLINIC	90.00	0	13,038	0	38.00	
39.00	EMERGENCY	91.00	0	222,860	0	39.00	
40.00	SLEEP LAB	93.00	0	2,037	0	40.00	
	TOTALS		0	3,421,753			
I - OCCUPATIONAL THERAPY							
1.00	PHYSICAL THERAPY	66.00	0	1,207,329	0	1.00	
	TOTALS		0	1,207,329			
J - MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS	4.00	0	529	0	1.00	
2.00	ADMINISTRATIVE	5.04	0	1,803	0	2.00	
6.00	OPERATION OF PLANT	7.00	0	3,243	0	6.00	
7.00	LAUNDRY & LINEN SERVICE	8.00	0	9,506	0	7.00	
8.00	HOUSEKEEPING	9.00	0	5,828	0	8.00	
9.00	DIETARY	10.00	0	1,347	0	9.00	
10.00	NURSING ADMINISTRATION	13.00	0	492	0	10.00	
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	130,877	0	11.00	
12.00	PHARMACY	15.00	0	18,904	0	12.00	
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	73	0	13.00	
14.00	SOCIAL SERVICE	17.00	0	35	0	14.00	
16.00	ADULTS & PEDIATRICS	30.00	0	1,197,414	0	16.00	
17.00	INTENSIVE CARE UNIT	31.00	0	322,740	0	17.00	
18.00	NURSERY	43.00	0	41,404	0	18.00	
19.00	SKILLED NURSING FACILITY	44.00	0	165,866	0	19.00	
20.00	OPERATING ROOM	50.00	0	8,688,316	0	20.00	
21.00	ANESTHESIOLOGY	53.00	0	241,827	0	21.00	
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	516,906	0	22.00	
23.00	RADIOISOTOPE	56.00	0	5,272	0	23.00	
24.00	ULTRASOUND	56.01	0	32,983	0	24.00	
25.00	CARDIAC CATHETERIZATION	59.00	0	3,386,977	0	25.00	
26.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	951,560	0	26.00	
27.00	INTRAVENOUS THERAPY	64.00	0	135,542	0	27.00	
28.00	RESPIRATORY THERAPY	65.00	0	261,932	0	28.00	
29.00	PHYSICAL THERAPY	66.00	0	24,897	0	29.00	
30.00	OCCUPATIONAL THERAPY	67.00	0	27	0	30.00	
31.00	SPEECH PATHOLOGY	68.00	0	1,230	0	31.00	
32.00	ELECTROCARDIOLOGY	69.00	0	25,192	0	32.00	
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	9,683	0	33.00	
34.00	RENAL DIALYSIS	74.00	0	102,365	0	34.00	
35.00	ASC (NON-DISTINCT PART)	75.00	0	41,205	0	35.00	
36.00	PULMONARY FUNCTION TESTING	76.00	0	6,322	0	36.00	
37.00	CARDIAC REHABILITATION	76.97	0	3,520	0	37.00	
38.00	CLINIC	90.00	0	441,215	0	38.00	
39.00	EMERGENCY	91.00	0	704,625	0	39.00	
40.00	SLEEP LAB	93.00	0	17,179	0	40.00	
41.00	LABORATORY	60.00	0	11,126	0	41.00	
42.00	GI FT., FLOWER, COFFEE SHOP & CANTEEN	190.00	0	95	0	42.00	
	TOTALS		0	17,510,057			
K - IMPLANTS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,273,549	0	1.00	
	TOTALS		0	6,273,549			
L - RADIOLOGY ADMINISTRATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	241,680	31,687	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
	TOTALS		241,680	31,687			
500.00	Grand Total: Decreases		1,403,180	39,384,292		500.00	

RECLASSIFICATIONS

Provider CCN: 140250

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/29/2014 8:20 am

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
A - CAFETERIA COSTS						
1.00	CAFETERIA	11.00	908,573	DIETARY	10.00	908,573
	TOTALS		908,573	TOTALS		908,573
B - PATIENT DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	PHARMACY	15.00	0
	TOTALS		0	TOTALS		0
C - PHYSICIAN COMPENSATION						
1.00	UTILIZATION REVIEW-SNF	114.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0
	TOTALS		0	TOTALS		0
D - CENTRAL PROCESSING						
1.00	CENTRAL SERVICES & SUPPLY	14.00	44,231	PURCHASING RECEIVING AND STORES	5.03	44,231
	TOTALS		44,231	TOTALS		44,231
E - MEDICAL DIRECTORS - PHYSICIANS						
1.00	OPERATING ROOM	50.00	20,000	OTHER ADMINISTRATIVE AND GENERAL	5.06	126,500
2.00	ANESTHESIOLOGY	53.00	0	ADULTS & PEDIATRICS	30.00	0
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0		0.00	0
4.00	EMERGENCY	91.00	64,000		0.00	0
5.00	ADULTS & PEDIATRICS	30.00	0		0.00	0
6.00	SKILLED NURSING FACILITY	44.00	0		0.00	0
7.00	ELECTROCARDIOLOGY	69.00	42,500		0.00	0
8.00	CLINIC	90.00	0		0.00	0
9.00	PULMONARY FUNCTION TESTING	76.00	0		0.00	0
10.00	RENAL DIALYSIS	74.00	0		0.00	0
	TOTALS		126,500	TOTALS		126,500
F - EDUCATION COST						
1.00	PARAMED PRGM-(SPECIFY)	23.00	82,196	ADULTS & PEDIATRICS	30.00	15,142
2.00		0.00	0	INTENSIVE CARE UNIT	31.00	12,458
3.00		0.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	12,015
4.00		0.00	0	EMERGENCY	91.00	42,581
	TOTALS		82,196	TOTALS		82,196
G - CONTRACTED OR NURSE ASSISTANTS						
1.00	OPERATING ROOM	50.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0
	TOTALS		0	TOTALS		0
H - EQUIP DEPR						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	EMPLOYEE BENEFITS	4.00	0
2.00		0.00	0	COMMUNICATIONS	5.01	0
3.00		0.00	0	DATA PROCESSING	5.02	0
4.00		0.00	0	PURCHASING RECEIVING AND STORES	5.03	0
5.00		0.00	0	ADMINITTING	5.04	0
6.00		0.00	0	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0
7.00		0.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0
8.00		0.00	0	OPERATION OF PLANT	7.00	0
9.00		0.00	0	HOUSEKEEPING	9.00	0
10.00		0.00	0	DIETARY	10.00	0
11.00		0.00	0	NURSING ADMINISTRATION	13.00	0
12.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0
13.00		0.00	0	PHARMACY	15.00	0
14.00		0.00	0	MEDICAL RECORDS & LIBRARY	16.00	0
15.00		0.00	0	SOCIAL SERVICE	17.00	0
16.00		0.00	0	PARAMED PRGM-(SPECIFY)	23.00	0
17.00		0.00	0	ADULTS & PEDIATRICS	30.00	0
18.00		0.00	0	INTENSIVE CARE UNIT	31.00	0
19.00		0.00	0	NURSERY	43.00	0
20.00		0.00	0	SKILLED NURSING FACILITY	44.00	0
21.00		0.00	0	OPERATING ROOM	50.00	0
22.00		0.00	0	ANESTHESIOLOGY	53.00	0
23.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0
24.00		0.00	0	RADIOISOTOPE	56.00	0
25.00		0.00	0	ULTRASOUND	56.01	0
26.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0
27.00		0.00	0	LABORATORY	60.00	0
28.00		0.00	0	INTRAVENOUS THERAPY	64.00	0
29.00		0.00	0	RESPIRATORY THERAPY	65.00	0
30.00		0.00	0	PHYSICAL THERAPY	66.00	0
31.00		0.00	0	OCCUPATIONAL THERAPY	67.00	0
32.00		0.00	0	ELECTROCARDIOLOGY	69.00	0

RECLASSIFICATIONS

Provider CCN: 140250

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/29/2014 8:20 am

Increases				Decreases			
Cost Center	Line #	Salary		Cost Center	Line #	Salary	
2.00	3.00	4.00		6.00	7.00	8.00	
33.00	0.00			0 ELECTROENCEPHALOGRAPHY	70.00		0 33.00
34.00	0.00			0 RENAL DIALYSIS	74.00		0 34.00
35.00	0.00			0 ASC (NON-DISTINCT PART)	75.00		0 35.00
36.00	0.00			0 PULMONARY FUNCTION TESTING	76.00		0 36.00
37.00	0.00			0 CARDIAC REHABILITATION	76.97		0 37.00
38.00	0.00			0 CLINIC	90.00		0 38.00
39.00	0.00			0 EMERGENCY	91.00		0 39.00
40.00	0.00			0 SLEEP LAB	93.00		0 40.00
TOTALS				TOTALS			
I - OCCUPATIONAL THERAPY							
1.00	67.00			0 PHYSICAL THERAPY	66.00		0 1.00
TOTALS				TOTALS			
J - MEDICAL SUPPLIES							
1.00	71.00			0 EMPLOYEE BENEFITS	4.00		0 1.00
2.00	0.00			0 ADMITTING	5.04		0 2.00
6.00	0.00			0 OPERATION OF PLANT	7.00		0 6.00
7.00	0.00			0 LAUNDRY & LINEN SERVICE	8.00		0 7.00
8.00	0.00			0 HOUSEKEEPING	9.00		0 8.00
9.00	0.00			0 DIETARY	10.00		0 9.00
10.00	0.00			0 NURSING ADMINISTRATION	13.00		0 10.00
11.00	0.00			0 CENTRAL SERVICES & SUPPLY	14.00		0 11.00
12.00	0.00			0 PHARMACY	15.00		0 12.00
13.00	0.00			0 MEDICAL RECORDS & LIBRARY	16.00		0 13.00
14.00	0.00			0 SOCIAL SERVICE	17.00		0 14.00
16.00	0.00			0 ADULTS & PEDIATRICS	30.00		0 16.00
17.00	0.00			0 INTENSIVE CARE UNIT	31.00		0 17.00
18.00	0.00			0 NURSERY	43.00		0 18.00
19.00	0.00			0 SKILLED NURSING FACILITY	44.00		0 19.00
20.00	0.00			0 OPERATING ROOM	50.00		0 20.00
21.00	0.00			0 ANESTHESIOLOGY	53.00		0 21.00
22.00	0.00			0 RADIOLOGY-DIAGNOSTIC	54.00		0 22.00
23.00	0.00			0 RADIOISOTOPE	56.00		0 23.00
24.00	0.00			0 ULTRASOUND	56.01		0 24.00
25.00	0.00			0 CARDIAC CATHETERIZATION	59.00		0 25.00
26.00	0.00			0 WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00		0 26.00
27.00	0.00			0 INTRAVENOUS THERAPY	64.00		0 27.00
28.00	0.00			0 RESPIRATORY THERAPY	65.00		0 28.00
29.00	0.00			0 PHYSICAL THERAPY	66.00		0 29.00
30.00	0.00			0 OCCUPATIONAL THERAPY	67.00		0 30.00
31.00	0.00			0 SPEECH PATHOLOGY	68.00		0 31.00
32.00	0.00			0 ELECTROCARDIOLOGY	69.00		0 32.00
33.00	0.00			0 ELECTROENCEPHALOGRAPHY	70.00		0 33.00
34.00	0.00			0 RENAL DIALYSIS	74.00		0 34.00
35.00	0.00			0 ASC (NON-DISTINCT PART)	75.00		0 35.00
36.00	0.00			0 PULMONARY FUNCTION TESTING	76.00		0 36.00
37.00	0.00			0 CARDIAC REHABILITATION	76.97		0 37.00
38.00	0.00			0 CLINIC	90.00		0 38.00
39.00	0.00			0 EMERGENCY	91.00		0 39.00
40.00	0.00			0 SLEEP LAB	93.00		0 40.00
41.00	0.00			0 LABORATORY	60.00		0 41.00
42.00	0.00			0 GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00		0 42.00
TOTALS				TOTALS			
K - IMPLANTS							
1.00	72.00			0 MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		0 1.00
TOTALS				TOTALS			
L - RADIOLOGY ADMINISTRATION							
1.00	59.00	114,329		OTHER ADMINISTRATIVE AND GENERAL	5.06	241,680	1.00
2.00	69.00	96,708			0.00		0 2.00
3.00	76.97	30,642			0.00		0 3.00
TOTALS				TOTALS			
500.00	Grand Total: Increases		1,403,179	Grand Total: Decreases		1,403,180	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140250

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2014 8:20 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	714,843	0	0	0	1.00
2.00	Land Improvements	5,282,289	73,475	0	73,475	2.00
3.00	Buildings and Fixtures	115,572,731	897,732	0	897,732	3.00
4.00	Building Improvements	493,741	0	0	0	4.00
5.00	Fixed Equipment	42,704,377	6,008,567	0	6,008,567	5.00
6.00	Movable Equipment	18,666	25,793	0	25,793	6.00
7.00	HIT designated Assets	802,434	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	165,589,081	7,005,567	0	7,005,567	8.00
9.00	Reconciling Items	-5,259,005	-2,683,953	0	-2,683,953	9.00
10.00	Total (line 8 minus line 9)	170,848,086	9,689,520	0	9,689,520	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	714,843	0			1.00
2.00	Land Improvements	5,355,764	2,570,863			2.00
3.00	Buildings and Fixtures	116,470,463	49,322,533			3.00
4.00	Building Improvements	493,741	269,880			4.00
5.00	Fixed Equipment	48,562,303	25,616,539			5.00
6.00	Movable Equipment	25,793	0			6.00
7.00	HIT designated Assets	802,434	374,351			7.00
8.00	Subtotal (sum of lines 1-7)	172,425,341	78,154,166			8.00
9.00	Reconciling Items	-7,942,958	0			9.00
10.00	Total (line 8 minus line 9)	180,368,299	78,154,166			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140250

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	4,494,680	0	0	0	0	1.00
3.00	Total (sum of lines 1-2)	4,494,680	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	4,494,680				1.00
3.00	Total (sum of lines 1-2)	0	4,494,680				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140250

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	0	1	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	1	0	1	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	9,188,750	0	1.00
3.00	Total (sum of lines 1-2)	0	0	0	9,188,750	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	9,188,750	1.00
3.00	Total (sum of lines 1-2)	0	0	0	0	9,188,750	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140250

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

Worksheet A-8

Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			3.00	4.00		
1.00	2.00	3.00	4.00	5.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	*** Cost Center Deleted ***	2.00	0 2.00
3.00 Investment income - other (chapter 2)			0		0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-85,637		COMMUNICATIONS	5.01	0 7.00
8.00 Television and radio service (chapter 21)			0		0.00	0 8.00
9.00 Parking lot (chapter 21)			0		0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-5,262,159				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-3,841,593				0 12.00
13.00 Laundry and linen service			0		0.00	0 13.00
14.00 Cafeteria-employees and guests			0		0.00	0 14.00
15.00 Rental of quarters to employee and others			0		0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0 16.00
17.00 Sale of drugs to other than patients			0		0.00	0 17.00
18.00 Sale of medical records and abstracts	B	-4,032		MEDICAL RECORDS & LIBRARY	16.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0 19.00
20.00 Vending machines			0		0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)	A	-33,040		UTILIZATION REVIEW-SNF	114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	*** Cost Center Deleted ***	2.00	0 27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant			0		0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		-705,600		ADULTS & PEDIATRICS	30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0 32.00
33.00 OTHER NONALLOWABLE EXPENSES	A	-1,401		EMPLOYEE BENEFITS	4.00	0 33.00
33.01 OTHER NONALLOWABLE EXPENSES	A	-257,336		OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.01
33.02 OTHER NONALLOWABLE EXPENSES	A	-69,674		OPERATION OF PLANT	7.00	0 33.02

