

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/23/2014 10:38 am
--	----------------------	---	---

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: 5/23/2014 Time: 10:38 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 TRINITY ROCK ISLAND (140280) 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	882,187	312,372	-89,080	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	12,180	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	12,872	0		0	7.00
200.00 Total	0	907,239	312,372	-89,080	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: 140280		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/21/2014 8:15 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 2701 17TH STREET			PO Box:							1.00	
2.00	City: ROCK ISLAND			State: IL		Zip Code: 61201		County: ROCK ISLAND			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		TRINITY ROCK ISLAND	140280	19340	1	06/01/1972	N	P	P	3.00	
4.00	Subprovider - IPF										4.00	
5.00	Subprovider - IRF		TRINITY REHABILITATION	14T280	19340	5	06/01/1984	N	P	P	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		TRINITY SKILLED NURSING UNIT	145564	19340		01/22/1987	N	P	P	9.00	
10.00	Hospital-Based NF										10.00	
11.00	Hospital-Based OLTC										11.00	
12.00	Hospital-Based HHA										12.00	
13.00	Separately Certified ASC										13.00	
14.00	Hospital-Based Hospice										14.00	
15.00	Hospital-Based Health Clinic - RHC										15.00	
16.00	Hospital-Based Health Clinic - FQHC										16.00	
17.00	Hospital-Based (CMHC) I										17.00	
18.00	Renal Dialysis										18.00	
19.00	Other										19.00	
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						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.			8,947	1,304	323	253	1,041	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.			271	15	0	0	0			25.00	
							Urban/Rural S	Date of Geogr				
							1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0				35.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/21/2014 8:15 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.					58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, 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 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/21/2014 8:15 am		
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20	
				1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			N	63.00	
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
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
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
<u>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</u>						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140280		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/21/2014 8:15 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.			Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	N	0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
					V		XIX
					1.00		2.00
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		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		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00		97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/21/2014 8:15 am		
		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)				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.		Y			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:	164,824	5,261,489	3,142,590		118.01
				1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N			118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N		N	120.00
121.00	Did this facility incur and report costs for 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		H00186	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/21/2014 8:15 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: TRINITY REGIONAL HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 05001				
142.00	Street: 2701 17TH STREET	PO Box:						
143.00	City: ROCK ISLAND	State: IL	Zip Code: 61201-5351					
				1.00				
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00		
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				Y	145.00		
				1.00	2.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00		
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	157.00		
158.00	SUBPROVIDER					158.00		
159.00	SNF	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC		N	N	N	161.00		
				1.00				
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00		
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
				1.00				
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				1.00	169.00		
				Beginning	Ending			
				1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				04/05/2013	07/03/2013	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/21/2014 8:15 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y		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	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/15/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/21/2014 8:15 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				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	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?	Y			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N			40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CRI STINE		CHARTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	UNI TYPOINT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	515-362-5186		CRI STINE.CHARTER@UNI TYPOINT.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140280

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

Worksheet S-2
Part II
Date/Time Prepared:
5/21/2014 8:15 am

		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)	04/15/2014	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.	SENIOR REIMBURSEMENT ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140280

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2014 8:15 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	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	238	86,870	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)		238	86,870	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
8.01 NICU	31.01	9	3,285	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	31	11,315	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		298	108,770	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,030		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	29	10,585		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		349				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)		5	1,825			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: 140280

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2014 8:15 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)	17,676	6,816	44,697			1.00
2.00 HMO and other (see instructions)	5,109	2,598				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	392	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			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	17,676	6,816	44,697			7.00
8.00 INTENSIVE CARE UNIT	2,282	249	4,707			8.00
8.01 NICU	0	597	1,630			8.01
9.00 CORONARY CARE UNIT	4,616	395	7,455			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		912	2,951			13.00
14.00 Total (see instructions)	24,574	8,969	61,440	0.00	1,150.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	2,973	286	4,412	0.00	23.00	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	5,180	0	6,474	0.00	24.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	1,197.00	27.00
28.00 Observation Bed Days		619	4,358			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			649			30.00
31.00 Employee discount days - IRF			47			31.00
32.00 Labor & delivery days (see instructions)	0	301	870			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: 140280

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2014 8:15 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	5,424	2,032	13,878	1.00
2.00 HMO and other (see instructions)				7			2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
8.01 NICU							8.01
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	5,424	2,032		13,878	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0	194		16	301	17.00
18.00 SUBPROVIDER							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							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
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: 140280		Period: From 01/01/2013 To 12/31/2013		Worksheet S-3 Part II Date/Time Prepared: 5/21/2014 8:15 am		
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)			
	1.00	2.00	3.00	4.00	5.00	6.00			
PART II - WAGE DATA									
SALARIES									
1.00	Total salaries (see instructions)	200.00	74,369,984	0	74,369,984	2,482,195.00	29.96		
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		441,926	0	441,926	3,689.00	119.80		
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00		
5.00	Physician-Part B		9,275,325	0	9,275,325	45,447.00	204.09		
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	1,088,234	0	1,088,234	49,118.00	22.16		
10.00	Excluded area salaries (see instructions)		7,156,911	36,152	7,193,063	254,597.00	28.25		
OTHER WAGES & RELATED COSTS									
11.00	Contract labor (see instructions)		252,643	0	252,643	4,196.00	60.21		
12.00	Contract management and administrative services		0	0	0	0.00	0.00		
13.00	Contract Labor: Physician-Part A - Administrative		1,746,382	0	1,746,382	65,528.00	26.65		
14.00	Home office salaries & wage-related costs		41,482,039	0	41,482,039	1,129,763.00	36.72		
15.00	Home office: Physician Part A - Administrative		170,781	0	170,781	1,039.00	164.37		
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)		14,773,172	0	14,773,172				
18.00	Wage-related costs (other) (see instructions)		0	0	0				
19.00	Excluded areas		1,980,459	0	1,980,459				
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		57,200	0	57,200				
22.01	Physician Part A - Teaching		0	0	0				
23.00	Physician Part B		1,264,730	0	1,264,730				
24.00	Wage-related costs (RHC/FOHC)		0	0	0				
25.00	Interns & residents (in an approved program)		0	0	0				
OVERHEAD COSTS - DIRECT SALARIES									
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00		
27.00	Administrative & General	5.00	0	0	0	0.00	0.00		
28.00	Administrative & General under contract (see inst.)		1,351,431	0	1,351,431	10,745.00	125.77		
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00		
30.00	Operation of Plant	7.00	1,173,939	0	1,173,939	49,738.00	23.60		
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00		
32.00	Housekeeping	9.00	1,150,488	0	1,150,488	75,978.00	15.14		
33.00	Housekeeping under contract (see instructions)		57,863	0	57,863	1,400.00	41.33		
34.00	Dietary	10.00	1,055,653	0	1,055,653	72,290.00	14.60		
35.00	Dietary under contract (see instructions)		204,801	0	204,801	4,957.00	41.32		
36.00	Cafeteria	11.00	0	0	0	0.00	0.00		
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00		
38.00	Nursing Administration	13.00	0	0	0	0.00	0.00		
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00		
40.00	Pharmacy	15.00	3,438,937	0	3,438,937	86,373.00	39.81		
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140280

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

Worksheet S-3
Part II
Date/Time Prepared:
5/21/2014 8:15 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	0	0	0	0.00	0.00	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140280

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

Worksheet S-3
Part III
Date/Time Prepared:
5/21/2014 8:15 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	66,708,754	0	66,708,754	2,453,850.00	27.19	1.00
2.00	Excluded area salaries (see instructions)	8,245,145	36,152	8,281,297	303,715.00	27.27	2.00
3.00	Subtotal salaries (line 1 minus line 2)	58,463,609	-36,152	58,427,457	2,150,135.00	27.17	3.00
4.00	Subtotal other wages & related costs (see inst.)	43,651,845	0	43,651,845	1,200,526.00	36.36	4.00
5.00	Subtotal wage-related costs (see inst.)	14,830,372	0	14,830,372	0.00	25.38	5.00
6.00	Total (sum of lines 3 thru 5)	116,945,826	-36,152	116,909,674	3,350,661.00	34.89	6.00
7.00	Total overhead cost (see instructions)	8,433,112	0	8,433,112	301,481.00	27.97	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/21/2014 8:15 am
-----------------------------	----------------------	---	--

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	4,286,491	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	7,427,915	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	378,220	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	126,073	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)	458,616	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	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	5,020,025	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	126,073	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	252,147	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	18,075,560	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140280