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.03 OTHER NONALLOWABLE EXPENSES	A	-392	CAFETERIA	11.00	0	33.03
33.04 OTHER NONALLOWABLE EXPENSES	A	-144	PHARMACY	15.00	0	33.04
33.05 OTHER NONALLOWABLE EXPENSES	A	-2,855	NURSING ADMINISTRATION	13.00	0	33.05
33.06 OTHER NONALLOWABLE EXPENSES	A	-546	HOUSEKEEPING	9.00	0	33.06
33.07 OTHER NONALLOWABLE EXPENSES	A	-27	OPERATING ROOM	50.00	0	33.07
33.08 OTHER NONALLOWABLE EXPENSES	A	-230	EMERGENCY	91.00	0	33.08
33.09 OTHER NONALLOWABLE EXPENSES	A	-16,581	SOCIAL SERVICE	17.00	0	33.09
33.10 OTHER NONALLOWABLE EXPENSES	A	-2	MEDICAL RECORDS & LIBRARY	16.00	0	33.10
34.00 EMPLOYED PHYSICIANS	A	-280,933	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	34.00
34.05 EMPLOYED PHYSICIANS	A	-37,503	NURSING ADMINISTRATION	13.00	0	34.05
36.05 AHP FEE	A	-1,325,880	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36.05
37.00 OTHER NONALLOWABLE EXPENSES	A	-196	RADIOLOGY-DIAGNOSTIC	54.00	0	37.00
37.01 BOOKED DEPR TO MC	A	-2,017	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	37.01
38.00 OTHER NONALLOWABLE EXPENSES	A	-459	RESPIRATORY THERAPY	65.00	0	38.00
39.00		0		0.00	0	39.00
39.05		0		0.00	0	39.05
40.03 AHA/IHA LOBBYING EXPENSES	A	-3,323	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	40.03
41.00 ADVERTISING COSTS	A	-35,917	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41.00
45.01		0		0.00	0	45.01
45.02 BOOKED INTEREST EXPENSE	A	-1,846,591	INTEREST EXPENSE	113.00	0	45.02
45.06		0		0.00	0	45.06
45.07 HHA EXPENSES	A	-30,409	HOME HEALTH AGENCY	101.00	0	45.07
45.10		0		0.00	0	45.10
45.15 PUBLIC AID ASSESSMENT	A	-8,894,591	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.15
45.16		0		0.00	0	45.16
45.17 OTHER INCOME	B	-2,384	EMPLOYEE BENEFITS	4.00	0	45.17
45.18 OTHER INCOME	B	-8,818	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	45.18
45.19 OTHER INCOME	B	-1,484,654	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.19
45.24 OTHER INCOME	B	-1,992	NURSING ADMINISTRATION	13.00	0	45.24
45.25 OTHER INCOME	B	-599,058	CAFETERIA	11.00	0	45.25
45.27 OTHER INCOME	B	-13,425	PARAMED ED PRGM-(SPECIFY)	23.00	0	45.27
45.28 OTHER INCOME	B	-2,115	COMMUNICATIONS	5.01	0	45.28
45.30 OTHER INCOME	B	-14,912	RADIOLOGY-DIAGNOSTIC	54.00	0	45.30
45.34 OTHER INCOME	B	-90,971	CLINIC	90.00	0	45.34
45.35 OTHER INCOME	B	-387	DATA PROCESSING	5.02	0	45.35
45.36 OTHER INCOME	B	-13,107	RADIOISOTOPE	56.00	0	45.36
45.37 OTHER INCOME	B	-5,275	ELECTROCARDIOLOGY	69.00	0	45.37
45.38 OTHER INCOME	B	-14,525	OPERATING ROOM	50.00	0	45.38
45.39 OTHER INCOME	B	-31	CARDIAC CATHETERIZATION	59.00	0	45.39
45.40 OTHER INCOME	B	-362,676	LABORATORY	60.00	0	45.40
45.41		0		0.00	0	45.41
45.42		0		0.00	0	45.42
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-25,353,398				50.00

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

Provider CCN: 140250

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2014 8:20 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE ALLOCATION	3,998,470	6,913,484 1.00
2.00	5.02	DATA PROCESSING	HOME OFFICE ALLOCATION	2,302,402	7,068,815 2.00
3.00	4.00	EMPLOYEE BENEFITS	HOME OFFICE PERSONNEL ALLOC	2,565,500	0 3.00
4.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE DEPR	1,274,334	0 4.00
4.01	0.00			0	0 4.01
4.02	0.00			0	0 4.02
5.00	0		0	10,140,706	13,982,299 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	ADVOCATE HEALTH	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: 140250

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2014 8:20 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-2,915,014	0		1.00
2.00	-4,766,413	0		2.00
3.00	2,565,500	0		3.00
4.00	1,274,334	9		4.00
4.01	0	0		4.01
4.02	0	0		4.02
5.00	-3,841,593			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	HOME OFFICE		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: 140250

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2014 8:20 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,266,053	2,266,053	0	200,300	0	1.00
2.00	43.00	AGGREGATE-NURSERY	514,080	514,080	0	177,200	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	46,337	46,337	0	177,200	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	926,721	926,721	0	200,300	0	4.00
5.00	65.00	AGGREGATE-RESPIRATORY THERAPY	89,000	89,000	0	177,200	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	110,000	110,000	0	225,300	0	6.00
7.00	91.00	AGGREGATE-EMERGENCY	1,184,004	1,184,004	0	208,000	0	7.00
8.00	90.00	AGGREGATE-CLINIC	44,194	44,194	0	177,200	0	8.00
9.00	44.00	AGGREGATE-SKILLED NURSING FACILITY	23,670	23,670	0	177,200	0	9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	42,500	42,500	0	177,200	0	10.00
11.00	74.00	AGGREGATE-RENAL DIALYSIS	15,600	15,600	0	177,200	0	11.00
200.00			5,262,159	5,262,159	0		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	43.00	AGGREGATE-NURSERY	0	0	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	0	0	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	7.00
8.00	90.00	AGGREGATE-CLINIC	0	0	0	0	0	8.00
9.00	44.00	AGGREGATE-SKILLED NURSING FACILITY	0	0	0	0	0	9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	10.00
11.00	74.00	AGGREGATE-RENAL DIALYSIS	0	0	0	0	0	11.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	2,266,053	1.00
2.00	43.00	AGGREGATE-NURSERY	0	0	0	514,080	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	46,337	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	926,721	4.00
5.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	89,000	5.00
6.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	110,000	6.00
7.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,184,004	7.00
8.00	90.00	AGGREGATE-CLINIC	0	0	0	44,194	8.00
9.00	44.00	AGGREGATE-SKILLED NURSING FACILITY	0	0	0	23,670	9.00
10.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	42,500	10.00
11.00	74.00	AGGREGATE-RENAL DIALYSIS	0	0	0	15,600	11.00
200.00			0	0	0	5,262,159	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI CATIONS	DATA PROCESSING	
		RELATED COSTS NEW BLDG & FIXT				
	0	1.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	9,188,750	9,188,750			1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	19,155,516	51,633	19,207,149		4.00
5.01 00510	COMMUNI CATIONS	767,417	31,116	109,630	908,163	5.01
5.02 00520	DATA PROCESSING	5,026,351	85,564	0	13,767	5,125,682
5.03 00530	PURCHASING RECEIVING AND STORES	519,171	121,128	89,626	6,217	0
5.04 00540	ADMITTING	1,896,961	82,477	471,401	49,294	292,598
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	1,499,243	0	217,773	23,981	1,985,483
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	19,190,774	736,550	1,435,823	86,153	647,895
7.00 00700	OPERATION OF PLANT	6,051,116	1,986,049	562,920	47,962	0
8.00 00800	LAUNDRY & LINEN SERVICE	134,415	23,286	34,719	0	0
9.00 00900	HOUSEKEEPING	2,376,432	119,131	395,782	25,757	0
10.00 01000	DIETARY	1,460,791	167,564	268,866	12,435	0
11.00 01100	CAFETERIA	849,607	162,162	260,751	12,879	0
13.00 01300	NURSING ADMINISTRATION	4,549,848	48,615	1,075,365	17,319	956,167
14.00 01400	CENTRAL SERVICES & SUPPLY	719,924	81,683	112,795	5,773	0
15.00 01500	PHARMACY	1,864,295	89,013	741,443	24,869	626,995
16.00 01600	MEDICAL RECORDS & LIBRARY	2,199,701	110,960	316,359	33,307	229,898
17.00 01700	SOCIAL SERVICE	772,705	8,965	206,055	6,661	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	189,479	17,748	46,102	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	19,490,237	1,955,251	5,078,414	158,538	0
31.00 03100	INTENSIVE CARE UNIT	4,674,995	331,723	934,137	43,521	0
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	466,928	38,311	120,558	5,773	0
44.00 04400	SKILLED NURSING FACILITY	2,971,999	361,909	759,862	23,093	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,802,769	498,969	1,076,535	42,189	0
53.00 05300	ANESTHESIOLOGY	189,696	9,078	20,211	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,857,085	535,305	1,264,374	78,160	182,873
56.00 05600	RADIOISOTOPE	723,808	61,120	89,619	4,441	0
56.01 05601	ULTRASOUND	591,778	0	150,374	2,665	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	1,518,446	89,331	281,922	15,099	0
60.00 06000	LABORATORY	5,467,046	217,268	0	26,201	203,773
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	538,908	24,920	0	0	0
64.00 06400	INTRAVENOUS THERAPY	473,043	5,992	107,866	2,220	0
65.00 06500	RESPIRATORY THERAPY	1,507,867	48,728	390,440	8,882	0
66.00 06600	PHYSICAL THERAPY	2,627,605	124,532	16,107	7,994	0
67.00 06700	OCCUPATIONAL THERAPY	1,207,653	19,496	0	2,665	0
68.00 06800	SPEECH PATHOLOGY	213,728	4,607	56,347	888	0
69.00 06900	ELECTROCARDIOLOGY	1,138,860	27,530	250,668	15,099	0
70.00 07000	ELECTROENCEPHALOGRAPHY	95,837	18,021	25,456	3,553	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,236,508	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	6,273,549	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	9,027,036	0	0	0	0
74.00 07400	RENAL DIALYSIS	473,129	21,765	120,514	3,109	0
75.00 07500	ASC (NON-DISTINCT PART)	1,650,241	162,026	377,650	15,543	0
76.00 03020	PULMONARY FUNCTION TESTING	143,436	7,172	34,234	1,332	0
76.97 07697	CARDIAC REHABILITATION	284,750	68,201	75,560	4,441	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	1,362,269	156,874	303,742	15,099	0
91.00 09100	EMERGENCY	5,271,689	447,722	1,259,157	59,952	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00 04040	SLEEP LAB	413,090	2,360	67,992	0	0
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		NEW BLDG & FIXT					
	0	1.00		4.00	5.01	5.02	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
112.00 08600 OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE							113.00
114.00 11400 UTILIZATION REVIEW-SNF							114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	170,106,481	9,161,855		19,207,149	906,831	5,125,682	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	57,235	26,895		0	1,332	0	190.00
190.01 19001 NONREIMBURSABLE HHA	0	0		0	0	0	190.01
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0		0	0	0	192.00
194.00 07950 FUND RAISING	0	0		0	0	0	194.00
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers		0		0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	170,163,716	9,188,750		19,207,149	908,163	5,125,682	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2014 8: 20 am

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.03	5.04	5.05	5A.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00520	DATA PROCESSING						5.02
5.03	00530	PURCHASING RECEIVING AND STORES	736,142					5.03
5.04	00540	ADMINITTING	1,042	2,793,773				5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	427	0	3,726,907			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	23,939	0	0	22,121,134	22,121,134	5.06
7.00	00700	OPERATION OF PLANT	11,861	0	0	8,659,908	1,293,998	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	469	0	0	192,889	28,822	8.00
9.00	00900	HOUSEKEEPING	8,482	0	0	2,925,584	437,152	9.00
10.00	01000	DIETARY	21,757	0	0	1,931,413	288,599	10.00
11.00	01100	CAFETERIA	21,097	0	0	1,306,496	195,222	11.00
13.00	01300	NURSING ADMINISTRATION	3,178	0	0	6,650,492	993,743	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,011	0	0	925,186	138,245	14.00
15.00	01500	PHARMACY	2,858	0	0	3,349,473	500,492	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	188	0	0	2,890,413	431,897	16.00
17.00	01700	SOCIAL SERVICE	35	0	0	994,421	148,590	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	1,031	0	0	254,360	38,007	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	50,466	311,638	415,674	27,460,218	4,103,236	30.00
31.00	03100	INTENSIVE CARE UNIT	12,420	71,802	95,773	6,164,371	921,105	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,522	9,510	12,684	655,286	97,915	43.00
44.00	04400	SKILLED NURSING FACILITY	6,773	34,857	46,494	4,204,987	628,326	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	311,709	351,842	469,299	8,553,312	1,278,070	50.00
53.00	05300	ANESTHESIOLOGY	8,371	56,155	74,902	358,413	53,556	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,833	374,357	499,801	8,813,788	1,316,991	54.00
56.00	05600	RADIOISOTOPE	277	29,810	39,762	948,837	141,779	56.00
56.01	05601	ULTRASOUND	1,218	37,436	49,934	833,405	124,531	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	116,684	88,566	118,132	2,228,180	332,944	59.00
60.00	06000	LABORATORY	382	226,368	301,938	6,442,976	962,735	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	32,630	16,619	22,167	635,244	94,921	62.00
64.00	06400	INTRAVENOUS THERAPY	4,751	5,184	6,915	605,971	90,547	64.00
65.00	06500	RESPIRATORY THERAPY	9,422	60,641	80,885	2,106,865	314,816	65.00
66.00	06600	PHYSICAL THERAPY	2,425	33,521	44,712	2,856,896	426,889	66.00
67.00	06700	OCCUPATIONAL THERAPY	1	15,466	20,629	1,265,910	189,157	67.00
68.00	06800	SPEECH PATHOLOGY	130	3,982	5,311	284,993	42,585	68.00
69.00	06900	ELECTROCARDIOLOGY	1,510	71,867	95,859	1,601,393	239,287	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	348	4,742	6,325	154,282	23,053	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	119,612	159,543	11,515,663	1,720,716	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	90,694	120,971	6,485,214	969,047	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	321,454	428,767	9,777,257	1,460,957	73.00
74.00	07400	RENAL DIALYSIS	3,592	14,281	19,048	655,438	97,938	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,498	30,903	41,220	2,282,081	340,998	75.00
76.00	03020	PULMONARY FUNCTION TESTING	330	5,471	7,297	199,272	29,776	76.00
76.97	07697	CARDIAC REHABILITATION	201	3,212	4,284	440,649	65,844	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	15,561	33,407	44,560	1,931,512	288,614	90.00
91.00	09100	EMERGENCY	25,741	357,064	476,265	7,897,590	1,180,089	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	SLEEP LAB	909	13,312	17,756	515,419	77,016	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

Worksheet B
Part I
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Cost Center Description		PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL		
		5.03	5.04	5.05	5A.05	5.06		
114.00	11400	UTILIZATION REVIEW-SNF					114.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	735,079	2,793,773	3,726,907	170,077,191	22,108,205	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,063	0	0	86,525	12,929	190.00
190.01	19001	NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	736,142	2,793,773	3,726,907	170,163,716	22,121,134	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