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

Worksheet S-3
Part V
Date/Time Prepared:
5/21/2014 8:15 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	252,643	18,075,561	1.00
2.00	Hospital	252,643	14,773,172	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	277,187	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	297,097	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	2,728,105	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140280

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

Worksheet S-7

Date/Time Prepared:
5/21/2014 8:15 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.	N		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	0	0	0	4.00
5.00	RVX	58	0	58	5.00
6.00	RVL	138	0	138	6.00
7.00	RHX	5	0	5	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	23	0	23	12.00
13.00	RUB	18	0	18	13.00
14.00	RUA	42	0	42	14.00
15.00	RVC	851	0	851	15.00
16.00	RVB	800	0	800	16.00
17.00	RVA	3,043	0	3,043	17.00
18.00	RHC	0	0	0	18.00
19.00	RHB	19	0	19	19.00
20.00	RHA	67	0	67	20.00
21.00	RMC	15	0	15	21.00
22.00	RMB	33	0	33	22.00
23.00	RMA	27	0	27	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	2	0	2	27.00
28.00	ES1	0	0	0	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	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	1	0	1	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	29	0	29	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	0	0	0	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	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	0	0	0	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	3	0	3	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	0	0	0	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	3	0	3	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: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet S-7 Date/Time Prepared: 5/21/2014 8:15 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	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	3	0	3	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		5,180	0	5,180	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	

201.00	SNF SERVICES	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).	19340	19340	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		0	0.00	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)		3,948,997		207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10	Date/Time Prepared: 5/21/2014 8:15 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)			0.283225	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			12,971,030	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			82,563,989	6.00
7.00	Medicaid cost (line 1 times line 6)			23,384,186	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)			10,413,156	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			39,794	9.00
10.00	Stand-alone SCHIP charges			67,245	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			19,045	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)			12,739	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			762,905	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			216,074	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)			203,335	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			3,153,879	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			10,616,491	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	10,936,999	1,916,324	12,853,323	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,097,632	542,751	3,640,383	21.00
22.00	Partial payment by patients approved for charity care	151,219	85,343	236,562	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,946,413	457,408	3,403,821	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)			21,045,704	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,595,856	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			19,449,848	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			5,508,683	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			8,912,504	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			19,528,995	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet A Date/Time Prepared: 5/21/2014 8:15 am	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT		0	0	5,382,576	5,382,576	1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00	
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	0	0	797,171	797,171	4.00	
5.01 00560 PURCHASING	0	0	0	0	0	5.01	
5.02 00570 ADMINISTRATION	0	0	0	0	0	5.02	
5.03 00580 CASHIERING/AR	0	0	0	0	0	5.03	
5.04 00590 A&G	0	33,407,949	33,407,949	1,842,263	35,250,212	5.04	
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00	
7.00 00700 OPERATION OF PLANT	1,173,939	4,322,631	5,496,570	-16	5,496,554	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00	
9.00 00900 HOUSEKEEPING	1,150,488	1,188,703	2,339,191	-61,003	2,278,188	9.00	
10.00 01000 DIETARY	1,055,653	1,672,996	2,728,649	-97,278	2,631,371	10.00	
11.00 01100 CAFETERIA	0	0	0	0	0	11.00	
11.01 01101 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01	
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00	
13.00 01300 NURSING ADMINISTRATION	0	0	0	0	0	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00	
15.00 01500 PHARMACY	3,438,937	16,615,272	20,054,209	-14,763,521	5,290,688	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00	
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00	
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00	
20.00 02000 NURSING SCHOOL	1,542,006	1,129,472	2,671,478	-394,537	2,276,941	20.00	
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00	
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00	
23.00 02300 PARAMED ED PRGM-(RADIOLOGY)	175,038	61,558	236,596	64,083	300,679	23.00	
23.01 02301 PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01	
23.02 02302 PARAMED PROGRAM-EMS	0	0	0	0	0	23.02	
23.03 02303 PARAMED PROGRAM-RESP CARE	150,785	58,348	209,133	56,645	265,778	23.03	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	17,365,220	10,254,055	27,619,275	-5,568,602	22,050,673	30.00	
31.00 03100 INTENSIVE CARE UNIT	3,028,638	2,024,750	5,053,388	-886,987	4,166,401	31.00	
31.01 02060 NICU	988,705	1,709,650	2,698,355	-19,052	2,679,303	31.01	
32.00 03200 CORONARY CARE UNIT	2,452,844	1,311,849	3,764,693	-575,020	3,189,673	32.00	
41.00 04100 SUBPROVIDER - I&F	1,040,671	779,686	1,820,357	-118,052	1,702,305	41.00	
43.00 04300 NURSERY	0	0	0	816,160	816,160	43.00	
44.00 04400 SKILLED NURSING FACILITY	1,088,234	629,540	1,717,774	-210,783	1,506,991	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	3,165,643	21,503,000	24,668,643	-16,064,830	8,603,813	50.00	
51.00 05100 RECOVERY ROOM	1,980,909	1,007,072	2,987,981	-17,860	2,970,121	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,044,314	1,181,306	3,225,620	-581,698	2,643,922	52.00	
53.00 05300 ANESTHESIOLOGY	0	1,005,826	1,005,826	75,491	1,081,317	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,857,459	2,064,221	3,921,680	-119,265	3,802,415	54.00	
54.01 03450 NUCLEAR MEDICINE	287,219	967,936	1,255,155	-815,335	439,820	54.01	
54.02 03630 ULTRASOUND	520,911	365,052	885,963	-176,227	709,736	54.02	
55.00 05500 RADIOLOGY-THERAPEUTIC	1,377,072	2,367,079	3,744,151	33,045	3,777,196	55.00	
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	698,660	1,069,738	1,768,398	-132,524	1,635,874	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	978,963	978,963	0	978,963	58.00	
59.00 05900 CARDIAC CATHETERIZATION	1,425,758	13,211,186	14,636,944	-10,148,224	4,488,720	59.00	
60.00 06000 LABORATORY	0	9,293,680	9,293,680	-1,686,604	7,607,076	60.00	
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,271,061	2,271,061	63.00	
64.00 06400 INTRAVENOUS THERAPY	533,870	270,315	804,185	1,492,695	2,296,880	64.00	
65.00 06500 RESPIRATORY THERAPY	1,624,561	1,285,437	2,909,998	-1,601,485	1,308,513	65.00	
65.01 03560 PULMONARY	0	0	0	968,982	968,982	65.01	
66.00 06600 PHYSICAL THERAPY	2,484,544	1,511,062	3,995,606	-1,508,527	2,487,079	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	978,891	978,891	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	243,467	243,467	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
69.01 03140 RADIOLOGY	1,766,176	1,737,822	3,503,998	-1,347,759	2,156,239	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	441,630	377,230	818,860	96,874	915,734	70.00	
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	10,405,813	10,405,813	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	18,735,556	18,735,556	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	14,351,081	14,351,081	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	663,308	663,308	74.00	
76.00 03340 GASTROINTESTINAL	701,719	1,055,457	1,757,176	-447,825	1,309,351	76.00	
76.97 07697 CARDIAC REHABILITATION	384,162	181,043	565,205	-39,627	525,578	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	217,720	217,720	76.98	
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	2,641,354	1,869,335	4,510,689	-245,842	4,264,847	90.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140280

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

Worksheet A
Date/Time Prepared:
5/21/2014 8:15 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	
91.00	09100	EMERGENCY	11,534,454	6,065,212	17,599,666	-1,554,630	16,045,036	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	15,920	738,629	754,549	-29,129	725,420	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	70,137,493	145,273,060	215,410,553	280,640	215,691,193	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,410	8,410	-2,115	6,295	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,283,604	2,713,355	5,996,959	-171,550	5,825,409	192.00
192.01	19201	RIVERSIDE OUTPATIENT	234,610	128,800	363,410	-36,515	326,895	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	422,995	240,449	663,444	-8,693	654,751	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	291,282	161,867	453,149	-61,767	391,382	194.07
200.00		TOTAL (SUM OF LINES 118-199)	74,369,984	148,525,941	222,895,925	0	222,895,925	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140280