Worksheet B
Part I
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.04	00540	ADMITTING					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	9,953,906				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	38,034	259,745			8.00
9.00	00900	HOUSEKEEPING	194,580	0	3,557,316		9.00
10.00	01000	DIETARY	273,687	0	100,150	2,593,849	10.00
11.00	01100	CAFETERIA	264,865	0	96,922	0	1,863,505
13.00	01300	NURSING ADMINISTRATION	79,404	0	29,056	0	85,549
14.00	01400	CENTRAL SERVICES & SUPPLY	133,415	0	48,820	0	19,907
15.00	01500	PHARMACY	145,388	0	53,202	0	61,100
16.00	01600	MEDICAL RECORDS & LIBRARY	181,235	0	66,319	0	53,375
17.00	01700	SOCIAL SERVICE	14,643	0	5,358	0	20,947
23.00	02300	PARAMED PRGM-(SPECIFY)	28,989	0	10,608	0	13,094
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,193,576	149,857	1,168,626	1,722,742	592,564
31.00	03100	INTENSIVE CARE UNIT	541,814	13,820	198,266	254,122	98,007
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	62,574	0	22,898	0	10,717
44.00	04400	SKILLED NURSING FACILITY	591,117	9,804	216,308	371,248	98,261
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	814,982	29,876	298,227	0	118,847
53.00	05300	ANESTHESIOLOGY	14,828	0	5,426	0	3,247
54.00	05400	RADIOLOGY-DIAGNOSTIC	874,331	7,202	319,944	0	155,923
56.00	05600	RADIOISOTOPE	99,829	1,466	36,531	0	7,152
56.01	05601	ULTRASOUND	0	1,726	0	0	13,837
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	145,907	1,339	53,392	0	22,093
60.00	06000	LABORATORY	354,870	0	129,858	0	96,882
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	40,703	0	14,894	0	7,110
64.00	06400	INTRAVENOUS THERAPY	9,786	0	3,581	0	9,189
65.00	06500	RESPIRATORY THERAPY	79,589	0	29,124	0	46,223
66.00	06600	PHYSICAL THERAPY	203,403	0	74,431	0	45,968
67.00	06700	OCCUPATIONAL THERAPY	31,843	0	11,652	0	233
68.00	06800	SPEECH PATHOLOGY	7,525	0	2,754	0	5,157
69.00	06900	ELECTROCARDIOLOGY	44,966	1,463	16,454	0	28,035
70.00	07000	ELECTROENCEPHALOGRAPHY	29,434	296	10,771	0	4,584
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,759
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	35,550	0	13,009	0	10,463
75.00	07500	ASC (NON-DISTINCT PART)	264,642	15,145	96,841	52,701	38,625
76.00	03020	PULMONARY FUNCTION TESTING	11,714	0	4,287	0	3,990
76.97	07697	CARDIAC REHABILITATION	111,395	228	40,763	0	6,855
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	256,227	4,151	93,761	11,104	32,343
91.00	09100	EMERGENCY	731,278	23,372	267,597	181,594	140,070
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
93.00	04040	SLEEP LAB	3,855	0	1,411	338	10,399
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF)	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
114.00	11400	UTILIZATION REVIEW-SNF					

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
118.00	SUBTOTALS (SUM OF LINES 1-117)	7.00	8.00	9.00	10.00	11.00	118.00
	9,909,978	259,745	3,541,241	2,593,849	1,863,505		
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	43,928	0	16,075	0	0	190.00
190.01	19001 NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 FUND RAISING	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	9,953,906	259,745	3,557,316	2,593,849	1,863,505	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

Period:
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To 12/31/2013

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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	7,838,244					13.00
14.00	01400	0	1,265,573				14.00
15.00	01500	0	0	4,109,655			15.00
16.00	01600	0	0	0	3,623,239		16.00
17.00	01700	110,540	0	0	971	1,295,470	17.00
23.00	02300	11,054	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	4,044,983	0	58,812	482,266	663,369	30.00
31.00	03100	612,346	0	18,154	0	95,210	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	76,174	0	601	47,033	0	43.00
44.00	04400	719,602	0	5,106	137,493	230,096	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	691,803	0	17,705	148,176	0	50.00
53.00	05300	18,934	0	50,101	49,115	0	53.00
54.00	05400	6,457	0	7,984	1,855,809	0	54.00
56.00	05600	0	0	170,654	0	0	56.00
56.01	05601	219	0	463	0	0	56.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	136,478	0	2,968	0	0	59.00
60.00	06000	0	0	0	161,079	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	21,505	0	62.00
64.00	06400	56,693	0	29,482	0	0	64.00
65.00	06500	11,163	0	0	6,382	0	65.00
66.00	06600	8,318	0	10	8,741	0	66.00
67.00	06700	0	0	0	3,330	0	67.00
68.00	06800	0	0	0	694	0	68.00
69.00	06900	172,814	0	1,975	251,400	0	69.00
70.00	07000	0	0	0	13,180	0	70.00
71.00	07100	0	709,733	0	0	0	71.00
72.00	07200	0	555,840	0	0	0	72.00
73.00	07300	0	0	3,610,495	0	0	73.00
74.00	07400	54,832	0	623	0	0	74.00
75.00	07500	223,815	0	34,562	136,799	0	75.00
76.00	03020	0	0	124	694	0	76.00
76.97	07697	12,477	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	37,430	0	924	0	0	90.00
91.00	09100	832,112	0	98,912	298,156	306,795	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04040	0	0	0	416	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	0	0	0	0	100.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
112.00	08600	0	0	0	0	0	112.00
113.00	11300	0	0	0	0	0	113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
114.00	11400	UTILIZATION REVIEW-SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,838,244	1,265,573	4,109,655	3,623,239	1,295,470
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	NONREIMBURSABLE HHA	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	7,838,244	1,265,573	4,109,655	3,623,239	1,295,470

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

Period:
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To 12/31/2013

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Cost Center Description			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.04	00540	ADMINISTRATIVE					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	356,112				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	59,352	43,699,601	0	43,699,601	30.00
31.00	03100	INTENSIVE CARE UNIT	59,352	8,976,567	0	8,976,567	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	973,198	0	973,198	43.00
44.00	04400	SKILLED NURSING FACILITY	0	7,212,348	0	7,212,348	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	11,950,998	0	11,950,998	50.00
53.00	05300	ANESTHESIOLOGY	0	553,620	0	553,620	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,358,429	0	13,358,429	54.00
56.00	05600	RADIOISOTOPE	0	1,406,248	0	1,406,248	56.00
56.01	05601	ULTRASOUND	0	974,181	0	974,181	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	2,923,301	0	2,923,301	59.00
60.00	06000	LABORATORY	0	8,148,400	0	8,148,400	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	814,377	0	814,377	62.00
64.00	06400	INTRAVENOUS THERAPY	0	805,249	0	805,249	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,594,162	0	2,594,162	65.00
66.00	06600	PHYSICAL THERAPY	0	3,624,656	0	3,624,656	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,502,125	0	1,502,125	67.00
68.00	06800	SPEECH PATHOLOGY	0	343,708	0	343,708	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,357,787	0	2,357,787	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	235,600	0	235,600	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,948,871	0	13,948,871	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,010,101	0	8,010,101	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,848,709	0	14,848,709	73.00
74.00	07400	RENAL DIALYSIS	0	867,853	0	867,853	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	3,486,209	0	3,486,209	75.00
76.00	03020	PULMONARY FUNCTION TESTING	0	249,857	0	249,857	76.00
76.97	07697	CARDIAC REHABILITATION	0	678,211	0	678,211	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	2,656,066	0	2,656,066	90.00
91.00	09100	EMERGENCY	237,408	12,194,973	0	12,194,973	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	SLEEP LAB	0	608,854	0	608,854	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140250

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	356,112	170,004,259	0	170,004,259	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	159,457	0	159,457	190.00
190.01	19001	NONREIMBURSABLE HHA	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	356,112	170,163,716	0	170,163,716	202.00

COST ALLOCATION STATISTICS

Provider CCN: 140250

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

Worksheet Non-CMS Wo
Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1		1.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	2		4.00
5.01	COMMUNICATIONS	3		5.01
5.02	DATA PROCESSING	4		5.02
5.03	PURCHASING RECEIVING AND STORES	5		5.03
5.04	ADMINISTRATIVE	6		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	6		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-7		5.06
7.00	OPERATION OF PLANT	8		7.00
8.00	LAUNDRY & LINEN SERVICE	9		8.00
9.00	HOUSEKEEPING	10		9.00
10.00	DIETARY	11		10.00
11.00	CAFETERIA	12		11.00
13.00	NURSING ADMINISTRATION	13		13.00
14.00	CENTRAL SERVICES & SUPPLY	14		14.00
15.00	PHARMACY	15		15.00
16.00	MEDICAL RECORDS & LIBRARY	16		16.00
17.00	SOCIAL SERVICE	17		17.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	18		23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140250

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	51,633	51,633	51,633	51,633		4.00
5.01 00510 COMMUNICATIONS	59,220	31,116	90,336	295	90,631		5.01
5.02 00520 DATA PROCESSING	0	85,564	85,564	0	1,374		5.02
5.03 00530 PURCHASING RECEIVING AND STORES	0	121,128	121,128	241	620		5.03
5.04 00540 ADMITTING	0	82,477	82,477	1,266	4,919		5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	585	2,393		5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	127,389	736,550	863,939	3,857	8,598		5.06
7.00 00700 OPERATION OF PLANT	0	1,986,049	1,986,049	1,512	4,786		7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	23,286	23,286	93	0		8.00
9.00 00900 HOUSEKEEPING	2,680	119,131	121,811	1,063	2,570		9.00
10.00 01000 DIETARY	7,083	167,564	174,647	722	1,241		10.00
11.00 01100 CAFETERIA	0	162,162	162,162	701	1,285		11.00
13.00 01300 NURSING ADMINISTRATION	0	48,615	48,615	2,889	1,728		13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	153,349	81,683	235,032	303	576		14.00
15.00 01500 PHARMACY	79,201	89,013	168,214	1,992	2,482		15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	110,960	110,960	850	3,324		16.00
17.00 01700 SOCIAL SERVICE	0	8,965	8,965	554	665		17.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	17,748	17,748	124	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	208	1,955,251	1,955,459	13,676	15,822		30.00
31.00 03100 INTENSIVE CARE UNIT	0	331,723	331,723	2,510	4,343		31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0		32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0		42.00
43.00 04300 NURSERY	0	38,311	38,311	324	576		43.00
44.00 04400 SKILLED NURSING FACILITY	0	361,909	361,909	2,041	2,305		44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	63,345	498,969	562,314	2,892	4,210		50.00
53.00 05300 ANESTHESIOLOGY	0	9,078	9,078	54	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	161,743	535,305	697,048	3,397	7,800		54.00
56.00 05600 RADIOISOTOPE	0	61,120	61,120	241	443		56.00
56.01 05601 ULTRASOUND	0	0	0	404	266		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	499,858	89,331	589,189	757	1,507		59.00
60.00 06000 LABORATORY	0	217,268	217,268	0	2,615		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	24,920	24,920	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	5,992	5,992	290	222		64.00
65.00 06500 RESPIRATORY THERAPY	18,522	48,728	67,250	1,049	886		65.00
66.00 06600 PHYSICAL THERAPY	0	124,532	124,532	43	798		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	19,496	19,496	0	266		67.00
68.00 06800 SPEECH PATHOLOGY	0	4,607	4,607	151	89		68.00
69.00 06900 ELECTROCARDIOLOGY	405	27,530	27,935	673	1,507		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	18,021	18,021	68	355		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	21,765	21,765	324	310		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	162,026	162,026	1,015	1,551		75.00
76.00 03020 PULMONARY FUNCTION TESTING	0	7,172	7,172	92	133		76.00
76.97 07697 CARDIAC REHABILITATION	0	68,201	68,201	203	443		76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00 09000 CLINIC	0	156,874	156,874	816	1,507		90.00
91.00 09100 EMERGENCY	0	447,722	447,722	3,383	5,983		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
93.00 04040 SLEEP LAB	114,101	2,360	116,461	183	0		93.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910 CORF	0	0	0	0	0		99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0		100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0		110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140250

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

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
112.00 08600 OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE							113.00
114.00 11400 UTILIZATION REVIEW-SNF							114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,287,104	9,161,855	10,448,959	51,633	90,498		118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	26,895	26,895	0	133		190.00
190.01 19001 NONREIMBURSABLE HHA	0	0	0	0	0		190.01
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0		192.00
194.00 07950 FUND RAISING	0	0	0	0	0		194.00
200.00 Cross Foot Adjustments			0				200.00
201.00 Negative Cost Centers			0		0		201.00
202.00 TOTAL (sum lines 118-201)	1,287,104	9,188,750	10,475,854	51,633	90,631		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140250		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/29/2014 8: 20 am	
Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00520	DATA PROCESSING	86,938					5.02
5.03	00530	PURCHASING RECEIVING AND STORES	0	121,989				5.03
5.04	00540	ADMINITTING	4,963	173	93,798			5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	33,676	71	0	36,725		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	10,989	3,967	0	0	891,350	5.06
7.00	00700	OPERATION OF PLANT	0	1,966	0	0	52,141	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	78	0	0	1,161	8.00
9.00	00900	HOUSEKEEPING	0	1,406	0	0	17,615	9.00
10.00	01000	DIETARY	0	3,606	0	0	11,629	10.00
11.00	01100	CAFETERIA	0	3,496	0	0	7,866	11.00
13.00	01300	NURSING ADMINISTRATION	16,218	527	0	0	40,043	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	831	0	0	5,571	14.00
15.00	01500	PHARMACY	10,635	474	0	0	20,167	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,899	31	0	0	17,403	16.00
17.00	01700	SOCIAL SERVICE	0	6	0	0	5,987	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	171	0	0	1,532	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	8,364	10,490	4,071	165,326	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,058	2,417	938	37,116	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	252	320	124	3,945	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,123	1,173	455	25,318	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	51,646	11,843	4,596	51,499	50.00
53.00	05300	ANESTHESIOLOGY	0	1,387	1,890	734	2,158	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,102	3,618	12,362	5,121	53,068	54.00
56.00	05600	RADIOISOTOPE	0	46	1,003	389	5,713	56.00
56.01	05601	ULTRASOUND	0	202	1,260	489	5,018	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	19,338	2,981	1,157	13,416	59.00
60.00	06000	LABORATORY	3,456	63	7,620	2,957	38,793	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,408	559	217	3,825	62.00
64.00	06400	INTRAVENOUS THERAPY	0	787	174	68	3,649	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,562	2,041	792	12,685	65.00
66.00	06600	PHYSICAL THERAPY	0	402	1,128	438	17,201	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	521	202	7,622	67.00
68.00	06800	SPEECH PATHOLOGY	0	21	134	52	1,716	68.00
69.00	06900	ELECTROCARDIOLOGY	0	250	2,419	939	9,642	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	58	160	62	929	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,026	1,562	69,336	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	3,053	1,185	39,047	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	10,820	4,199	58,869	73.00
74.00	07400	RENAL DIALYSIS	0	595	481	187	3,946	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	746	1,040	404	13,740	75.00
76.00	03020	PULMONARY FUNCTION TESTING	0	55	184	71	1,200	76.00
76.97	07697	CARDIAC REHABILITATION	0	33	108	42	2,653	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	2,579	1,124	436	11,630	90.00
91.00	09100	EMERGENCY	0	4,266	12,019	4,664	47,551	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	SLEEP LAB	0	151	448	174	3,103	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140250		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/29/2014 8:20 am	
Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5.05	5.06	
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	86,938	121,813	93,798	36,725	890,829	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	176	0	0	521	190.00
190.01	19001	NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	86,938	121,989	93,798	36,725	891,350	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/29/2014 8:20 am				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00510	COMMUNICATIONS					5.01	
5.02	00520	DATA PROCESSING					5.02	
5.03	00530	PURCHASING RECEIVING AND STORES					5.03	
5.04	00540	ADMITTING					5.04	
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
7.00	00700	OPERATION OF PLANT	2,046,454				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	7,819	32,437			8.00	
9.00	00900	HOUSEKEEPING	40,004	0	184,469		9.00	
10.00	01000	DIETARY	56,268	0	5,193	253,306	10.00	
11.00	01100	CAFETERIA	54,454	0	5,026	0	234,990	11.00
13.00	01300	NURSING ADMINISTRATION	16,325	0	1,507	0	10,788	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	27,429	0	2,532	0	2,510	14.00
15.00	01500	PHARMACY	29,891	0	2,759	0	7,705	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	37,261	0	3,439	0	6,731	16.00
17.00	01700	SOCIAL SERVICE	3,010	0	278	0	2,641	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	5,960	0	550	0	1,651	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	656,576	18,716	60,600	168,236	74,723	30.00
31.00	03100	INTENSIVE CARE UNIT	111,393	1,726	10,281	24,817	12,359	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	12,865	0	1,187	0	1,351	43.00
44.00	04400	SKILLED NURSING FACILITY	121,530	1,224	11,217	36,255	12,391	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	167,555	3,731	15,465	0	14,987	50.00
53.00	05300	ANESTHESIOLOGY	3,049	0	281	0	409	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	179,756	899	16,591	0	19,662	54.00
56.00	05600	RADIOISOTOPE	20,524	183	1,894	0	902	56.00
56.01	05601	ULTRASOUND	0	215	0	0	1,745	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	29,998	167	2,769	0	2,786	59.00
60.00	06000	LABORATORY	72,959	0	6,734	0	12,217	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,368	0	772	0	897	62.00
64.00	06400	INTRAVENOUS THERAPY	2,012	0	186	0	1,159	64.00
65.00	06500	RESPIRATORY THERAPY	16,363	0	1,510	0	5,829	65.00
66.00	06600	PHYSICAL THERAPY	41,818	0	3,860	0	5,797	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,547	0	604	0	29	67.00
68.00	06800	SPEECH PATHOLOGY	1,547	0	143	0	650	68.00
69.00	06900	ELECTROCARDIOLOGY	9,245	183	853	0	3,535	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,051	37	559	0	578	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	348	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	7,309	0	675	0	1,319	74.00
75.00	07500	ASC (NON-DISTINCT PART)	54,409	1,891	5,022	5,147	4,871	75.00
76.00	03020	PULMONARY FUNCTION TESTING	2,408	0	222	0	503	76.00
76.97	07697	CARDIAC REHABILITATION	22,902	28	2,114	0	864	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	52,679	518	4,862	1,084	4,079	90.00
91.00	09100	EMERGENCY	150,346	2,919	13,877	17,734	17,663	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	SLEEP LAB	793	0	73	33	1,311	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF)	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140250