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

Worksheet A
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,633	5,388,209	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,300,065	-2,502,894	4.00
5.01	00560	PURCHASING	1,064,979	1,064,979	5.01
5.02	00570	ADMINISTRATIVE	2,263,020	2,263,020	5.02
5.03	00580	CASHIERING/AR	1,712,894	1,712,894	5.03
5.04	00590	A&G	6,961,880	42,212,092	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,332,683	8,829,237	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	1,169,779	3,447,967	9.00
10.00	01000	DIETARY	531,454	3,162,825	10.00
11.00	01100	CAFETERIA	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,322,074	1,322,074	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,843,454	1,843,454	14.00
15.00	01500	PHARMACY	-58,728	5,231,960	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,482,989	1,482,989	16.00
17.00	01700	SOCIAL SERVICE	2,940,901	2,940,901	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	-2,614,865	-337,924	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED PRGM-(RADIOLOGY)	-389,462	-88,783	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	-344,416	-78,638	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,342,724	16,707,949	30.00
31.00	03100	INTENSIVE CARE UNIT	-166,560	3,999,841	31.00
31.01	02060	NICU	-1,427,028	1,252,275	31.01
32.00	03200	CORONARY CARE UNIT	0	3,189,673	32.00
41.00	04100	SUBPROVIDER - IIRF	-152,575	1,549,730	41.00
43.00	04300	NURSERY	0	816,160	43.00
44.00	04400	SKILLED NURSING FACILITY	-7,750	1,499,241	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	498,573	9,102,386	50.00
51.00	05100	RECOVERY ROOM	0	2,970,121	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-6,275	2,637,647	52.00
53.00	05300	ANESTHESIOLOGY	-818,049	263,268	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,044	3,800,371	54.00
54.01	03450	NUCLEAR MEDICINE	0	439,820	54.01
54.02	03630	ULTRASOUND	0	709,736	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-102,142	3,675,054	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	1,635,874	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	649,150	1,628,113	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,156,625	3,332,095	59.00
60.00	06000	LABORATORY	0	7,607,076	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,271,061	63.00
64.00	06400	INTRAVENOUS THERAPY	-2,178	2,294,702	64.00
65.00	06500	RESPIRATORY THERAPY	-53	1,308,460	65.00
65.01	03560	PULMONARY	0	968,982	65.01
66.00	06600	PHYSICAL THERAPY	-94,369	2,392,710	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	978,891	67.00
68.00	06800	SPEECH PATHOLOGY	0	243,467	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	03140	CARDIOLOGY	-378,336	1,777,903	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-31,094	884,640	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	10,405,813	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	18,735,556	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,351,081	73.00
74.00	07400	RENAL DIALYSIS	0	663,308	74.00
76.00	03340	GASTROINTESTINAL	0	1,309,351	76.00
76.97	07697	CARDIAC REHABILITATION	0	525,578	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	217,720	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-258,410	4,006,437	90.00
91.00	09100	EMERGENCY	-7,556,388	8,488,648	91.00
92.00	09200	OBSERVATION BEDS			92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet A Date/Time Prepared: 5/21/2014 8:15 am
---	--	----------------------	---	---

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	-6,670	718,750	95.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,562,657	217,253,850	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,295	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	5,825,409	192.00
192.01	19201 RIVERSIDE OUTPATIENT	0	326,895	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	192.05
194.00	07950 NON REIMBURSABLE	0	0	194.00
194.01	07951 MEDICAL OFFICE	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	0	654,751	194.02
194.03	07953 PRECEDENCE	0	0	194.03
194.04	07954 CALL CENTER	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	194.06
194.07	07957 RESEARCH	0	391,382	194.07
200.00	TOTAL (SUM OF LINES 118-199)	1,562,657	224,458,582	200.00

RECLASSIFICATIONS

Provider CCN: 140280

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

Worksheet A-6
Date/Time Prepared:
5/21/2014 8:15 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BENEFIT ALLOCATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	797,171	1.00
	TOTALS		0	797,171	
B - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	58,000	1.00
2.00	A&G	5.04	0	47,905	2.00
	TOTALS		0	105,905	
C - BOND AMORTIZATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	144,750	1.00
	TOTALS		0	144,750	
D - BLOOD					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	13,555	1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,834,648	2.00
	TOTALS		0	1,848,203	
E - MEDICAL ASSESSMENT FEE					
1.00	SKILLED NURSING FACILITY	44.00	0	15,878	1.00
	TOTALS		0	15,878	
F - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	14,351,081	1.00
2.00	CLINIC	90.00	0	73	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
	TOTALS		0	14,351,154	
G - PROPERTY TAX					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,291	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	15,064	2.00
3.00	AMBULANCE SERVICES	95.00	0	491	3.00
	TOTALS		0	19,846	
H - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	10,405,813	1.00
2.00	PHYSICAL THERAPY	66.00	0	1,161	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

RECLASSIFICATIONS

Provider CCN: 140280

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

Worksheet A-6

Date/Time Prepared:
5/21/2014 8:15 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
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
TOTALS					
					10,406,974
I - IMPLANTABLES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	18,735,556	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
TOTALS					
					18,735,556
J - IT ALLOCATIONS					
1.00	A&G	5.04	0	7,841,024	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
TOTALS					
					7,841,024
K - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	120,000	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,088,867	2.00
TOTALS					
					5,208,867

RECLASSIFICATIONS

Provider CCN: 140280

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

Worksheet A-6
Date/Time Prepared:
5/21/2014 8:15 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
L - COST CENTER MAPPING					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	93,353	34,473	1.00
2.00	INTRAVENOUS THERAPY	64.00	88,469	32,669	2.00
3.00	CLINIC	90.00	26,137	9,652	3.00
4.00	BLOOD STORING, PROCESSING & TRANS.	63.00	41,351	15,116	4.00
5.00	INTRAVENOUS THERAPY	64.00	116,717	42,667	5.00
6.00	CLINIC	90.00	30,570	11,175	6.00
7.00	BLOOD STORING, PROCESSING & TRANS.	63.00	32,069	17,824	7.00
8.00	INTRAVENOUS THERAPY	64.00	147,837	82,167	8.00
9.00	RENAL DIALYSIS	74.00	426,347	236,961	9.00
10.00	CLINIC	90.00	62,598	34,792	10.00
11.00	INTRAVENOUS THERAPY	64.00	35,919	13,664	11.00
12.00	INTRAVENOUS THERAPY	64.00	31,541	11,517	12.00
13.00	CORONARY CARE UNIT	32.00	39,971	17,048	13.00
14.00	BLOOD STORING, PROCESSING & TRANS.	63.00	43,130	18,396	14.00
15.00	CORONARY CARE UNIT	32.00	35,105	16,167	15.00
16.00	BLOOD STORING, PROCESSING & TRANS.	63.00	40,000	18,421	16.00
17.00	CLINIC	90.00	33,541	15,446	17.00
18.00	INTRAVENOUS THERAPY	64.00	133,047	39,825	18.00
19.00	RECOVERY ROOM	51.00	66,693	73,644	19.00
20.00	ANESTHESIOLOGY	53.00	12,779	14,111	20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	8,279	6,170	21.00
22.00	OPERATING ROOM	50.00	28,057	17,350	22.00
23.00	OCCUPATIONAL THERAPY	67.00	96,830	62,648	23.00
24.00	SPEECH PATHOLOGY	68.00	29,145	18,856	24.00
25.00	OCCUPATIONAL THERAPY	67.00	606,098	213,315	25.00
26.00	SPEECH PATHOLOGY	68.00	112,465	39,582	26.00
27.00	INTRAVENOUS THERAPY	64.00	411,305	160,683	27.00
28.00	RADIOLOGY-DIAGNOSTIC	54.00	68,433	71,764	28.00
29.00	INTRAVENOUS THERAPY	64.00	9,985	10,471	29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	75,746	79,432	30.00
31.00	RADIOLOGY-DIAGNOSTIC	54.00	49,172	111,167	31.00
32.00	OPERATING ROOM	50.00	115,307	38,679	32.00
33.00	LABORATORY	60.00	70,348	36,577	33.00
34.00	PULMONARY	65.01	434,105	225,711	34.00
35.00	SUBPROVIDER - IRF	41.00	36,152	11,503	35.00
36.00	INTRAVENOUS THERAPY	64.00	199,644	55,813	36.00
37.00	NURSERY	43.00	603,564	212,596	37.00
38.00	DELIVERY ROOM & LABOR ROOM	52.00	292,197	102,922	38.00
39.00	SPEECH PATHOLOGY	68.00	32,109	11,310	39.00
40.00	CLINIC	90.00	33,223	11,702	40.00
41.00	ADULTS & PEDIATRICS	30.00	131,401	56,401	41.00
42.00	OPERATING ROOM	50.00	31,149	13,370	42.00
43.00	RECOVERY ROOM	51.00	86,258	37,025	43.00
44.00	ANESTHESIOLOGY	53.00	54,055	23,202	44.00
45.00	CLINIC	90.00	159,879	68,625	45.00
46.00	RADIOLOGY-DIAGNOSTIC	54.00	36,834	15,300	46.00
47.00	RADIOLOGY-THERAPEUTIC	55.00	13,036	4,115	47.00
48.00	OPERATING ROOM	50.00	34,161	17,975	48.00
49.00	OPERATING ROOM	50.00	20,156	21,807	49.00
50.00	RADIOLOGY-THERAPEUTIC	55.00	225,106	74,062	50.00
51.00	BLOOD STORING, PROCESSING & TRANS.	63.00	51,711	17,014	51.00
	TOTALS		5,693,084	2,602,882	
M - COST CENTER MAPPING					
1.00	HYPERBARIC OXYGEN THERAPY	76.98	69,166	148,554	1.00
2.00	INTRAVENOUS THERAPY	64.00	242,661	88,652	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	202,869	102,227	3.00
4.00	LABORATORY	60.00	49,561	24,113	4.00
5.00	PULMONARY	65.01	207,978	101,188	5.00
	TOTALS		772,235	464,734	
N - COLLEGE ADMIN					
1.00	PARAMED ED PRGM-(RADIOLOGY)	23.00	32,470	31,613	1.00
2.00	PARAMED PROGRAM-RESP CARE	23.03	28,701	27,944	2.00
	TOTALS		61,171	59,557	
O - OBS RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	184,699	70,261	1.00
	TOTALS		184,699	70,261	
500.00	Grand Total: Increases		6,711,189	62,672,762	500.00