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,037,423	32,437	183,635	253,306	234,990	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,031	0	834	0	0	190.00
190.01	19001 NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 FUND RAISING	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,046,454	32,437	184,469	253,306	234,990	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/29/2014 8:20 am		
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		13.00	14.00	15.00	16.00	17.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00510	COMMUNICATIONS				5.01
5.02	00520	DATA PROCESSING				5.02
5.03	00530	PURCHASING RECEIVING AND STORES				5.03
5.04	00540	ADMITTING				5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
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	138,640			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	274,784		14.00
15.00	01500	PHARMACY	0	0	244,319	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,955	0	0	49
23.00	02300	PARAMED PRGM-(SPECIFY)	196	0	0	0
24.00	02400	OTHER SOCIAL SERVICE	0	0	0	24,110
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	71,546	0	3,496	24,477
31.00	03100	INTENSIVE CARE UNIT	10,831	0	1,079	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	1,347	0	36	2,387
44.00	04400	SKILLED NURSING FACILITY	12,728	0	304	6,978
45.00	04500	OTHER INPATIENT ROUTINE	0	0	0	4,282
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,236	0	1,053	7,521
53.00	05300	ANESTHESIOLOGY	335	0	2,979	2,493
54.00	05400	RADIOLOGY-DIAGNOSTIC	114	0	475	94,193
56.00	05600	RADIOISOTOPE	0	0	10,145	0
56.01	05601	ULTRASOUND	4	0	28	0
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	2,414	0	176	0
60.00	06000	LABORATORY	0	0	0	8,176
60.01	06001	BLOOD LABORATORY	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,091
64.00	06400	INTRAVENOUS THERAPY	1,003	0	1,753	0
65.00	06500	RESPIRATORY THERAPY	197	0	0	324
66.00	06600	PHYSICAL THERAPY	147	0	1	444
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	169
68.00	06800	SPEECH PATHOLOGY	0	0	0	35
69.00	06900	ELECTROCARDIOLOGY	3,057	0	117	12,760
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	669
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	154,099	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	120,685	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	214,643	0
74.00	07400	RENAL DIALYSIS	970	0	37	0
75.00	07500	ASC (NON-DISTINCT PART)	3,959	0	2,055	6,943
76.00	03020	PULMONARY FUNCTION TESTING	0	0	7	35
76.97	07697	CARDIAC REHABILITATION	221	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	662	0	55	0
91.00	09100	EMERGENCY	14,718	0	5,880	15,133
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	5,710
93.00	04040	SLEEP LAB	0	0	0	21
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140250

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
114.00	11400	UTILIZATION REVIEW-SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	138,640	274,784	244,319	183,898	24,110
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
190.01	19001	NONREIMBURSABLE HHA	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	FUND RAISING	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	138,640	274,784	244,319	183,898	24,110

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/29/2014 8:20 am
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Cost Center Description		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00510	COMMUNICATIONS				5.01
5.02	00520	DATA PROCESSING				5.02
5.03	00530	PURCHASING RECEIVING AND STORES				5.03
5.04	00540	ADMINISTRATIVE				5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	27,932			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,263,924	0	3,263,924	30.00
31.00	03100	INTENSIVE CARE UNIT	555,363	0	555,363	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	63,025	0	63,025	43.00
44.00	04400	SKILLED NURSING FACILITY	601,233	0	601,233	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	911,548	0	911,548	50.00
53.00	05300	ANESTHESIOLOGY	24,847	0	24,847	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,097,206	0	1,097,206	54.00
56.00	05600	RADIOISOTOPE	102,603	0	102,603	56.00
56.01	05601	ULTRASOUND	9,631	0	9,631	56.01
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	666,655	0	666,655	59.00
60.00	06000	LABORATORY	372,858	0	372,858	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	46,057	0	46,057	62.00
64.00	06400	INTRAVENOUS THERAPY	17,295	0	17,295	64.00
65.00	06500	RESPIRATORY THERAPY	110,488	0	110,488	65.00
66.00	06600	PHYSICAL THERAPY	196,609	0	196,609	66.00
67.00	06700	OCCUPATIONAL THERAPY	35,456	0	35,456	67.00
68.00	06800	SPEECH PATHOLOGY	9,145	0	9,145	68.00
69.00	06900	ELECTROCARDIOLOGY	73,115	0	73,115	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	27,547	0	27,547	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	229,371	0	229,371	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	163,970	0	163,970	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	288,531	0	288,531	73.00
74.00	07400	RENAL DIALYSIS	37,918	0	37,918	74.00
75.00	07500	ASC (NON-DISTINCT PART)	264,819	0	264,819	75.00
76.00	03020	PULMONARY FUNCTION TESTING	12,082	0	12,082	76.00
76.97	07697	CARDIAC REHABILITATION	97,812	0	97,812	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	238,905	0	238,905	90.00
91.00	09100	EMERGENCY	769,568	0	769,568	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040	SLEEP LAB	122,751	0	122,751	93.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140250

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF		0	0	0	112.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	10,410,332	0	10,410,332	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		37,590	0	37,590	190.00
190.01	19001	NONREIMBURSABLE HHA		0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES		0	0	0	192.00
194.00	07950	FUND RAISING		0	0	0	194.00
200.00		Cross Foot Adjustments	27,932	27,932	0	27,932	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	27,932	10,475,854	0	10,475,854	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1
Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description		CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARY)	COMMUNICATIONS (PHONE EXTENS)	DATA PROCESSING (CPU TIME)	PURCHASING RECEIVING AND STORES (SUPPLY REQUIS)	
		NEW BLDG & FIXT (SQUARE FEET)					
		1.00	4.00	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	404,864				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,275	66,926,136			4.00
5.01	00510	COMMUNICATIONS	1,371	381,998	2,045		5.01
5.02	00520	DATA PROCESSING	3,770	0	31	981	5.02
5.03	00530	PURCHASING RECEIVING AND STORES	5,337	312,296	14	0	21,467,209
5.04	00540	ADMITTING	3,634	1,642,568	111	56	30,379
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	758,817	54	380	12,454
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	32,453	5,003,041	194	124	698,126
7.00	00700	OPERATION OF PLANT	87,507	1,961,461	108	0	345,885
8.00	00800	LAUNDRY & LINEN SERVICE	1,026	120,977	0	0	13,669
9.00	00900	HOUSEKEEPING	5,249	1,379,079	58	0	247,350
10.00	01000	DIETARY	7,383	936,849	28	0	634,480
11.00	01100	CAFETERIA	7,145	908,573	29	0	615,235
13.00	01300	NURSING ADMINISTRATION	2,142	3,747,046	39	183	92,689
14.00	01400	CENTRAL SERVICES & SUPPLY	3,599	393,026	13	0	146,141
15.00	01500	PHARMACY	3,922	2,583,516	56	120	83,359
16.00	01600	MEDICAL RECORDS & LIBRARY	4,889	1,102,336	75	44	5,479
17.00	01700	SOCIAL SERVICE	395	717,987	15	0	1,020
23.00	02300	PARAMED ED PRGM-(SPECIFY)	782	160,639	0	0	30,069
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	86,150	17,695,382	357	0	1,471,702
31.00	03100	INTENSIVE CARE UNIT	14,616	3,254,945	98	0	362,180
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,688	420,079	13	0	44,387
44.00	04400	SKILLED NURSING FACILITY	15,946	2,647,695	52	0	197,529
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	21,985	3,751,124	95	0	9,089,820
53.00	05300	ANESTHESIOLOGY	400	70,423	0	0	244,131
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,586	4,405,639	176	35	636,685
56.00	05600	RADIOISOTOPE	2,693	312,272	10	0	8,075
56.01	05601	ULTRASOUND	0	523,970	6	0	35,517
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	3,936	982,342	34	0	3,402,769
60.00	06000	LABORATORY	9,573	0	59	39	11,126
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,098	0	0	0	951,560
64.00	06400	INTRAVENOUS THERAPY	264	375,853	5	0	138,542
65.00	06500	RESPIRATORY THERAPY	2,147	1,360,466	20	0	274,779
66.00	06600	PHYSICAL THERAPY	5,487	56,123	18	0	70,711
67.00	06700	OCCUPATIONAL THERAPY	859	0	6	0	37
68.00	06800	SPEECH PATHOLOGY	203	196,337	2	0	3,777
69.00	06900	ELECTROCARDIOLOGY	1,213	873,439	34	0	44,044
70.00	07000	ELECTROENCEPHALOGRAPHY	794	88,700	8	0	10,154
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	959	419,925	7	0	104,746
75.00	07500	ASC (NON-DISTINCT PART)	7,139	1,315,898	35	0	131,183
76.00	03020	PULMONARY FUNCTION TESTING	316	119,285	3	0	9,614
76.97	07697	CARDIAC REHABILITATION	3,005	263,286	10	0	5,869
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	6,912	1,058,372	34	0	453,793
91.00	09100	EMERGENCY	19,727	4,387,458	135	0	750,655
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
93.00	04040	SLEEP LAB	104	236,914	0	0	26,504
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description		CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARY)	COMMUNICATIONS (PHONE EXTENS)	DATA PROCESSING (CPU TIME)	PURCHASING RECEIVING AND STORES (SUPPLY REQUIS)		
		NEW BLDG & FIXT (SQUARE FEET)						
		1.00	4.00	5.01	5.02	5.03		
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	403,679	66,926,136	2,042	981	21,436,224	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,185	0	3	0	30,985	190.00
190.01	19001	NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,188,750	19,207,149	908,163	5,125,682	736,142	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	22.695893	0.286990	444.089487	5,224.956167	0.034291	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		51,633	90,631	86,938	121,989	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000771	44.318337	88.621814	0.005683	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1
Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description			ADMITTING (GROSS REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00520	DATA PROCESSING						5.02
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00540	ADMITTING	701,844,857					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	701,844,857				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	-22,121,134	148,042,582		5.06
7.00	00700	OPERATION OF PLANT	0	0	0	8,659,908	268,517	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	192,889	1,026	8.00
9.00	00900	HOUSEKEEPING	0	0	0	2,925,584	5,249	9.00
10.00	01000	DIETARY	0	0	0	1,931,413	7,383	10.00
11.00	01100	CAFETERIA	0	0	0	1,306,496	7,145	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	6,650,492	2,142	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	925,186	3,599	14.00
15.00	01500	PHARMACY	0	0	0	3,349,473	3,922	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	2,890,413	4,889	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	994,421	395	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	254,360	782	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	78,281,370	78,281,370	0	27,460,218	86,150	30.00
31.00	03100	INTENSIVE CARE UNIT	18,036,284	18,036,284	0	6,164,371	14,616	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,388,730	2,388,730	0	655,286	1,688	43.00
44.00	04400	SKILLED NURSING FACILITY	8,755,945	8,755,945	0	4,204,987	15,946	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	88,380,245	88,380,245	0	8,553,312	21,985	50.00
53.00	05300	ANESTHESIOLOGY	14,105,798	14,105,798	0	358,413	400	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	94,103,585	94,103,585	0	8,813,788	23,586	54.00
56.00	05600	RADIOISOTOPE	7,488,138	7,488,138	0	948,837	2,693	56.00
56.01	05601	ULTRASOUND	9,403,774	9,403,774	0	833,405	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	22,247,106	22,247,106	0	2,228,180	3,936	59.00
60.00	06000	LABORATORY	56,862,165	56,862,165	0	6,442,976	9,573	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,174,636	4,174,636	0	635,244	1,098	62.00
64.00	06400	INTRAVENOUS THERAPY	1,302,172	1,302,172	0	605,971	264	64.00
65.00	06500	RESPIRATORY THERAPY	15,232,521	15,232,521	0	2,106,865	2,147	65.00
66.00	06600	PHYSICAL THERAPY	8,420,277	8,420,277	0	2,856,896	5,487	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,884,842	3,884,842	0	1,265,910	859	67.00
68.00	06800	SPEECH PATHOLOGY	1,000,186	1,000,186	0	284,993	203	68.00
69.00	06900	ELECTROCARDIOLOGY	18,052,576	18,052,576	0	1,601,393	1,213	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,191,154	1,191,154	0	154,282	794	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,045,833	30,045,833	0	11,515,663	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	22,781,816	22,781,816	0	6,485,214	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	80,747,106	80,747,106	0	9,777,257	0	73.00
74.00	07400	RENAL DIALYSIS	3,587,249	3,587,249	0	655,438	959	74.00
75.00	07500	ASC (NON-DISTINCT PART)	7,762,653	7,762,653	0	2,282,081	7,139	75.00
76.00	03020	PULMONARY FUNCTION TESTING	1,374,165	1,374,165	0	199,272	316	76.00
76.97	07697	CARDIAC REHABILITATION	806,846	806,846	0	440,649	3,005	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	8,391,663	8,391,663	0	1,931,512	6,912	90.00
91.00	09100	EMERGENCY	89,692,157	89,692,157	0	7,897,590	19,727	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	SLEEP LAB	3,343,865	3,343,865	0	515,419	104	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description			ADMINISTRATIVE (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
			5.04	5.05	5A.06	5.06	7.00	
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	701,844,857	701,844,857	-22,121,134	147,956,057	267,332	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	86,525	1,185	190.00
190.01	19001	NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FUND RAISING	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,793,773	3,726,907		22,121,134	9,953,906	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.003981	0.005310		0.149424	37.069929	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	93,798	36,725		891,350	2,046,454	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000134	0.000052		0.006021	7.621320	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1
Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	NURSING ADMINISTRATION (FTES SUPERV)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.04	00540	ADMITTING					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	981,563				8.00
9.00	00900	HOUSEKEEPING	0	262,242			9.00
10.00	01000	DIETARY	0	7,383	184,075		10.00
11.00	01100	CAFETERIA	0	7,145	0	87,807	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,142	0	4,031	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,599	0	938	14.00
15.00	01500	PHARMACY	0	3,922	0	2,879	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,889	0	2,515	16.00
17.00	01700	SOCIAL SERVICE	0	395	0	987	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	782	0	617	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	566,307	86,150	122,256	27,921	30.00
31.00	03100	INTENSIVE CARE UNIT	52,226	14,616	18,034	4,618	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,688	0	505	43.00
44.00	04400	SKILLED NURSING FACILITY	37,047	15,946	26,346	4,630	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	112,901	21,985	0	5,600	50.00
53.00	05300	ANESTHESIOLOGY	0	400	0	153	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,216	23,586	0	7,347	54.00
56.00	05600	RADIOISOTOPE	5,540	2,693	0	337	56.00
56.01	05601	ULTRASOUND	6,521	0	0	652	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	5,060	3,936	0	1,041	59.00
60.00	06000	LABORATORY	0	9,573	0	4,565	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,098	0	335	62.00
64.00	06400	INTRAVENOUS THERAPY	0	264	0	433	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,147	0	2,178	65.00
66.00	06600	PHYSICAL THERAPY	0	5,487	0	2,166	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	859	0	11	67.00
68.00	06800	SPEECH PATHOLOGY	0	203	0	243	68.00
69.00	06900	ELECTROCARDIOLOGY	5,528	1,213	0	1,321	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,118	794	0	216	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	130	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	959	0	493	74.00
75.00	07500	ASC (NON-DISTINCT PART)	57,231	7,139	3,740	1,820	75.00
76.00	03020	PULMONARY FUNCTION TESTING	0	316	0	188	76.00
76.97	07697	CARDIAC REHABILITATION	860	3,005	0	323	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	15,686	6,912	788	1,524	90.00
91.00	09100	EMERGENCY	88,322	19,727	12,887	6,600	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	SLEEP LAB	0	104	24	490	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	112.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	NURSING ADMINISTRATION (FTES SUPERV)	
		8.00	9.00	10.00	11.00	13.00	
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	981,563	261,057	184,075	87,807	71,618
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,185	0	0	0
190.01	19001	NONREIMBURSABLE HHA	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	FUND RAISING	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	259,745	3,557,316	2,593,849	1,863,505	7,838,244
203.00		Unit cost multiplier (Wkst. B, Part I)	0.264624	13.565012	14.091262	21.222739	109.445167
204.00		Cost to be allocated (per Wkst. B, Part II)	32,437	184,469	253,306	234,990	138,640
205.00		Unit cost multiplier (Wkst. B, Part II)	0.033046	0.703430	1.376102	2.676210	1.935826

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1
Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description		CENTRAL SERVICES & SUPPLY (100% SUPPLY)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	PARAMED PRGM (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400	10,000					14.00
15.00	01500	0	8,993,480				15.00
16.00	01600	0	0	26,115			16.00
17.00	01700	0	0	0	17,566		17.00
23.00	02300	0	0	0	0	24	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	128,704	3,476	8,995	4	30.00
31.00	03100	0	39,728	0	1,291	4	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	1,315	339	0	0	43.00
44.00	04400	0	11,174	991	3,120	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	38,746	1,068	0	0	50.00
53.00	05300	0	109,641	354	0	0	53.00
54.00	05400	0	17,473	13,376	0	0	54.00
56.00	05600	0	373,455	0	0	0	56.00
56.01	05601	0	1,014	0	0	0	56.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	6,495	0	0	0	59.00
60.00	06000	0	0	1,161	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	155	0	0	62.00
64.00	06400	0	64,517	0	0	0	64.00
65.00	06500	0	0	46	0	0	65.00
66.00	06600	0	22	63	0	0	66.00
67.00	06700	0	0	24	0	0	67.00
68.00	06800	0	0	5	0	0	68.00
69.00	06900	0	4,322	1,812	0	0	69.00
70.00	07000	0	0	95	0	0	70.00
71.00	07100	5,608	0	0	0	0	71.00
72.00	07200	4,392	0	0	0	0	72.00
73.00	07300	0	7,901,127	0	0	0	73.00
74.00	07400	0	1,364	0	0	0	74.00
75.00	07500	0	75,634	986	0	0	75.00
76.00	03020	0	271	5	0	0	76.00
76.97	07697	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	2,021	0	0	0	90.00
91.00	09100	0	216,457	2,149	4,160	16	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04040	0	0	3	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	0	0	0	0	100.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140250

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description		CENTRAL SERVICES & SUPPLY (100% SUPPLI)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	PARAMED PRGM (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	23.00	
112.00	08600 OTHER ORGAN ACQUISITION (SPECIF	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	10,000	8,993,480	26,115	17,566	24	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 NONREIMBURSABLE HHA	0	0	0	0	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 FUND RAISING	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,265,573	4,109,655	3,623,239	1,295,470	356,112	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	126.557300	0.456959	138.741681	73.748719	14,838.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	274,784	244,319	183,898	24,110	27,932	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	27.478400	0.027166	7.041853	1.372538	1,163.833333	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140250

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2014 8:20 am

		Title XVIIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,699,601		43,699,601	0	43,699,601	30.00
31.00	03100	INTENSIVE CARE UNIT	8,976,567		8,976,567	0	8,976,567	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	973,198		973,198	0	973,198	43.00
44.00	04400	SKILLED NURSING FACILITY	7,212,348		7,212,348	0	7,212,348	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,950,998		11,950,998	0	11,950,998	50.00
53.00	05300	ANESTHESIOLOGY	553,620		553,620	0	553,620	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,358,429		13,358,429	0	13,358,429	54.00
56.00	05600	RADIOISOTOPE	1,406,248		1,406,248	0	1,406,248	56.00
56.01	05601	ULTRASOUND	974,181		974,181	0	974,181	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	2,923,301		2,923,301	0	2,923,301	59.00
60.00	06000	LABORATORY	8,148,400		8,148,400	0	8,148,400	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	814,377		814,377	0	814,377	62.00
64.00	06400	INTRAVENOUS THERAPY	805,249		805,249	0	805,249	64.00
65.00	06500	RESPIRATORY THERAPY	2,594,162	0	2,594,162	0	2,594,162	65.00
66.00	06600	PHYSICAL THERAPY	3,624,656	0	3,624,656	0	3,624,656	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,502,125	0	1,502,125	0	1,502,125	67.00
68.00	06800	SPEECH PATHOLOGY	343,708	0	343,708	0	343,708	68.00
69.00	06900	ELECTROCARDIOLOGY	2,357,787		2,357,787	0	2,357,787	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	235,600		235,600	0	235,600	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,948,871		13,948,871	0	13,948,871	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,010,101		8,010,101	0	8,010,101	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,848,709		14,848,709	0	14,848,709	73.00
74.00	07400	RENAL DIALYSIS	867,853		867,853	0	867,853	74.00
75.00	07500	ASC (NON-DISTINCT PART)	3,486,209		3,486,209	0	3,486,209	75.00
76.00	03020	PULMONARY FUNCTION TESTING	249,857		249,857	0	249,857	76.00
76.97	07697	CARDIAC REHABILITATION	678,211		678,211	0	678,211	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	2,656,066		2,656,066	0	2,656,066	90.00
91.00	09100	EMERGENCY	12,194,973		12,194,973	0	12,194,973	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,567,171		6,567,171	0	6,567,171	92.00
93.00	04040	SLEEP LAB	608,854		608,854	0	608,854	93.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0		0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0	114.00
200.00		Subtotal (see instructions)	176,571,430	0	176,571,430	0	176,571,430	200.00
201.00		Less Observation Beds	6,567,171		6,567,171		6,567,171	201.00
202.00		Total (see instructions)	170,004,259	0	170,004,259	0	170,004,259	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140250

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2014 8:20 am

			Title XVIII			Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
	Inpatient	Outpatient	Total (col. 6 + col. 7)						
	6.00	7.00	8.00				9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	62,068,287		62,068,287				30.00
31.00	03100	INTENSIVE CARE UNIT	17,926,674		17,926,674				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
41.00	04100	SUBPROVIDER - I RF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	2,388,730		2,388,730				43.00
44.00	04400	SKILLED NURSING FACILITY	8,659,200		8,659,200				44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	41,167,962	47,212,283	88,380,245	0.135223	0.000000		50.00
53.00	05300	ANESTHESIOLOGY	6,576,546	7,529,252	14,105,798	0.039248	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,682,346	63,418,119	94,100,465	0.141959	0.000000		54.00
56.00	05600	RADIOISOTOPE	2,605,909	4,882,229	7,488,138	0.187797	0.000000		56.00
56.01	05601	ULTRASOUND	1,826,228	7,575,847	9,402,075	0.103613	0.000000		56.01
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	11,606,068	10,617,864	22,223,932	0.131538	0.000000		59.00
60.00	06000	LABORATORY	33,601,937	23,247,746	56,849,683	0.143332	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,083,898	1,089,113	4,173,011	0.195153	0.000000		62.00
64.00	06400	INTRAVENOUS THERAPY	1,239,474	59,778	1,299,252	0.619779	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	13,838,384	1,225,151	15,063,535	0.172215	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	4,374,876	4,045,192	8,420,068	0.430478	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,791,562	1,093,280	3,884,842	0.386663	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	781,317	218,531	999,848	0.343760	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	7,650,326	10,402,250	18,052,576	0.130607	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	608,447	580,818	1,189,265	0.198106	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,104,478	8,450,337	29,554,815	0.471966	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,493,321	8,277,395	22,770,716	0.351772	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	57,692,404	22,427,719	80,120,123	0.185331	0.000000		73.00
74.00	07400	RENAL DIALYSIS	3,349,274	229,410	3,578,684	0.242506	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	283,538	7,479,115	7,762,653	0.449100	0.000000		75.00
76.00	03020	PULMONARY FUNCTION TESTING	515,827	855,538	1,371,365	0.182196	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	14,124	792,722	806,846	0.840571	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	94,933	8,296,730	8,391,663	0.316512	0.000000		90.00
91.00	09100	EMERGENCY	23,639,802	66,052,355	89,692,157	0.135965	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,339,284	12,270,515	14,609,799	0.449505	0.000000		92.00
93.00	04040	SLEEP LAB	0	3,343,865	3,343,865	0.182081	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0	0				111.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIF	0	0	0				112.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
200.00		Subtotal (see instructions)	377,005,156	321,673,154	698,678,310				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	377,005,156	321,673,154	698,678,310				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 8:20 am
		Title XVII	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
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.135223		50.00
53.00	05300 ANESTHESIOLOGY	0.039248		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.141959		54.00
56.00	05600 RADIOISOTOPE	0.187797		56.00
56.01	05601 ULTRASOUND	0.103613		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.131538		59.00
60.00	06000 LABORATORY	0.143332		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.195153		62.00
64.00	06400 INTRAVENOUS THERAPY	0.619779		64.00
65.00	06500 RESPIRATORY THERAPY	0.172215		65.00
66.00	06600 PHYSICAL THERAPY	0.430478		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.386663		67.00
68.00	06800 SPEECH PATHOLOGY	0.343760		68.00
69.00	06900 ELECTROCARDIOLOGY	0.130607		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.198106		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.471966		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.351772		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.185331		73.00
74.00	07400 RENAL DIALYSIS	0.242506		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.449100		75.00
76.00	03020 PULMONARY FUNCTION TESTING	0.182196		76.00
76.97	07697 CARDIAC REHABILITATION	0.840571		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.316512		90.00
91.00	09100 EMERGENCY	0.135965		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.449505		92.00
93.00	04040 SLEEP LAB	0.182081		93.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
112.00	08600 OTHER ORGAN ACQUISITION (SPECIF			112.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140250