RECLASSIFICATIONS

Provider CCN: 140280

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

Worksheet A-6
Date/Time Prepared:
5/21/2014 8:15 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - BENEFIT ALLOCATION						
1.00 A&G	5.04	0	797,171	0		1.00
TOTALS		0	797,171			
B - INTEREST						
1.00 NURSING SCHOOL	20.00	0	58,000	11		1.00
2.00 CAP REL COSTS-BLDG & FIXT	1.00	0	47,905	11		2.00
TOTALS		0	105,905			
C - BOND AMORTIZATION						
1.00 A&G	5.04	0	144,750	11		1.00
TOTALS		0	144,750			
D - BLOOD						
1.00 OPERATING ROOM	50.00	0	13,555	0		1.00
2.00 LABORATORY	60.00	0	1,834,648	0		2.00
TOTALS		0	1,848,203			
E - MEDICAL ASSESSMENT FEE						
1.00 A&G	5.04	0	15,878	0		1.00
TOTALS		0	15,878			
F - DRUGS						
1.00 PHARMACY	15.00	0	14,230,076	0		1.00
2.00 ADULTS & PEDIATRICS	30.00	0	9,037	0		2.00
3.00 INTENSIVE CARE UNIT	31.00	0	2,653	0		3.00
4.00 NICU	31.01	0	751	0		4.00
5.00 CORONARY CARE UNIT	32.00	0	147	0		5.00
6.00 SUBPROVIDER - IRF	41.00	0	3	0		6.00
7.00 SKILLED NURSING FACILITY	44.00	0	38	0		7.00
8.00 OPERATING ROOM	50.00	0	61,001	0		8.00
9.00 RECOVERY ROOM	51.00	0	1,178	0		9.00
10.00 DELIVERY ROOM & LABOR ROOM	52.00	0	732	0		10.00
11.00 ANESTHESIOLOGY	53.00	0	26,128	0		11.00
12.00 RADIOLOGY-DIAGNOSTIC	54.00	0	159	0		12.00
13.00 NUCLEAR MEDICINE	54.01	0	738	0		13.00
14.00 ULTRASOUND	54.02	0	515	0		14.00
15.00 RADIOLOGY-THERAPEUTIC	55.00	0	21	0		15.00
16.00 COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	215	0		16.00
17.00 CARDIAC CATHETERIZATION	59.00	0	6,973	0		17.00
18.00 LABORATORY	60.00	0	53	0		18.00
19.00 INTRAVENOUS THERAPY	64.00	0	2,800	0		19.00
20.00 RESPIRATORY THERAPY	65.00	0	58	0		20.00
21.00 RADIOLOGY	69.01	0	46	0		21.00
22.00 ELECTROENCEPHALOGRAPHY	70.00	0	148	0		22.00
23.00 GASTROINTESTINAL	76.00	0	3,360	0		23.00
24.00 EMERGENCY	91.00	0	4,256	0		24.00
25.00 AMBULANCE SERVICES	95.00	0	68	0		25.00
TOTALS		0	14,351,154			
G - PROPERTY TAX						
1.00 PHYSICAL THERAPY	66.00	0	4,291	13		1.00
2.00 ELECTROENCEPHALOGRAPHY	70.00	0	15,064	13		2.00
3.00 CAP REL COSTS-BLDG & FIXT	1.00	0	491	13		3.00
TOTALS		0	19,846			
H - MEDICAL SUPPLIES						
1.00 OPERATION OF PLANT	7.00	0	16	0		1.00
2.00 HOUSEKEEPING	9.00	0	26,089	0		2.00
3.00 DIETARY	10.00	0	79	0		3.00
4.00 PHARMACY	15.00	0	92,791	0		4.00
5.00 ADULTS & PEDIATRICS	30.00	0	406,371	0		5.00
6.00 INTENSIVE CARE UNIT	31.00	0	227,212	0		6.00
7.00 NICU	31.01	0	16,119	0		7.00
8.00 CORONARY CARE UNIT	32.00	0	89,792	0		8.00
9.00 SUBPROVIDER - IRF	41.00	0	28,829	0		9.00
10.00 SKILLED NURSING FACILITY	44.00	0	21,897	0		10.00
11.00 OPERATING ROOM	50.00	0	4,551,238	0		11.00
12.00 RECOVERY ROOM	51.00	0	14,672	0		12.00
13.00 DELIVERY ROOM & LABOR ROOM	52.00	0	80,947	0		13.00
14.00 ANESTHESIOLOGY	53.00	0	2,528	0		14.00
15.00 RADIOLOGY-DIAGNOSTIC	54.00	0	30,629	0		15.00
16.00 NUCLEAR MEDICINE	54.01	0	782,428	0		16.00
17.00 ULTRASOUND	54.02	0	78,064	0		17.00
18.00 RADIOLOGY-THERAPEUTIC	55.00	0	63,699	0		18.00
19.00 COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	129,099	0		19.00
20.00 CARDIAC CATHETERIZATION	59.00	0	3,103,520	0		20.00
21.00 LABORATORY	60.00	0	214	0		21.00
22.00 INTRAVENOUS THERAPY	64.00	0	1,437	0		22.00

RECLASSIFICATIONS

Provider CCN: 140280

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

Worksheet A-6
Date/Time Prepared:
5/21/2014 8:15 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
23.00	RESPIRATORY THERAPY	65.00	0	344,020	0		23.00
25.00	CARDIOLOGY	69.01	0	15,221	0		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	20,334	0		26.00
27.00	GASTRO INTESTINAL	76.00	0	138,824	0		27.00
28.00	CARDIAC REHABILITATION	76.97	0	273	0		28.00
29.00	CLINIC	90.00	0	43,659	0		29.00
30.00	EMERGENCY	91.00	0	96,616	0		30.00
31.00	AMBULANCE SERVICES	95.00	0	357	0		31.00
	TOTALS		0	10,406,974			
I - IMPLANTABLES							
1.00	PHARMACY	15.00	0	130,126	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	255,621	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	36,205	0		3.00
4.00	NICU	31.01	0	2,182	0		4.00
5.00	CORONARY CARE UNIT	32.00	0	775	0		5.00
6.00	SUBPROVIDER - IRF	41.00	0	411	0		6.00
7.00	SKILLED NURSING FACILITY	44.00	0	663	0		7.00
8.00	OPERATING ROOM	50.00	0	11,367,857	0		8.00
9.00	RECOVERY ROOM	51.00	0	173	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,718	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,737	0		11.00
12.00	NUCLEAR MEDICINE	54.01	0	569	0		12.00
13.00	ULTRASOUND	54.02	0	105	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	18	0		14.00
15.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	3,210	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	6,766,121	0		16.00
17.00	INTRAVENOUS THERAPY	64.00	0	4,734	0		17.00
18.00	CARDIOLOGY	69.01	0	89	0		18.00
19.00	GASTRO INTESTINAL	76.00	0	31,210	0		19.00
20.00	CARDIAC REHABILITATION	76.97	0	2	0		20.00
21.00	CLINIC	90.00	0	110,495	0		21.00
22.00	EMERGENCY	91.00	0	17,535	0		22.00
	TOTALS		0	18,735,556			
J - IT ALLOCATIONS							
1.00	HOUSEKEEPING	9.00	0	34,914	0		1.00
2.00	DIETARY	10.00	0	97,199	0		2.00
3.00	PHARMACY	15.00	0	310,528	0		3.00
4.00	NURSING SCHOOL	20.00	0	95,809	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	1,938,726	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	343,692	0		6.00
7.00	CORONARY CARE UNIT	32.00	0	288,054	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	136,464	0		8.00
9.00	SKILLED NURSING FACILITY	44.00	0	204,063	0		9.00
10.00	OPERATING ROOM	50.00	0	409,190	0		10.00
11.00	RECOVERY ROOM	51.00	0	265,457	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	230,055	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	700,543	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	233,985	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	111,271	0		15.00
16.00	LABORATORY	60.00	0	32,288	0		16.00
17.00	INTRAVENOUS THERAPY	64.00	0	85,694	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	107,826	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	326,458	0		19.00
20.00	CARDIOLOGY	69.01	0	557,490	0		20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	22,758	0		21.00
22.00	GASTRO INTESTINAL	76.00	0	107,204	0		22.00
23.00	CARDIAC REHABILITATION	76.97	0	39,352	0		23.00
24.00	CLINIC	90.00	0	319,247	0		24.00
25.00	EMERGENCY	91.00	0	532,922	0		25.00
26.00	AMBULANCE SERVICES	95.00	0	29,195	0		26.00
27.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,115	0		27.00
28.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	171,550	0		28.00
29.00	RI VERSIDE OUTPATIENT	192.01	0	36,515	0		29.00
30.00	GROUP HOMES DEPT 783	194.02	0	8,693	0		30.00
31.00	RESEARCH	194.07	0	61,767	0		31.00
	TOTALS		0	7,841,024			
K - DEPRECIATION							
1.00	NURSING SCHOOL	20.00	0	120,000	9		1.00
2.00	A&G	5.04	0	5,088,867	9		2.00
	TOTALS		0	5,208,867			