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2014 8:20 am

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		43,699,601	0	43,699,601	30.00	
31.00	03100 INTENSIVE CARE UNIT		8,976,567	0	8,976,567	31.00	
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00	
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00	
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00	
41.00	04100 SUBPROVIDER - IRF		0	0	0	41.00	
42.00	04200 SUBPROVIDER		0	0	0	42.00	
43.00	04300 NURSERY		973,198	0	973,198	43.00	
44.00	04400 SKILLED NURSING FACILITY		7,212,348	0	7,212,348	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		11,950,998	0	11,950,998	50.00	
53.00	05300 ANESTHESIOLOGY		553,620	0	553,620	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		13,358,429	0	13,358,429	54.00	
56.00	05600 RADIOISOTOPE		1,406,248	0	1,406,248	56.00	
56.01	05601 ULTRASOUND		974,181	0	974,181	56.01	
57.00	05700 CT SCAN		0	0	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION		2,923,301	0	2,923,301	59.00	
60.00	06000 LABORATORY		8,148,400	0	8,148,400	60.00	
60.01	06001 BLOOD LABORATORY		0	0	0	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		814,377	0	814,377	62.00	
64.00	06400 INTRAVENOUS THERAPY		805,249	0	805,249	64.00	
65.00	06500 RESPIRATORY THERAPY	0	2,594,162	0	2,594,162	65.00	
66.00	06600 PHYSICAL THERAPY	0	3,624,656	0	3,624,656	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,502,125	0	1,502,125	67.00	
68.00	06800 SPEECH PATHOLOGY	0	343,708	0	343,708	68.00	
69.00	06900 ELECTROCARDIOLOGY		2,357,787	0	2,357,787	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		235,600	0	235,600	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		13,948,871	0	13,948,871	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		8,010,101	0	8,010,101	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		14,848,709	0	14,848,709	73.00	
74.00	07400 RENAL DIALYSIS		867,853	0	867,853	74.00	
75.00	07500 ASC (NON-DISTINCT PART)		3,486,209	0	3,486,209	75.00	
76.00	03020 PULMONARY FUNCTION TESTING		249,857	0	249,857	76.00	
76.97	07697 CARDIAC REHABILITATION		678,211	0	678,211	76.97	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	09000 CLINIC		2,656,066	0	2,656,066	90.00	
91.00	09100 EMERGENCY		12,194,973	0	12,194,973	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		6,567,171	0	6,567,171	92.00	
93.00	04040 SLEEP LAB		608,854	0	608,854	93.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF		0	0	0	99.10	
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00	
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00	
111.00	11100 ISLET ACQUISITION		0	0	0	111.00	
112.00	08600 OTHER ORGAN ACQUISITION (SPECIF		0	0	0	112.00	
113.00	11300 INTEREST EXPENSE		0	0	0	113.00	
114.00	11400 UTILIZATION REVIEW-SNF		0	0	0	114.00	
200.00	Subtotal (see instructions)		176,571,430	0	176,571,430	200.00	
201.00	Less Observation Beds		6,567,171	0	6,567,171	201.00	
202.00	Total (see instructions)		170,004,259	0	170,004,259	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 8:20 am
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Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	62,068,287		62,068,287			30.00
31.00 03100 INTENSIVE CARE UNIT	17,926,674		17,926,674			31.00
32.00 03200 CORONARY CARE UNIT	0		0			32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0		0			33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0		0			34.00
41.00 04100 SUBPROVIDER - I RF	0		0			41.00
42.00 04200 SUBPROVIDER	0		0			42.00
43.00 04300 NURSERY	2,388,730		2,388,730			43.00
44.00 04400 SKILLED NURSING FACILITY	8,659,200		8,659,200			44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	41,167,962	47,212,283	88,380,245	0.135223	0.000000	50.00
53.00 05300 ANESTHESIOLOGY	6,576,546	7,529,252	14,105,798	0.039248	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	30,682,346	63,418,119	94,100,465	0.141959	0.000000	54.00
56.00 05600 RADIOISOTOPE	2,605,909	4,882,229	7,488,138	0.187797	0.000000	56.00
56.01 05601 ULTRASOUND	1,826,228	7,575,847	9,402,075	0.103613	0.000000	56.01
57.00 05700 CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	11,606,068	10,617,864	22,223,932	0.131538	0.000000	59.00
60.00 06000 LABORATORY	33,601,937	23,247,746	56,849,683	0.143332	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	3,083,898	1,089,113	4,173,011	0.195153	0.000000	62.00
64.00 06400 INTRAVENOUS THERAPY	1,239,474	59,778	1,299,252	0.619779	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	13,838,384	1,225,151	15,063,535	0.172215	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	4,374,876	4,045,192	8,420,068	0.430478	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,791,562	1,093,280	3,884,842	0.386663	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	781,317	218,531	999,848	0.343760	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	7,650,326	10,402,250	18,052,576	0.130607	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	608,447	580,818	1,189,265	0.198106	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	21,104,478	8,450,337	29,554,815	0.471966	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	14,493,321	8,277,395	22,770,716	0.351772	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	57,692,404	22,427,719	80,120,123	0.185331	0.000000	73.00
74.00 07400 RENAL DIALYSIS	3,349,274	229,410	3,578,684	0.242506	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	283,538	7,479,115	7,762,653	0.449100	0.000000	75.00
76.00 03020 PULMONARY FUNCTION TESTING	515,827	855,538	1,371,365	0.182196	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	14,124	792,722	806,846	0.840571	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00 09000 CLINIC	94,933	8,296,730	8,391,663	0.316512	0.000000	90.00
91.00 09100 EMERGENCY	23,639,802	66,052,355	89,692,157	0.135965	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,339,284	12,270,515	14,609,799	0.449505	0.000000	92.00
93.00 04040 SLEEP LAB	0	3,343,865	3,343,865	0.182081	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0			99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0			109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 11100 ISLET ACQUISITION	0	0	0			111.00
112.00 08600 OTHER ORGAN ACQUISITION (SPECIF	0	0	0			112.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
200.00 Subtotal (see instructions)	377,005,156	321,673,154	698,678,310			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	377,005,156	321,673,154	698,678,310			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 8:20 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05601 ULTRASOUND	0.000000		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020 PULMONARY FUNCTION TESTING	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04040 SLEEP LAB	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
112.00	08600 OTHER ORGAN ACQUISITION (SPECIF			112.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
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: 140250

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

Worksheet D
Part I
Date/Time Prepared:
5/29/2014 8:20 am

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	3,263,924	0	3,263,924	40,205	81.18	30.00
31.00	INTENSIVE CARE UNIT	555,363		555,363	4,966	111.83	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	63,025		63,025	2,187	28.82	43.00
44.00	SKILLED NURSING FACILITY	601,233		601,233	10,040	59.88	44.00
200.00	Total (lines 30-199)	4,483,545		4,483,545	57,398		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	14,409	1,169,723				
31.00	INTENSIVE CARE UNIT	3,449	385,702				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	7,003	419,340				
200.00	Total (lines 30-199)	24,861	1,974,765				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140250

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

Worksheet D
Part II
Date/Time Prepared:
5/29/2014 8:20 am

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	911,548	88,380,245	0.010314	14,417,681	148,704	50.00
53.00	05300	ANESTHESIOLOGY	24,847	14,105,798	0.001761	1,813,446	3,193	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,097,206	94,100,465	0.011660	13,951,401	162,673	54.00
56.00	05600	RADIOISOTOPE	102,603	7,488,138	0.013702	1,185,446	16,243	56.00
56.01	05601	ULTRASOUND	9,631	9,402,075	0.001024	729,843	747	56.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	666,655	22,223,932	0.029997	5,303,093	159,077	59.00
60.00	06000	LABORATORY	372,858	56,849,683	0.006559	14,786,685	96,986	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	46,057	4,173,011	0.011037	1,236,108	13,643	62.00
64.00	06400	INTRAVENOUS THERAPY	17,295	1,299,252	0.013312	559,937	7,454	64.00
65.00	06500	RESPIRATORY THERAPY	110,488	15,063,535	0.007335	7,014,542	51,452	65.00
66.00	06600	PHYSICAL THERAPY	196,609	8,420,068	0.023350	1,213,848	28,343	66.00
67.00	06700	OCCUPATIONAL THERAPY	35,456	3,884,842	0.009127	332,604	3,036	67.00
68.00	06800	SPEECH PATHOLOGY	9,145	999,848	0.009146	397,368	3,634	68.00
69.00	06900	ELECTROCARDIOLOGY	73,115	18,052,576	0.004050	3,753,900	15,203	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	27,547	1,189,265	0.023163	333,075	7,715	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	229,371	29,554,815	0.007761	9,556,383	74,167	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	163,970	22,770,716	0.007201	6,542,173	47,110	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	288,531	80,120,123	0.003601	23,588,283	84,941	73.00
74.00	07400	RENAL DIALYSIS	37,918	3,578,684	0.010596	2,101,180	22,264	74.00
75.00	07500	ASC (NON-DISTINCT PART)	264,819	7,762,653	0.034114	129,236	4,409	75.00
76.00	03020	PULMONARY FUNCTION TESTING	12,082	1,371,365	0.008810	263,858	2,325	76.00
76.97	07697	CARDIAC REHABILITATION	97,812	806,846	0.121228	5,564	675	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	238,905	8,391,663	0.028469	54,107	1,540	90.00
91.00	09100	EMERGENCY	769,568	89,692,157	0.008580	11,360,698	97,475	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	490,502	14,609,799	0.033573	1,522,693	51,121	92.00
93.00	04040	SLEEP LAB	122,751	3,343,865	0.036709	0	0	93.00
200.00		Total (lines 50-199)	6,417,289	607,635,419		122,153,152	1,104,130	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/29/2014 8:20 am
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Cost Center Description		Title XVIII				Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)			
		1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	59,352	0	0	59,352	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	59,352	0	0	59,352	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00		Total (lines 30-199)	0	118,704	0	0	118,704	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	40,205	1.48	14,409	21,325	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	4,966	11.95	3,449	41,216	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	0	32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00	
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00	
43.00	04300	NURSERY	2,187	0.00	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	10,040	0.00	7,003	0	0	44.00	
200.00		Total (lines 30-199)	57,398		24,861	62,541	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	
32.00	03200	CORONARY CARE UNIT	0	0				32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0				33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0				34.00	
41.00	04100	SUBPROVIDER - IRF	0	0				41.00	
42.00	04200	SUBPROVIDER	0	0				42.00	
43.00	04300	NURSERY	0	0				43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0				44.00	
200.00		Total (lines 30-199)	0	0				200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140250

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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	05601	ULTRASOUND	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	237,408	0	237,408	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	8,918	0	8,918	92.00
93.00	04040	SLEEP LAB	0	0	0	0	0	93.00
200.00		Total (lines 50-199)	0	0	246,326	0	246,326	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 8:20 am
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Cost Center Description		Title XVIII			Hospital		PPS
		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	88,380,245	0.000000	0.000000	14,417,681	50.00
53.00	05300 ANESTHESIOLOGY	0	14,105,798	0.000000	0.000000	1,813,446	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	94,100,465	0.000000	0.000000	13,951,401	54.00
56.00	05600 RADIOISOTOPE	0	7,488,138	0.000000	0.000000	1,185,446	56.00
56.01	05601 ULTRASOUND	0	9,402,075	0.000000	0.000000	729,843	56.01
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	22,223,932	0.000000	0.000000	5,303,093	59.00
60.00	06000 LABORATORY	0	56,849,683	0.000000	0.000000	14,786,685	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,173,011	0.000000	0.000000	1,236,108	62.00
64.00	06400 INTRAVENOUS THERAPY	0	1,299,252	0.000000	0.000000	559,937	64.00
65.00	06500 RESPIRATORY THERAPY	0	15,063,535	0.000000	0.000000	7,014,542	65.00
66.00	06600 PHYSICAL THERAPY	0	8,420,068	0.000000	0.000000	1,213,848	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,884,842	0.000000	0.000000	332,604	67.00
68.00	06800 SPEECH PATHOLOGY	0	999,848	0.000000	0.000000	397,368	68.00
69.00	06900 ELECTROCARDIOLOGY	0	18,052,576	0.000000	0.000000	3,753,900	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,189,265	0.000000	0.000000	333,075	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	29,554,815	0.000000	0.000000	9,556,383	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	22,770,716	0.000000	0.000000	6,542,173	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	80,120,123	0.000000	0.000000	23,588,283	73.00
74.00	07400 RENAL DIALYSIS	0	3,578,684	0.000000	0.000000	2,101,180	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	7,762,653	0.000000	0.000000	129,236	75.00
76.00	03020 PULMONARY FUNCTION TESTING	0	1,371,365	0.000000	0.000000	263,858	76.00
76.97	07697 CARDIAC REHABILITATION	0	806,846	0.000000	0.000000	5,564	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	8,391,663	0.000000	0.000000	54,107	90.00
91.00	09100 EMERGENCY	237,408	89,692,157	0.002647	0.002647	11,360,698	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,918	14,609,799	0.000610	0.000610	1,522,693	92.00
93.00	04040 SLEEP LAB	0	3,343,865	0.000000	0.000000	0	93.00
200.00	Total (lines 50-199)	246,326	607,635,419			122,153,152	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140250

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2014 8:20 am

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	11,718,647	0	0	0	50.00
53.00	05300 ANESTHESIOLOGY	0	1,961,060	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	17,007,993	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	1,764,530	0	0	0	56.00
56.01	05601 ULTRASOUND	0	1,016,611	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	5,317,952	0	0	0	59.00
60.00	06000 LABORATORY	0	841,858	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	154,791	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	31,189	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	320,133	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	35,823	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	26,623	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	139,775	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,380,202	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	141,232	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,814,987	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	3,248,929	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	7,638,583	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	146,346	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	1,889,605	0	0	0	75.00
76.00	03020 PULMONARY FUNCTION TESTING	0	379,456	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	290,416	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	2,989,517	0	0	0	90.00
91.00	09100 EMERGENCY	30,072	11,180,958	29,596	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	929	4,152,977	2,533	0	0	92.00
93.00	04040 SLEEP LAB	0	746,152	0	0	0	93.00
200.00	Total (lines 50-199)	31,001	79,336,345	32,129	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 8:20 am
	Title XVIII	Hospital	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
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 05601 ULTRASOUND	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03020 PULMONARY FUNCTION TESTING	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04040 SLEEP LAB	0	0		93.00
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 8:20 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.135223	11,718,647	0	0	1,584,631	50.00
53.00	05300	ANESTHESIOLOGY	0.039248	1,961,060	0	0	76,968	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.141959	17,007,993	0	0	2,414,438	54.00
56.00	05600	RADIOISOTOPE	0.187797	1,764,530	0	0	331,373	56.00
56.01	05601	ULTRASOUND	0.103613	1,016,611	0	0	105,334	56.01
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.131538	5,317,952	0	0	699,513	59.00
60.00	06000	LABORATORY	0.143332	841,858	0	0	120,665	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.195153	154,791	0	0	30,208	62.00
64.00	06400	INTRAVENOUS THERAPY	0.619779	31,189	0	0	19,330	64.00
65.00	06500	RESPIRATORY THERAPY	0.172215	320,133	0	0	55,132	65.00
66.00	06600	PHYSICAL THERAPY	0.430478	35,823	0	0	15,421	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.386663	26,623	0	0	10,294	67.00
68.00	06800	SPEECH PATHOLOGY	0.343760	139,775	0	0	48,049	68.00
69.00	06900	ELECTROCARDIOLOGY	0.130607	3,380,202	0	0	441,478	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.198106	141,232	0	0	27,979	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.471966	2,814,987	0	0	1,328,578	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.351772	3,248,929	0	317,954	1,142,882	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.185331	7,638,583	0	62,271	1,415,666	73.00
74.00	07400	RENAL DIALYSIS	0.242506	146,346	0	0	35,490	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.449100	1,889,605	0	0	848,622	75.00
76.00	03020	PULMONARY FUNCTION TESTING	0.182196	379,456	0	0	69,135	76.00
76.97	07697	CARDIAC REHABILITATION	0.840571	290,416	0	0	244,115	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.316512	2,989,517	0	0	946,218	90.00
91.00	09100	EMERGENCY	0.135965	11,180,958	0	0	1,520,219	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.449505	4,152,977	0	0	1,866,784	92.00
93.00	04040	SLEEP LAB	0.182081	746,152	0	0	135,860	93.00
200.00		Subtotal (see instructions)		79,336,345	0	380,225	15,534,382	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		79,336,345	0	380,225	15,534,382	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 8:20 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
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 05601 ULTRASOUND	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	111,847		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	11,541		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03020 PULMONARY FUNCTION TESTING	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 04040 SLEEP LAB	0	0		93.00
200.00 Subtotal (see instructions)	0	123,388		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	123,388		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140250 Component CCN: 145599	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 8:20 am
	Title XVIII	Skilled Nursing Facility	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
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	05601 ULTRASOUND	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 PULMONARY FUNCTION TESTING	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	237,408	0	237,408	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 SLEEP LAB	0	0	0	0	0	93.00
200.00	Total (lines 50-199)	0	0	237,408	0	237,408	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140250 Component CCN: 145599	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 8:20 am
	Title XVIII	Skilled Nursing Facility	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	88,380,245	0.000000	0.000000	5,425	50.00
53.00	05300 ANESTHESIOLOGY	0	14,105,798	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	94,100,465	0.000000	0.000000	227,484	54.00
56.00	05600 RADIOISOTOPE	0	7,488,138	0.000000	0.000000	18,117	56.00
56.01	05601 ULTRASOUND	0	9,402,075	0.000000	0.000000	15,040	56.01
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	22,223,932	0.000000	0.000000	4,953	59.00
60.00	06000 LABORATORY	0	56,849,683	0.000000	0.000000	923,535	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,173,011	0.000000	0.000000	35,478	62.00
64.00	06400 INTRAVENOUS THERAPY	0	1,299,252	0.000000	0.000000	22,629	64.00
65.00	06500 RESPIRATORY THERAPY	0	15,063,535	0.000000	0.000000	737,017	65.00
66.00	06600 PHYSICAL THERAPY	0	8,420,068	0.000000	0.000000	1,529,108	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,884,842	0.000000	0.000000	1,515,084	67.00
68.00	06800 SPEECH PATHOLOGY	0	999,848	0.000000	0.000000	103,353	68.00
69.00	06900 ELECTROCARDIOLOGY	0	18,052,576	0.000000	0.000000	35,802	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,189,265	0.000000	0.000000	5,440	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	29,554,815	0.000000	0.000000	912,489	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	22,770,716	0.000000	0.000000	6,011	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	80,120,123	0.000000	0.000000	2,194,241	73.00
74.00	07400 RENAL DIALYSIS	0	3,578,684	0.000000	0.000000	3,995	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	7,762,653	0.000000	0.000000	1,337	75.00
76.00	03020 PULMONARY FUNCTION TESTING	0	1,371,365	0.000000	0.000000	10,185	76.00
76.97	07697 CARDIAC REHABILITATION	0	806,846	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	8,391,663	0.000000	0.000000	508	90.00
91.00	09100 EMERGENCY	237,408	89,692,157	0.002647	0.002647	3,657	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	14,609,799	0.000000	0.000000	0	92.00
93.00	04040 SLEEP LAB	0	3,343,865	0.000000	0.000000	0	93.00
200.00	Total (Lines 50-199)	237,408	607,635,419			8,310,888	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140250 Component CCN: 145599	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 8:20 am
	Title XVIII	Skilled Nursing Facility	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	0	50.00
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	05601	ULTRASOUND	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	PULMONARY FUNCTION TESTING	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	10	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	SLEEP LAB	0	0	0	0	0	93.00
200.00		Total (lines 50-199)	10	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140250 Component CCN: 145599	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 8:20 am
	Title XVIII	Skilled Nursing Facility	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
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	05601 ULTRASOUND	0	0	56.01
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020 PULMONARY FUNCTION TESTING	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040 SLEEP LAB	0	0	93.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 8:20 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.135223	0	0	2,907,725	0 50.00
53.00 05300 ANESTHESIOLOGY	0.039248	0	0	503,384	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.141959	0	0	6,959,185	0 54.00
56.00 05600 RADIOISOTOPE	0.187797	0	0	331,345	0 56.00
56.01 05601 ULTRASOUND	0.103613	0	0	2,143,640	0 56.01
57.00 05700 CT SCAN	0.000000	0	0	0	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.131538	0	0	250,352	0 59.00
60.00 06000 LABORATORY	0.143332	0	0	2,968,987	0 60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.195153	0	0	126,330	0 62.00
64.00 06400 INTRAVENOUS THERAPY	0.619779	0	0	4,006	0 64.00
65.00 06500 RESPIRATORY THERAPY	0.172215	0	0	206,880	0 65.00
66.00 06600 PHYSICAL THERAPY	0.430478	0	0	262,985	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.386663	0	0	27,766	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.343760	0	0	22,698	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.130607	0	0	839,428	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.198106	0	0	77,979	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.471966	0	0	510,434	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.351772	0	0	333,516	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.185331	0	0	2,263,668	0 73.00
74.00 07400 RENAL DIALYSIS	0.242506	0	0	8,635	0 74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.449100	0	0	404,796	0 75.00
76.00 03020 PULMONARY FUNCTION TESTING	0.182196	0	0	30,190	0 76.00
76.97 07697 CARDIAC REHABILITATION	0.840571	0	0	20,718	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0 89.00
90.00 09000 CLINIC	0.316512	0	0	248,114	0 90.00
91.00 09100 EMERGENCY	0.135965	0	0	16,142,514	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.449505	0	0	1,231,667	0 92.00
93.00 04040 SLEEP LAB	0.182081	0	0	205,019	0 93.00
200.00	Subtotal (see instructions)	0	0	39,031,961	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	201.00
202.00	Net Charges (Line 200 +/- Line 201)		0	39,031,961	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 8:20 am
		Title XIX	Hospital	Cost

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	393,191		50.00
53.00 05300 ANESTHESIOLOGY	0	19,757		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	987,919		54.00
56.00 05600 RADIOISOTOPE	0	62,226		56.00
56.01 05601 ULTRASOUND	0	222,109		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	32,931		59.00
60.00 06000 LABORATORY	0	425,551		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	24,654		62.00
64.00 06400 INTRAVENOUS THERAPY	0	2,483		64.00
65.00 06500 RESPIRATORY THERAPY	0	35,628		65.00
66.00 06600 PHYSICAL THERAPY	0	113,209		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	10,736		67.00
68.00 06800 SPEECH PATHOLOGY	0	7,803		68.00
69.00 06900 ELECTROCARDIOLOGY	0	109,635		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	15,448		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	240,907		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	117,322		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	419,528		73.00
74.00 07400 RENAL DIALYSIS	0	2,094		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	181,794		75.00
76.00 03020 PULMONARY FUNCTION TESTING	0	5,500		76.00
76.97 07697 CARDIAC REHABILITATION	0	17,415		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	78,531		90.00
91.00 09100 EMERGENCY	0	2,194,817		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	553,640		92.00
93.00 04040 SLEEP LAB	0	37,330		93.00
200.00	Subtotal (see instructions)	0	6,312,158	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (Line 200 +/- Line 201)	0	6,312,158	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2014 8:20 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		40,205	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		40,205	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)		34,163	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)		14,409	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)		43,699,601	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)		43,699,601	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)		43,699,601	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,086.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,661,430	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)		15,661,430	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140250		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/29/2014 8:20 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	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	8,976,567	4,966	1,807.61	3,449	6,234,447		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					24,306,658		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					46,202,535		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,617,966		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,135,131		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,753,097		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					43,449,438		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					6,042		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,086.92		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					6,567,171		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140250		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/29/2014 8:20 am	
		Title XVIII		Hospital		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,263,924	43,699,601	0.074690	6,567,171	490,502	90.00
91.00	Nursing School cost	0	43,699,601	0.000000	6,567,171	0	91.00
92.00	Allied health cost	59,352	43,699,601	0.001358	6,567,171	8,918	92.00
93.00	All other Medical Education	0	43,699,601	0.000000	6,567,171	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 145599		Date/Time Prepared: 5/29/2014 8:20 am
		Title XVIII	Skilled Nursing Facility	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)		10,040	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,040	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)		10,040	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)		7,003	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)		7,212,348	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)		7,212,348	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)		7,212,348	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140250		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 145599				Date/Time Prepared: 5/29/2014 8:20 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						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)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					7,212,348	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					718.36	71.00
72.00	Program routine service cost (line 9 x line 71)					5,030,675	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					5,030,675	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					5,030,675	83.00
84.00	Program inpatient ancillary services (see instructions)					2,447,765	84.00
85.00	Utilization review - physician compensation (see instructions)					33,040	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					7,511,480	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: 140250 Component CCN: 145599		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/29/2014 8:20 am	
		Title XVIII		Skilled Nursing Facility		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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 140250

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

Worksheet D-2
Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description	Percent of Assigned Time	Expense Allocation	Total Inpatient Day All Patients	Average Cost Per Day	Health Care Program Inpatient Days Title V															
	1.00	2.00	3.00	4.00	5.00															
PART I - NOT IN APPROVED TEACHING PROGRAM																				
Hospital Inpatient Routine Services:																				
1.00 Total cost of services rendered	100.00	0				1.00														
2.00 ADULTS & PEDIATRICS	100.00	0	40,205	0.00	0	2.00														
3.00 INTENSIVE CARE UNIT	0.00	0	4,966	0.00	0	3.00														
4.00 CORONARY CARE UNIT	0.00	0	0	0.00	0	4.00														
5.00 BURN INTENSIVE CARE UNIT	0.00	0	0	0.00	0	5.00														
6.00 SURGICAL INTENSIVE CARE UNIT	0.00	0	0	0.00	0	6.00														
7.00 OTHER SPECIAL CARE (SPECIFY)						7.00														
8.00 NURSERY	0.00	0	2,187	0.00	0	8.00														
9.00 Subtotal (sum of lines 2 through 8)	100.00	0				9.00														
10.00 SUBPROVIDER - IPF						10.00														
11.00 SUBPROVIDER - IRF	0.00	0	0	0.00	0	11.00														
12.00 SUBPROVIDER	0.00	0	0	0.00	0	12.00														
13.00 SKILLED NURSING FACILITY	0.00	0	10,040	0.00	0	13.00														
14.00 NURSING FACILITY						14.00														
15.00 OTHER LONG TERM CARE						15.00														
16.00 HOME HEALTH AGENCY	0.00	0				16.00														
17.00 CMHC						17.00														
17.10 CORF	0.00	0				17.10														
18.00 AMBULATORY SURGICAL CENTER (D.P.)						18.00														
19.00 HOSPICE						19.00														
20.00 Subtotal (sum of lines 9 through 19)	100.00	0				20.00														
<table border="1"> <thead> <tr> <th>Cost Center Description</th> <th>Percent of Assigned Time</th> <th>Expense Allocation</th> <th>Total Charges (from Worksheet C. Part I, column 8, lines 88 through 93)</th> <th>Ratio of Cost to Charges (col. 2 ÷ col. 3)</th> <th>Titles V and XIX Outpatient and Title XVIII Part B Charges Title V</th> <th></th> </tr> <tr> <td></td> <td>1.00</td> <td>2.00</td> <td>3.00</td> <td>4.00</td> <td>5.00</td> <td></td> </tr> </thead> </table>							Cost Center Description	Percent of Assigned Time	Expense Allocation	Total Charges (from Worksheet C. Part I, column 8, lines 88 through 93)	Ratio of Cost to Charges (col. 2 ÷ col. 3)	Titles V and XIX Outpatient and Title XVIII Part B Charges Title V			1.00	2.00	3.00	4.00	5.00	
Cost Center Description	Percent of Assigned Time	Expense Allocation	Total Charges (from Worksheet C. Part I, column 8, lines 88 through 93)	Ratio of Cost to Charges (col. 2 ÷ col. 3)	Titles V and XIX Outpatient and Title XVIII Part B Charges Title V															
	1.00	2.00	3.00	4.00	5.00															
Hospital Outpatient Services:																				
21.00 RURAL HEALTH CLINIC	0.00	0	0	0.000000	0	21.00														
22.00 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0	0	0.000000	0	22.00														
23.00 CLINIC	0.00	0	8,391,663	0.000000	0	23.00														
24.00 EMERGENCY	0.00	0	89,692,157	0.000000	0	24.00														
25.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.00	0	14,609,799	0.000000	0	25.00														
26.00 SLEEP LAB	0.00	0	3,343,865	0.000000	0	26.00														
27.00 Subtotal (sum of lines 21 through 26)	0.00	0				27.00														
28.00 Total (sum of lines 20 and 27)	100.00	0				28.00														
<table border="1"> <thead> <tr> <th>Cost Center Description</th> <th>Expenses Allocated To cost centers on Worksheet B, Part I columns 21 and 22</th> <th>Swing bed Amount</th> <th>Net cost (column 1 plus column 2)</th> <th>Total Inpatient Days - All Patients</th> <th>Average Cost Per Day (col. 3 ÷ col. 4)</th> <th></th> </tr> <tr> <td></td> <td>1.00</td> <td>2.00</td> <td>3.00</td> <td>4.00</td> <td>5.00</td> <td></td> </tr> </thead> </table>							Cost Center Description	Expenses Allocated To cost centers on Worksheet B, Part I columns 21 and 22	Swing bed Amount	Net cost (column 1 plus column 2)	Total Inpatient Days - All Patients	Average Cost Per Day (col. 3 ÷ col. 4)			1.00	2.00	3.00	4.00	5.00	
Cost Center Description	Expenses Allocated To cost centers on Worksheet B, Part I columns 21 and 22	Swing bed Amount	Net cost (column 1 plus column 2)	Total Inpatient Days - All Patients	Average Cost Per Day (col. 3 ÷ col. 4)															
	1.00	2.00	3.00	4.00	5.00															
PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)																				
Hospital Inpatient Routine Services:																				
29.00 ADULTS & PEDIATRICS	0	0	0	40,205	0.00	29.00														
30.00 Swing Bed - SNF		0	0	0	0.00	30.00														
31.00 Swing Bed - NF		0				31.00														
32.00 INTENSIVE CARE UNIT	0	0	0	4,966	0.00	32.00														
33.00 CORONARY CARE UNIT	0	0	0	0	0.00	33.00														
34.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0.00	34.00														
35.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0.00	35.00														
36.00 OTHER SPECIAL CARE (SPECIFY)						36.00														
37.00 Subtotal (sum of lines 28, and 29 through 36)	0	0	0			37.00														
38.00 SUBPROVIDER - IPF						38.00														
39.00 SUBPROVIDER - IRF	0	0	0	0	0.00	39.00														
40.00 SUBPROVIDER	0	0	0	0	0.00	40.00														
41.00 SKILLED NURSING FACILITY	0	0	0	0	0.00	41.00														
42.00 Total (sum of lines 37 through 41)	0	0	0			42.00														

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 140250

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

Worksheet D-2

Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description	Not In Approved Teaching Program		In Approved Teaching Program	
	(from Part I:)	Amount	(from Part II, col. 7, -)	
	1.00	2.00	3.00	
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)				
Hospital				
43.00 Inpatient	col. 9, line 9.00		0 line 37.00	43.00
44.00 Outpatient	col. 9, line 27.00		0	44.00
45.00 Total Hospital (sum of lines 43 and 44)			0	45.00
46.00 SUBPROVIDER - IPF				46.00
47.00 SUBPROVIDER - IRF	col. 9, line 11.00		0 col. 9, line 39.00	47.00
48.00 SUBPROVIDER	col. 9, line 12.00		0 col. 9, line 40.00	48.00
49.00 SKILLED NURSING FACILITY	col. 9, line 13.00		0 col. 9, line 41.00	49.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 140250