RECLASSIFICATIONS

Provider CCN: 140280

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

Worksheet A-6
Date/Time Prepared:
5/21/2014 8:15 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
L - COST CENTER MAPPING						
1.00	ADULTS & PEDIATRICS	30.00	93,353	34,473	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	88,469	32,669	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	26,137	9,652	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	41,351	15,116	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	116,717	42,667	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	30,570	11,175	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	32,069	17,824	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	147,837	82,167	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	426,347	236,961	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	62,598	34,792	0	10.00
11.00	CORONARY CARE UNIT	32.00	35,919	13,664	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	31,541	11,517	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	39,971	17,048	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	43,130	18,396	0	14.00
15.00	INTENSIVE CARE UNIT	31.00	35,105	16,167	0	15.00
16.00	INTENSIVE CARE UNIT	31.00	40,000	18,421	0	16.00
17.00	INTENSIVE CARE UNIT	31.00	33,541	15,446	0	17.00
18.00	ADULTS & PEDIATRICS	30.00	133,047	39,825	0	18.00
19.00	GASTRO INTESTINAL	76.00	66,693	73,644	0	19.00
20.00	GASTRO INTESTINAL	76.00	12,779	14,111	0	20.00
21.00	NUCLEAR MEDICINE	54.01	8,279	6,170	0	21.00
22.00	ULTRASOUND	54.02	28,057	17,350	0	22.00
23.00	PHYSICAL THERAPY	66.00	96,830	62,648	0	23.00
24.00	PHYSICAL THERAPY	66.00	29,145	18,856	0	24.00
25.00	PHYSICAL THERAPY	66.00	606,098	213,315	0	25.00
26.00	PHYSICAL THERAPY	66.00	112,465	39,582	0	26.00
27.00	EMERGENCY	91.00	411,305	160,683	0	27.00
28.00	CARDIOLOGY	69.01	68,433	71,764	0	28.00
29.00	CARDIOLOGY	69.01	9,985	10,471	0	29.00
30.00	CARDIOLOGY	69.01	75,746	79,432	0	30.00
31.00	CARDIAC CATHETERIZATION	59.00	49,172	111,167	0	31.00
32.00	CARDIOLOGY	69.01	115,307	38,679	0	32.00
33.00	RESPIRATORY THERAPY	65.00	70,348	36,577	0	33.00
34.00	RESPIRATORY THERAPY	65.00	434,105	225,711	0	34.00
35.00	ADULTS & PEDIATRICS	30.00	36,152	11,503	0	35.00
36.00	ADULTS & PEDIATRICS	30.00	199,644	55,813	0	36.00
37.00	ADULTS & PEDIATRICS	30.00	603,564	212,596	0	37.00
38.00	ADULTS & PEDIATRICS	30.00	292,197	102,922	0	38.00
39.00	ADULTS & PEDIATRICS	30.00	32,109	11,310	0	39.00
40.00	ADULTS & PEDIATRICS	30.00	33,223	11,702	0	40.00
41.00	DELIVERY ROOM & LABOR ROOM	52.00	131,401	56,401	0	41.00
42.00	DELIVERY ROOM & LABOR ROOM	52.00	31,149	13,370	0	42.00
43.00	DELIVERY ROOM & LABOR ROOM	52.00	86,258	37,025	0	43.00
44.00	DELIVERY ROOM & LABOR ROOM	52.00	54,055	23,202	0	44.00
45.00	DELIVERY ROOM & LABOR ROOM	52.00	159,879	68,625	0	45.00
46.00	CLINIC	90.00	36,834	15,300	0	46.00
47.00	NUCLEAR MEDICINE	54.01	13,036	4,115	0	47.00
48.00	ULTRASOUND	54.02	34,161	17,975	0	48.00
49.00	RADIOLOGY-DIAGNOSTIC	54.00	20,156	21,807	0	49.00
50.00	INTRAVENOUS THERAPY	64.00	225,106	74,062	0	50.00
51.00	INTRAVENOUS THERAPY	64.00	51,711	17,014	0	51.00
TOTALS			5,693,084	2,602,882		
M - COST CENTER MAPPING						
1.00	CLINIC	90.00	69,166	148,554	0	1.00
2.00	EMERGENCY	91.00	242,661	88,652	0	2.00
3.00	CARDIOLOGY	69.01	202,869	102,227	0	3.00
4.00	RESPIRATORY THERAPY	65.00	49,561	24,113	0	4.00
5.00	RESPIRATORY THERAPY	65.00	207,978	101,188	0	5.00
TOTALS			772,235	464,734		
N - COLLEGE ADMIN						
1.00	NURSING SCHOOL	20.00	32,470	31,613	0	1.00
2.00	NURSING SCHOOL	20.00	28,701	27,944	0	2.00
TOTALS			61,171	59,557		
O - OBS RECLASS						
1.00	CORONARY CARE UNIT	32.00	184,699	70,261	0	1.00
TOTALS			184,699	70,261		
500.00	Grand Total: Decreases		6,711,189	62,672,762		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140280

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

Worksheet A-7
Part I
Date/Time Prepared:
5/21/2014 8:15 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	1,979,147	0	0	0	1,384
2.00	Land Improvements	5,206,726	0	0	0	127,543
3.00	Buildings and Fixtures	153,127,199	14,568,343	0	14,568,343	2,743,874
4.00	Building Improvements	253,135	0	0	0	21,087
5.00	Fixed Equipment	753,077	18,835	0	18,835	345,255
6.00	Movable Equipment	78,098,543	3,210,473	0	3,210,473	11,900,759
7.00	HIT designated Assets	0	0	0	0	0
8.00	Subtotal (sum of lines 1-7)	239,417,827	17,797,651	0	17,797,651	15,139,902
9.00	Reconciling Items	0	0	0	0	0
10.00	Total (line 8 minus line 9)	239,417,827	17,797,651	0	17,797,651	15,139,902
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,977,763	0			1.00
2.00	Land Improvements	5,079,183	0			2.00
3.00	Buildings and Fixtures	164,951,668	0			3.00
4.00	Building Improvements	232,048	0			4.00
5.00	Fixed Equipment	426,657	0			5.00
6.00	Movable Equipment	69,408,257	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	242,075,576	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	242,075,576	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140280

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

Worksheet A-7
Part II
Date/Time Prepared:
5/21/2014 8:15 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	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140280

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

Worksheet A-7
Part III
Date/Time Prepared:
5/21/2014 8:15 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	CAP REL COSTS-BLDG & FIXT	172,667,319	0	172,667,319	0.713279	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	69,408,257	0	69,408,257	0.286721	0	2.00
3.00	Total (sum of lines 1-2)	242,075,576	0	242,075,576	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,208,867	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,208,867	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	CAP REL COSTS-BLDG & FIXT	160,478	0	18,864	0	5,388,209	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	160,478	0	18,864	0	5,388,209	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140280

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

Worksheet A-8

Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-17,102,231				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	34,437,123				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	A	-950,403	DIETARY		10.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)	B	-2,600,631	NURSING SCHOOL		20.00	0	19.00
20.00 Vending machines	B	-7,282	DIETARY		10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	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 OFFSET CONTRIBUTION COST	A	266,680	A&G		5.04	0	33.00
33.05 OFFSET CONTRIBUTION COST	A	-2,000	CLINIC		90.00	0	33.05

Provider CCN: 140280

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

Worksheet A-8

Date/Time Prepared:
 5/21/2014 8:15 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
33.06		0			0.00	0	33.06
34.00	A	-11,181,256	A&G		5.04	0	34.00
35.00	A	33,037	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	35.00
36.00	A	135,067	A&G		5.04	0	36.00
37.00	A	38,522	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	37.00
37.01	A	-5,163	RADIOLOGY-THERAPEUTIC		55.00	0	37.01
37.02	A	-1,036	CLINIC		90.00	0	37.02
37.03	A	-60	EMERGENCY		91.00	0	37.03
37.06	A	-32,420	CLINIC		90.00	0	37.06
37.07	B	-389,462	PARAMED ED PRGM-(RADIOLOGY)		23.00	0	37.07
37.08	B	-344,416	PARAMED PROGRAM-RESP CARE		23.03	0	37.08
37.09	B	-281,348	A&G		5.04	0	37.09
37.10	B	-219	HOUSEKEEPING		9.00	0	37.10
37.11	B	-1,685	DIETARY		10.00	0	37.11
37.12	B	-58,728	PHARMACY		15.00	0	37.12
37.13	B	-14,234	NURSING SCHOOL		20.00	0	37.13
37.14	B	-49,083	ADULTS & PEDIATRICS		30.00	0	37.14
37.15	B	-8,838	OPERATING ROOM		50.00	0	37.15
37.16	B	-6,275	DELIVERY ROOM & LABOR ROOM		52.00	0	37.16
37.17	B	-2,044	RADIOLOGY-DIAGNOSTIC		54.00	0	37.17
38.00	B	-92,065	RADIOLOGY-THERAPEUTIC		55.00	0	38.00
39.00	B	-48,450	PHYSICAL THERAPY		66.00	0	39.00
40.00	B	-5,655	CARDIOLOGY		69.01	0	40.00
40.06	B	-153,078	CLINIC		90.00	0	40.06
40.07	B	-3,040	EMERGENCY		91.00	0	40.07
40.08	B	-6,670	AMBULANCE SERVICES		95.00	0	40.08
40.09		0			0.00	0	40.09
40.10		0			0.00	0	40.10
41.00		0			0.00	0	41.00
42.00		0			0.00	0	42.00
44.00		0			0.00	0	44.00
44.01		0			0.00	0	44.01
44.02		0			0.00	0	44.02
44.03		0			0.00	0	44.03
44.06		0			0.00	0	44.06
44.07		0			0.00	0	44.07
44.08		0			0.00	0	44.08
44.09		0			0.00	0	44.09
44.10		0			0.00	0	44.10
44.11		0			0.00	0	44.11
44.12		0			0.00	0	44.12
44.13		0			0.00	0	44.13
44.14		0			0.00	0	44.14
44.15		0			0.00	0	44.15
44.16		0			0.00	0	44.16
44.17		0			0.00	0	44.17
44.18		0			0.00	0	44.18
44.19		0			0.00	0	44.19
44.20		0			0.00	0	44.20
44.21		0			0.00	0	44.21
44.22		0			0.00	0	44.22
44.23		0			0.00	0	44.23
44.24		0			0.00	0	44.24
44.25		0			0.00	0	44.25
44.26		0			0.00	0	44.26
44.27		0			0.00	0	44.27
44.28		0			0.00	0	44.28
44.29		0			0.00	0	44.29
44.30		0			0.00	0	44.30
44.31		0			0.00	0	44.31
44.32		0			0.00	0	44.32
44.33		0			0.00	0	44.33
44.34		0			0.00	0	44.34
44.35		0			0.00	0	44.35
44.36		0			0.00	0	44.36
44.37		0			0.00	0	44.37
44.38		0			0.00	0	44.38
44.39		0			0.00	0	44.39
44.40		0			0.00	0	44.40

Provider CCN: 140280

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

Worksheet A-8

Date/Time Prepared:
 5/21/2014 8:15 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
44.42		0		0.00	0	44.42
44.44		0		0.00	0	44.44
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	1,562,657				50.00

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

Provider CCN: 140280

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

Worksheet A-8-1

Date/Time Prepared: 5/21/2014 8:15 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	5.04	A&G	TRHS 40,022,216	21,999,479	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	TRHS -2,454,521	917,103	2.00
3.00	1.00	CAP REL COSTS-BLDG & FIXT	TRHS 5,633	0	3.00
4.00	5.01	PURCHASING	TRHS 1,064,979	0	4.00
4.01	5.02	ADMINI TTING	TRHS 2,263,020	0	4.01
4.02	5.03	CASHIERING/AR	TRHS 1,712,894	0	4.02
4.03	7.00	OPERATION OF PLANT	TRHS 3,332,683	0	4.03
4.04	9.00	HOUSEKEEPING	TRHS 1,169,998	0	4.04
4.05	10.00	DIETARY	TRHS 1,490,824	0	4.05
4.06	13.00	NURSING ADMINI STRATION	TRHS 1,322,074	0	4.06
4.07	14.00	CENTRAL SERVICES & SUPPLY	TRHS 1,843,454	0	4.07
4.08	16.00	MEDI CAL RECORDS & LIBRARY	TRHS 1,482,989	0	4.08
4.09	17.00	SOCI AL SERVICE	TRHS 2,940,901	0	4.09
4.10	50.00	OPERATI NG ROOM	TRHS 507,411	0	4.10
4.21	58.00	MAGNETI C RESONANCE IMAGING (METRO MRI 1,630,228	981,078	4.21
5.00	0		58,334,783	23,897,660	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	IOWA HEALTH SYSTEM	100.00		0.00	6.00
7.00	B	TRINITY REGIONAL HEALTH SYST	100.00	TRINITY REGIONAL HEALTH SYSTEM	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 140280

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

Worksheet A-8-1

Date/Time Prepared:
5/21/2014 8:15 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	18,022,737	0		1.00
2.00	-3,371,624	0		2.00
3.00	5,633	11		3.00
4.00	1,064,979	0		4.00
4.01	2,263,020	0		4.01
4.02	1,712,894	0		4.02
4.03	3,332,683	0		4.03
4.04	1,169,998	0		4.04
4.05	1,490,824	0		4.05
4.06	1,322,074	0		4.06
4.07	1,843,454	0		4.07
4.08	1,482,989	0		4.08
4.09	2,940,901	0		4.09
4.10	507,411	0		4.10
4.21	649,150	0		4.21
5.00	34,437,123			5.00

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

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

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

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

6.00			6.00
7.00	HEALTH SYSTEM		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: 140280