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

Worksheet D-2
Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description	Health Care Program Inpatient Days		Title V (col. 4 x col. 5)	Title XVIII (col. 4 x col. 6)	Title XIX (col. 4 x col. 7)	
	Title XVIII, Part B Only Less Part A Coverage but no Part B Coverage	Title XIX				
	6.00	7.00				
PART I - NOT IN APPROVED TEACHING PROGRAM						
1.00	Total cost of services rendered					1.00
Hospital Inpatient Routine Services:						
2.00	ADULTS & PEDIATRICS	14,409	0	0	0	2.00
3.00	INTENSIVE CARE UNIT	3,449	627	0	0	3.00
4.00	CORONARY CARE UNIT	0	0	0	0	4.00
5.00	BURN INTENSIVE CARE UNIT	0	0	0	0	5.00
6.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	6.00
7.00	OTHER SPECIAL CARE (SPECIFY)					7.00
8.00	NURSERY		0	0	0	8.00
9.00	Subtotal (sum of lines 2 through 8)			0	0	9.00
10.00	SUBPROVIDER - IPF			0	0	10.00
11.00	SUBPROVIDER - IRF	0	0	0	0	11.00
12.00	SUBPROVIDER	0	0	0	0	12.00
13.00	SKILLED NURSING FACILITY	7,003	0	0	0	13.00
14.00	NURSING FACILITY					14.00
15.00	OTHER LONG TERM CARE					15.00
16.00	HOME HEALTH AGENCY					16.00
17.00	CMHC					17.00
17.10	CORF					17.10
18.00	AMBULATORY SURGICAL CENTER (D.P.)					18.00
19.00	HOSPICE					19.00
20.00	Subtotal (sum of lines 9 through 19)					20.00
Cost Center Description	Titles V and XIX Outpatient and Title XVIII Part B Charges		Titles V and XIX Outpatient and Title XVIII Part B Cost			
	Title XVIII Part B	Title XIX	Title V	Title XVIII Part B	Title XIX	
	6.00	7.00	8.00	9.00	10.00	
Hospital Outpatient Services:						
21.00	RURAL HEALTH CLINIC	0	0	0	0	21.00
22.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	22.00
23.00	CLINIC	3,043,624	250,289	0	0	23.00
24.00	EMERGENCY	22,541,656	17,839,545	0	0	24.00
25.00	OBSERVATION BEDS (NON-DISTINCT PART)	5,675,670	1,341,211	0	0	25.00
26.00	SLEEP LAB	746,152	205,019	0	0	26.00
27.00	Subtotal (sum of lines 21 through 26)			0	0	27.00
28.00	Total (sum of lines 20 and 27)					28.00
Cost Center Description	Title XVIII Part B Inpatient Days	Expenses Applicable to Title XVIII (col. 5 x col. 6)	PSA Adj. Interns & Residents			
	6.00	7.00	11.00			
	PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)					
Hospital Inpatient Routine Services:						
29.00	ADULTS & PEDIATRICS	0	0	0		29.00
30.00	Swing Bed - SNF	0	0			30.00
31.00	Swing Bed - NF					31.00
32.00	INTENSIVE CARE UNIT	0	0	0		32.00
33.00	CORONARY CARE UNIT	0	0	0		33.00
34.00	BURN INTENSIVE CARE UNIT	0	0	0		34.00
35.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		35.00
36.00	OTHER SPECIAL CARE (SPECIFY)					36.00
37.00	Subtotal (sum of lines 28, and 29 through 36)		0	0		37.00
38.00	SUBPROVIDER - IPF					38.00
39.00	SUBPROVIDER - IRF	0	0	0		39.00
40.00	SUBPROVIDER	0	0	0		40.00
41.00	SKILLED NURSING FACILITY	0	0	0		41.00
42.00	Total (sum of lines 37 through 41)		0	0		42.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 140250

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

Worksheet D-2

Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description	In Approved Teaching Program	Total Title XVIII Costs			
	Amount	(to Wkst. E, Part B -)	(col. 2 + col. 4)		
	4.00	5.00	6.00		
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)					
Hospital					
43.00	Inpatient	0		0	43.00
44.00	Outpatient				44.00
45.00	Total Hospital (sum of lines 43 and 44)	0	line 2.00	0	45.00
46.00	SUBPROVIDER - IPF				46.00
47.00	SUBPROVIDER - IRF	0	line 2.00	0	47.00
48.00	SUBPROVIDER	0	line 2.00	0	48.00
49.00	SKILLED NURSING FACILITY	0	line 2.00	0	49.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/29/2014 8:20 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		26,720,195	30.00
31.00	03100	INTENSIVE CARE UNIT		9,170,362	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.135223	14,417,681	50.00
53.00	05300	ANESTHESIOLOGY	0.039248	1,813,446	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.141959	13,951,401	54.00
56.00	05600	RADIOISOTOPE	0.187797	1,185,446	56.00
56.01	05601	ULTRASOUND	0.103613	729,843	56.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.131538	5,303,093	59.00
60.00	06000	LABORATORY	0.143332	14,786,685	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.195153	1,236,108	62.00
64.00	06400	INTRAVENOUS THERAPY	0.619779	559,937	64.00
65.00	06500	RESPIRATORY THERAPY	0.172215	7,014,542	65.00
66.00	06600	PHYSICAL THERAPY	0.430478	1,213,848	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.386663	332,604	67.00
68.00	06800	SPEECH PATHOLOGY	0.343760	397,368	68.00
69.00	06900	ELECTROCARDIOLOGY	0.130607	3,753,900	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.198106	333,075	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.471966	9,556,383	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.351772	6,542,173	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.185331	23,588,283	73.00
74.00	07400	RENAL DIALYSIS	0.242506	2,101,180	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.449100	129,236	75.00
76.00	03020	PULMONARY FUNCTION TESTING	0.182196	263,858	76.00
76.97	07697	CARDIAC REHABILITATION	0.840571	5,564	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.316512	54,107	90.00
91.00	09100	EMERGENCY	0.135965	11,360,698	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.449505	1,522,693	92.00
93.00	04040	SLEEP LAB	0.182081	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		122,153,152	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)		122,153,152	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 145599		Date/Time Prepared: 5/29/2014 8:20 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.135223	5,425	734 50.00
53.00	05300	ANESTHESIOLOGY	0.039248	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.141959	227,484	32,293 54.00
56.00	05600	RADIOISOTOPE	0.187797	18,117	3,402 56.00
56.01	05601	ULTRASOUND	0.103613	15,040	1,558 56.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.131538	4,953	652 59.00
60.00	06000	LABORATORY	0.143332	923,535	132,372 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.195153	35,478	6,924 62.00
64.00	06400	INTRAVENOUS THERAPY	0.619779	22,629	14,025 64.00
65.00	06500	RESPIRATORY THERAPY	0.172215	737,017	126,925 65.00
66.00	06600	PHYSICAL THERAPY	0.430478	1,529,108	658,247 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.386663	1,515,084	585,827 67.00
68.00	06800	SPEECH PATHOLOGY	0.343760	103,353	35,529 68.00
69.00	06900	ELECTROCARDIOLOGY	0.130607	35,802	4,676 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.198106	5,440	1,078 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.471966	912,489	430,664 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.351772	6,011	2,115 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.185331	2,194,241	406,661 73.00
74.00	07400	RENAL DIALYSIS	0.242506	3,995	969 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.449100	1,337	600 75.00
76.00	03020	PULMONARY FUNCTION TESTING	0.182196	10,185	1,856 76.00
76.97	07697	CARDIAC REHABILITATION	0.840571	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.316512	508	161 90.00
91.00	09100	EMERGENCY	0.135965	3,657	497 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.449505	0	0 92.00
93.00	04040	SLEEP LAB	0.182081	0	0 93.00
200.00		Total (sum of lines 50-94 and 96-98)		8,310,888	2,447,765 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		8,310,888	2,447,765 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/29/2014 8:20 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		8,025,092	30.00
31.00	03100	INTENSIVE CARE UNIT		1,279,128	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		1,315,651	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.135223	1,586,748	50.00
53.00	05300	ANESTHESIOLOGY	0.039248	916,738	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.141959	2,164,295	54.00
56.00	05600	RADIOISOTOPE	0.187797	128,514	56.00
56.01	05601	ULTRASOUND	0.103613	217,164	56.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.131538	592,141	59.00
60.00	06000	LABORATORY	0.143332	2,817,328	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.195153	407,283	62.00
64.00	06400	INTRAVENOUS THERAPY	0.619779	77,482	64.00
65.00	06500	RESPIRATORY THERAPY	0.172215	945,484	65.00
66.00	06600	PHYSICAL THERAPY	0.430478	59,905	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.386663	22,505	67.00
68.00	06800	SPEECH PATHOLOGY	0.343760	30,053	68.00
69.00	06900	ELECTROCARDIOLOGY	0.130607	414,452	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.198106	41,480	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.471966	1,148,953	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.351772	520,339	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.185331	4,703,825	73.00
74.00	07400	RENAL DIALYSIS	0.242506	111,132	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.449100	13,823	75.00
76.00	03020	PULMONARY FUNCTION TESTING	0.182196	33,012	76.00
76.97	07697	CARDIAC REHABILITATION	0.840571	428	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.316512	2,175	90.00
91.00	09100	EMERGENCY	0.135965	1,697,031	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.449505	109,544	92.00
93.00	04040	SLEEP LAB	0.182081	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		18,761,834	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		18,761,834	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 8:20 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		24,784,790	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		8,095,041	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0	1.03
2.00	Outlier payments for discharges. (see instructions)		905,333	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		222.73	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.64	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.12	31.00
32.00	Sum of lines 30 and 31		22.76	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.99	33.00
34.00	Disproportionate share adjustment (see instructions)		2,142,003	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 8:20 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)			9,046,380,143	35.00
35.01	Factor 3 (see instructions)			0.000240847	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			2,178,795	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			549,176	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		549,176		36.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			0	46.00
47.00	Subtotal (see instructions)		36,476,343		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)		36,476,343		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,779,118		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment		30,000		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).		62,541		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		31,001		58.00
59.00	Total (sum of amounts on lines 49 through 58)		39,379,003		59.00
60.00	Primary payer payments		12,655		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		39,366,348		61.00
62.00	Deductibles billed to program beneficiaries		3,234,304		62.00
63.00	Coinurance billed to program beneficiaries		152,680		63.00
64.00	Allowable bad debts (see instructions)		1,456,229		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		946,549		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		737,208		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		36,925,913		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 PER PS&R		-15,045		70.00
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		91,431		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-158,432		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 8:20 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		36,843,867		71.00
71.01	Sequestration adjustment (see instructions)		556,342		71.01
72.00	Interim payments		36,279,909		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		7,616		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		4,966,194		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140250		Period: From 01/01/2013 To 12/31/2013		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/29/2014 8:20 am	
		Original .mcrcx Values		Adjusted .mcax Values		HFS Look Up	
		1.00		2.00		3.00	
				Override Value		Revised Value	
				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)	4.64	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	18.12	0.00			18.12	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	22.76	0.00			18.12	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)	222.73	0.00			222.73	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	7.99	0.00			0.00	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 greater 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)	4.64	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")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	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)	4,477	0			4,477	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	2,111	0			2,111	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)	13	0			13	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	964	0			964	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	7,565	0			7,565	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	41,316	0			41,316	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	427	0			427	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)	41,743	0			41,743	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	18.12	0.00			18.12	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140250		Period: From 01/01/2013 To 12/31/2013		Worksheet DSH Date/Time Prepared: 5/29/2014 8:20 am	
		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	7.99		0.00	False	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	True	29.00
30.00	Line 28 or 29 as applicable		7.99		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.		7.99		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 amendment? (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 Community 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: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet DSH Date/Time Prepared: 5/29/2014 8:20 am
		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	0.00	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	4.53	29.00
30.00	Line 28 or 29 as applicable	4.53	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.	0.00	31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/29/2014 8:20 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		123,388	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,502,253	2.00
3.00	PPS payments		13,802,010	3.00
4.00	Outlier payment (see instructions)		50,622	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.778	5.00
6.00	Line 2 times line 5		12,060,753	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		32,129	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		123,388	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		380,225	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)		380,225	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)		380,225	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		256,837	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)		123,388	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)		13,884,761	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		63,591	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,087,183	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)		10,857,375	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)		10,857,375	30.00
31.00	Primary payer payments		433	31.00
32.00	Subtotal (line 30 minus line 31)		10,856,942	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)		988,977	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		642,835	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		631,604	36.00
37.00	Subtotal (see instructions)		11,499,777	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		11,499,777	40.00
40.01	Sequestration adjustment (see instructions)		173,647	40.01
41.00	Interim payments		10,651,818	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		674,312	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: 140250 Component CCN: 145599	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/29/2014 8:20 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140250

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2014 8:20 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		36,008,794		10,642,767	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	07/26/2013	170,715	07/26/2013	9,051	3.01	
3.02		12/31/2013	100,400		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)		271,115		9,051	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)		36,279,909		10,651,818	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		7,616		674,312	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		36,287,525		11,326,130	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: 140250
Component CCN: 145599

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2014 8:20 am

Title XVIII
Skilled Nursing Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,223,198			0 2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0			0 3.01
3.02			0			0 3.02
3.03			0			0 3.03
3.04			0			0 3.04
3.05			0			0 3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		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)		3,223,198			0 4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0			0 5.01
5.02			0			0 5.02
5.03			0			0 5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0			0 5.50
5.51			0			0 5.51
5.52			0			0 5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0 5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					0 6.00
6.01	SETTLEMENT TO PROVIDER		32,436			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		3,255,634			0 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140250

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

Worksheet E-1
Part II
Date/Time Prepared:
5/29/2014 8:20 am

		Title XVII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			10,228 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			17,858 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			7,458 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			39,129 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			698,678,310 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			20,939,001 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,272,570 8.00
9.00	Sequestration adjustment amount (see instructions)			25,451 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,247,119 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,122,448 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			124,671 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140250 Component CCN: 145599	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VI Date/Time Prepared: 5/29/2014 8:20 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		3,382,018	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		10	3.00
4.00	Subtotal (sum of lines 1 through 3)		3,382,028	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		109,520	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		33,040	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		3,305,548	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		3,305,548	15.00
15.01	Sequestration adjustment (see instructions)		49,914	15.01
16.00	Interim payments		3,223,198	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program line 15 minus 15.01, 16 and 17		32,436	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 140250 Period: From 01/01/2013 To 12/31/2013 Worksheet G Date/Time Prepared: 5/29/2014 8:20 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	384,503,000	0	0	0	1.00
2.00	Temporary investments	76,933,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	460,505,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	150,190,000	0	0	0	9.00
10.00	Due from other funds	38,095,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	1,110,226,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	107,227,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	2,091,880,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,135,113,000	0	0	0	23.00
24.00	Accumulated depreciation	-1,865,835,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,468,385,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	3,904,368,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	224,170,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,128,538,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	6,707,149,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	231,202,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	434,930,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	35,980,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	415,573,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,117,685,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,238,432,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	788,973,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,027,405,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,145,090,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	3,562,059,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	3,562,059,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	6,707,149,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140250

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

Worksheet G-1

Date/Time Prepared:
5/29/2014 8:20 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		3,096,319,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		7,105,905			2.00
3.00	Total (sum of line 1 and line 2)		3,103,424,905		0	3.00
4.00	SYSTEM ADJUSTMENT	458,634,095		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		458,634,095		0	10.00
11.00	Subtotal (line 3 plus line 10)		3,562,059,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		3,562,059,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	SYSTEM ADJUSTMENT		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: 140250

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2014 8:20 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	66,132,112		66,132,112	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	8,755,945		8,755,945	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)	74,888,057		74,888,057	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	17,968,235		17,968,235	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	17,968,235		17,968,235	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	92,856,292		92,856,292	17.00
18.00	Ancillary services	261,844,976	224,298,061	486,143,037	18.00
19.00	Outpatient services	26,357,557	97,442,580	123,800,137	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		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON RE - ACCRUAL	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	381,058,825	321,740,641	702,799,466	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		195,517,114		29.00
30.00		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)		195,517,114		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140250

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

Worksheet G-3

Date/Time Prepared:
5/29/2014 8:20 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	702,799,466	1.00
2.00	Less contractual allowances and discounts on patients' accounts	504,808,902	2.00
3.00	Net patient revenues (line 1 minus line 2)	197,990,564	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	195,517,114	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,473,450	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	343,349	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	124,999	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	601,102	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.)	17,861	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	17,780	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	476,530	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	3,050,834	24.00
25.00	Total other income (sum of lines 6-24)	4,632,455	25.00
26.00	Total (line 5 plus line 25)	7,105,905	26.00
27.00	CORPORATE EXPENSES	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	7,105,905	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet 1-5 Date/Time Prepared: 5/29/2014 8:20 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)	0	0	2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014			5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140250	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/29/2014 8:20 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,617,887	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		37,667	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		107.20	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.64	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.12	8.00
9.00	Sum of lines 7 and 8		22.76	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.72	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		123,564	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		2,779,118	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