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

Worksheet A-8-2

Date/Time Prepared:
5/21/2014 8:15 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	5,476,495	5,279,725	196,770	171,400	2,219	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	166,560	166,560	0	171,400	0	2.00
3.00	31.01	AGGREGATE-NICU	1,435,268	1,422,268	13,000	171,400	100	3.00
4.00	41.00	AGGREGATE-SUBPROVIDER - IRF	152,575	152,575	0	171,400	0	4.00
5.00	44.00	AGGREGATE-SKILLED NURSING FACILITY	7,750	7,750	0	171,400	0	5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	818,049	818,049	0	200,300	0	6.00
7.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	8,469	647	7,821	231,100	32	7.00
8.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	1,156,625	1,156,625	0	171,400	0	8.00
9.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	2,425	1,781	644	171,400	3	9.00
10.00	65.00	AGGREGATE-RESPIRATORY THERAPY	135	0	135	171,400	1	10.00
11.00	66.00	AGGREGATE-PHYSICAL THERAPY	66,602	16,502	50,100	171,400	251	11.00
12.00	69.01	AGGREGATE-CARDIOLOGY	372,681	372,681	0	171,400	0	12.00
13.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	42,960	23,520	19,440	171,400	144	13.00
14.00	90.00	AGGREGATE-CLINIC	147,995	51,571	96,424	171,400	948	14.00
15.00	91.00	AGGREGATE-EMERGENCY	9,337,446	7,553,288	1,784,158	171,400	65,520	15.00
200.00			19,192,035	17,023,542	2,168,492		69,218	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	182,854	9,143	0	0	0	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	31.01	AGGREGATE-NICU	8,240	412	0	0	0	3.00
4.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	0	0	0	0	4.00
5.00	44.00	AGGREGATE-SKILLED NURSING FACILITY	0	0	0	0	0	5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	3,555	178	0	0	0	7.00
8.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	0	0	8.00
9.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	247	12	0	0	0	9.00
10.00	65.00	AGGREGATE-RESPIRATORY THERAPY	82	4	0	0	0	10.00
11.00	66.00	AGGREGATE-PHYSICAL THERAPY	20,683	1,034	0	0	0	11.00
12.00	69.01	AGGREGATE-CARDIOLOGY	0	0	0	0	0	12.00
13.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	11,866	593	0	0	0	13.00
14.00	90.00	AGGREGATE-CLINIC	78,119	3,906	0	0	0	14.00
15.00	91.00	AGGREGATE-EMERGENCY	5,399,100	269,955	0	0	0	15.00
200.00			5,704,746	285,237	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	182,854	13,916	5,293,641	1.00
2.00	31.00	AGGREGATE-INTENSIVE CARE UNIT	0	0	0	166,560	2.00
3.00	31.01	AGGREGATE-NICU	0	8,240	4,760	1,427,028	3.00
4.00	41.00	AGGREGATE-SUBPROVIDER - IRF	0	0	0	152,575	4.00
5.00	44.00	AGGREGATE-SKILLED NURSING FACILITY	0	0	0	7,750	5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	818,049	6.00
7.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	3,555	4,266	4,914	7.00
8.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	0	0	1,156,625	8.00
9.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	0	247	397	2,178	9.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140280

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

Worksheet A-8-2

Date/Time Prepared:
5/21/2014 8:15 am

	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		
10.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	82	53	53		10.00
11.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	20,683	29,417	45,919		11.00
12.00	69.01	AGGREGATE-CARDIOLOGY	0	0	0	372,681		12.00
13.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	11,866	7,574	31,094		13.00
14.00	90.00	AGGREGATE-CLINIC	0	78,119	18,305	69,876		14.00
15.00	91.00	AGGREGATE-EMERGENCY	0	5,399,100	0	7,553,288		15.00
200.00			0	5,704,746	78,688	17,102,231		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	5,388,209	5,388,209				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	0		0			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	-2,502,894	71,111	0	-2,431,783		4.00
5.01 00560 PURCHASING	1,064,979	0	0	0	1,064,979	5.01
5.02 00570 ADMINISTRATION	2,263,020	82,784	0	0	0	5.02
5.03 00580 CASHIERING/AR	1,712,894	37,154	0	0	0	5.03
5.04 00590 A&G	42,212,092	854,601	0	0	9,218	5.04
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	8,829,237	589,721	0	0	2,027	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	22,770	0	0	0	8.00
9.00 00900 HOUSEKEEPING	3,447,967	29,036	0	0	6,730	9.00
10.00 01000 DIETARY	3,162,825	155,134	0	0	5,633	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
11.01 01101 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	1,322,074	36,393	0	0	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,843,454	162,196	0	0	0	14.00
15.00 01500 PHARMACY	5,231,960	44,687	0	0	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,482,989	64,274	0	0	0	16.00
17.00 01700 SOCIAL SERVICE	2,940,901	15,729	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	-337,924	108,124	0	0	837	20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(RADIOLOGY)	-88,783	12,744	0	0	92	23.00
23.01 02301 PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02 02302 PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03 02303 PARAMED PROGRAM-RESP CARE	-78,638	11,265	0	0	78	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	16,707,949	523,778	0	0	9,058	30.00
31.00 03100 INTENSIVE CARE UNIT	3,999,841	90,980	0	0	4,323	31.00
31.01 02060 NICU	1,252,275	31,155	0	0	340	31.01
32.00 03200 CORONARY CARE UNIT	3,189,673	83,622	0	0	2,356	32.00
41.00 04100 SUBPROVIDER - I&R	1,549,730	62,514	0	0	1,516	41.00
43.00 04300 NURSERY	816,160	31,662	0	0	226	43.00
44.00 04400 SKILLED NURSING FACILITY	1,499,241	75,110	0	0	769	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	9,102,386	342,663	0	0	52,359	50.00
51.00 05100 RECOVERY ROOM	2,970,121	82,432	0	0	1,791	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,637,647	114,467	0	0	5,910	52.00
53.00 05300 ANESTHESIOLOGY	263,268	366	0	0	416	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,800,371	186,275	0	0	3,598	54.00
54.01 03450 NUCLEAR MEDICINE	439,820	11,561	0	0	0	54.01
54.02 03630 ULTRASOUND	709,736	1,633	0	0	742	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	3,675,054	86,685	0	0	1,356	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	1,635,874	13,786	0	0	2,297	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,628,113	11,110	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	3,332,095	51,298	0	0	20,007	59.00
60.00 06000 LABORATORY	7,607,076	43,934	0	0	25	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	2,271,061	9,765	0	0	419	63.00
64.00 06400 INTRAVENOUS THERAPY	2,294,702	69,294	0	0	1,817	64.00
65.00 06500 RESPIRATORY THERAPY	1,308,460	4,675	0	0	65	65.00
65.01 03560 PULMONARY	968,982	3,274	0	0	37	65.01
66.00 06600 PHYSICAL THERAPY	2,392,710	39,717	0	0	314	66.00
67.00 06700 OCCUPATIONAL THERAPY	978,891	0	0	0	51	67.00
68.00 06800 SPEECH PATHOLOGY	243,467	1,683	0	0	27	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 CARDIOLOGY	1,777,903	37,766	0	0	94	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	884,640	1,253	0	0	112	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	10,405,813	0	0	0	586,215	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	18,735,556	0	0	0	324,093	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	14,351,081	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	663,308	11,624	0	0	321	74.00
76.00 03340 GASTROINTESTINAL	1,309,351	17,989	0	0	10,086	76.00
76.97 07697 CARDIAC REHABILITATION	525,578	8,470	0	0	78	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	217,720	0	0	0	607	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	4,006,437	51,066	0	0	4,296 90.00
91.00 09100	EMERGENCY	8,488,648	139,934	0	0	4,025 91.00
92.00 09200	OBSERVATION BEDS					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	718,750	0	0	0	35 95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	217,253,850	4,539,264	0	0	1,064,396 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,295	14,370	0	0	41 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	5,825,409	136,223	0	0	181 192.00
192.01 19201	REVERSI DE OUTPATIENT	326,895	19,693	0	0	355 192.01
192.02 19202	PRIMARY OFFICE CLINIC	0	0	0	0	0 192.02
192.03 19203	ORTHOPEDIC CLINIC	0	0	0	0	0 192.03
192.04 19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0 192.04
192.05 19205	TRINITY FAMILY PRACTICE	0	0	0	0	0 192.05
194.00 07950	NON REIMBURSABLE	0	678,659	0	0	0 194.00
194.01 07951	MEDICAL OFFICE	0	0	0	0	0 194.01
194.02 07952	GROUP HOMES DEPT 783	654,751	0	0	0	0 194.02
194.03 07953	PRECEDENCE	0	0	0	0	0 194.03
194.04 07954	CALL CENTER	0	0	0	0	0 194.04
194.05 07955	WORK FITNESS CENTER	0	0	0	0	0 194.05
194.06 07956	PARAMED NON-ACCREDITED	0	0	0	0	0 194.06
194.07 07957	RESEARCH	391,382	0	0	0	6 194.07
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	-2,431,783	0 201.00
202.00	TOTAL (sum lines 118-201)	224,458,582	5,388,209	0	-2,431,783	1,064,979 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description			ADMINING	CASHIERING/AR	Subtotal	A&G	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING						5.01
5.02	00570	ADMINING	2,345,804					5.02
5.03	00580	CASHIERING/AR	0	1,750,048				5.03
5.04	00590	A&G	0	0	43,075,911	43,075,911		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	9,420,985	2,203,295	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	22,770	5,325	0	8.00
9.00	00900	HOUSEKEEPING	0	0	3,483,733	814,744	0	9.00
10.00	01000	DIETARY	0	0	3,323,592	777,292	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,358,467	317,706	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,005,650	469,063	0	14.00
15.00	01500	PHARMACY	0	0	5,276,647	1,234,055	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,547,263	361,860	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	2,956,630	691,470	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	-228,963	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	-75,947	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	-67,295	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	142,259	106,126	17,489,170	4,090,210	0	30.00
31.00	03100	INTENSIVE CARE UNIT	31,219	23,290	4,149,653	970,483	0	31.00
31.01	02060	NICU	6,820	5,088	1,295,678	303,022	0	31.01
32.00	03200	CORONARY CARE UNIT	36,983	27,590	3,340,224	781,182	0	32.00
41.00	04100	SUBPROVIDER - I RF	17,533	13,080	1,644,373	384,571	0	41.00
43.00	04300	NURSERY	8,108	6,049	862,205	201,645	0	43.00
44.00	04400	SKILLED NURSING FACILITY	12,304	9,179	1,596,603	373,399	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	236,446	176,389	9,910,243	2,317,718	0	50.00
51.00	05100	RECOVERY ROOM	33,950	25,327	3,113,621	728,186	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,507	22,758	2,811,289	657,479	0	52.00
53.00	05300	ANESTHESIOLOGY	32,627	24,340	321,017	75,077	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	74,911	55,884	4,121,039	963,792	0	54.00
54.01	03450	NUCLEAR MEDICINE	11,579	8,638	471,598	110,293	0	54.01
54.02	03630	ULTRASOUND	20,483	15,281	747,875	174,906	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	102,529	76,487	3,942,111	921,945	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	164,306	122,573	1,938,836	453,438	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,327	12,926	1,669,476	390,442	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	170,956	127,533	3,701,889	865,764	0	59.00
60.00	06000	LABORATORY	137,244	102,384	7,890,663	1,845,397	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,322	8,447	2,301,014	538,140	0	63.00
64.00	06400	INTRAVENOUS THERAPY	34,928	26,056	2,426,797	567,557	0	64.00
65.00	06500	RESPIRATORY THERAPY	36,568	27,280	1,377,048	322,052	0	65.00
65.01	03560	PULMONARY	22,837	17,036	1,012,166	236,716	0	65.01
66.00	06600	PHYSICAL THERAPY	35,563	26,530	2,494,834	583,469	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	16,419	12,248	1,007,609	235,651	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,722	2,777	251,676	58,860	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	38,975	29,075	1,883,813	440,569	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	16,722	12,475	915,202	214,039	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	142,260	106,126	11,240,414	2,628,807	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	166,674	124,339	19,350,662	4,525,552	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	317,808	237,157	14,906,046	3,486,092	0	73.00
74.00	07400	RENAL DIALYSIS	5,304	3,956	684,513	160,088	0	74.00
76.00	03340	GASTROINTESTINAL	30,761	22,948	1,391,135	325,346	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,909	4,408	544,443	127,329	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	3,372	2,516	224,215	52,437	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	49,401	36,853	4,148,053	970,109	0	90.00
91.00	09100	EMERGENCY	118,559	88,445	8,839,611	2,067,329	0	91.00
92.00	09200	OBSERVATION BEDS			0			92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description		ADMINING	CASHIERING/AR	Subtotal	A&G	MAINTENANCE & REPAIRS	
		5.02	5.03	5A.03	5.04	6.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	609	454	719,848	168,352	0 95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,345,804	1,750,048	218,836,105	41,192,253	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	20,706	4,843	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	5,961,813	1,394,295	0 192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	346,943	81,140	0 192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0 192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0 192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0 192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0 192.05
194.00	07950	NON REIMBURSABLE	0	0	678,659	158,719	0 194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0 194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	654,751	153,127	0 194.02
194.03	07953	PRECEDENCE	0	0	0	0	0 194.03
194.04	07954	CALL CENTER	0	0	0	0	0 194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0 194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0 194.06
194.07	07957	RESEARCH	0	0	391,388	91,534	0 194.07
200.00		Cross Foot Adjustments			0		0 200.00
201.00		Negative Cost Centers	0	0	-2,431,783	0	0 201.00
202.00		TOTAL (sum lines 118-201)	2,345,804	1,750,048	224,458,582	43,075,911	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2014 8:15 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	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING					5.01
5.02	00570	ADMINISTRATIVE					5.02
5.03	00580	CASHIERING/AR					5.03
5.04	00590	A&G					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	11,624,280				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	70,528	98,623			8.00
9.00	00900	HOUSEKEEPING	89,937	954	4,389,368		9.00
10.00	01000	DIETARY	480,523	523	183,987	4,765,917	10.00
11.00	01100	CAFETERIA	0	0	0	3,263,931	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	2,723,480	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	112,727	0	43,162	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	502,397	0	192,362	0	14.00
15.00	01500	PHARMACY	138,417	0	52,998	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	199,088	0	76,228	0	16.00
17.00	01700	SOCIAL SERVICE	48,720	0	18,654	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	334,909	25	128,233	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	39,473	0	15,114	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	34,893	0	13,360	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,622,382	24,817	621,192	1,002,587	30.00
31.00	03100	INTENSIVE CARE UNIT	281,806	3,944	107,901	99,969	31.00
31.01	02060	NICU	96,502	656	36,949	0	31.01
32.00	03200	CORONARY CARE UNIT	259,017	7,345	99,175	167,527	32.00
41.00	04100	SUBPROVIDER - I&R	193,636	3,362	74,141	94,579	41.00
43.00	04300	NURSERY	98,072	923	37,551	0	43.00
44.00	04400	SKILLED NURSING FACILITY	232,650	2,444	89,079	137,324	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,061,386	6,748	406,393	0	50.00
51.00	05100	RECOVERY ROOM	255,331	8,930	97,763	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	354,559	3,366	135,757	0	52.00
53.00	05300	ANESTHESIOLOGY	1,134	154	434	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	576,981	3,797	220,920	0	54.00
54.01	03450	NUCLEAR MEDICINE	35,809	262	13,711	0	54.01
54.02	03630	ULTRASOUND	5,060	899	1,937	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	268,503	1,315	102,807	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	42,701	0	16,350	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	34,413	0	13,177	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	158,895	2,863	60,839	0	59.00
60.00	06000	LABORATORY	136,084	1	52,105	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	30,248	619	11,582	0	63.00
64.00	06400	INTRAVENOUS THERAPY	214,637	4,127	82,182	0	64.00
65.00	06500	RESPIRATORY THERAPY	14,481	0	5,544	0	65.00
65.01	03560	PULMONARY	10,141	0	3,883	0	65.01
66.00	06600	PHYSICAL THERAPY	123,020	728	47,103	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	105	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	5,212	81	1,996	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	116,979	853	44,790	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,882	944	1,486	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	36,005	1,244	13,786	0	74.00
76.00	03340	GASTROINTESTINAL	55,720	2,380	21,335	0	76.00
76.97	07697	CARDIAC REHABILITATION	26,235	88	10,045	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	100	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	158,175	1,418	60,564	0	90.00
91.00	09100	EMERGENCY	433,439	12,608	165,959	0	91.00
92.00	09200	OBSERVATION BEDS					92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,994,707	98,623	3,382,534	4,765,917	2,723,480
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	44,511	0	17,043	0	540,451
192.00	19200	PHYSICIANS' PRIVATE OFFICES	421,946	0	161,559	0	0
192.01	19201	RIVERSIDE OUTPATIENT	60,998	0	23,355	0	0
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0
194.00	07950	NON REIMBURSABLE	2,102,118	0	804,877	0	0
194.01	07951	MEDICAL OFFICE	0	0	0	0	0
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0
194.03	07953	PRECEDENCE	0	0	0	0	0
194.04	07954	CALL CENTER	0	0	0	0	0
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0
194.07	07957	RESEARCH	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	11,624,280	98,623	4,389,368	4,765,917	3,263,931

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description		EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.01	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00570						5.02
5.03	00580						5.03
5.04	00590						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
11.01	01101	2,723,480					11.01
12.00	01200	0	0				12.00
13.00	01300	0	0	1,832,062			13.00
14.00	01400	0	0	0	3,169,472		14.00
15.00	01500	102,645	0	0	10,600	6,815,362	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	54,324	0	0	524	1,235	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	7,758	0	0	13	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	7,079	0	0	13	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	605,687	0	602,394	19,016	0	30.00
31.00	03100	113,318	0	182,784	9,231	0	31.00
31.01	02060	31,900	0	52,291	1,052	0	31.01
32.00	03200	130,309	0	213,604	4,401	0	32.00
41.00	04100	57,505	0	91,624	3,806	0	41.00
43.00	04300	24,801	0	40,654	474	0	43.00
44.00	04400	58,372	0	95,684	1,737	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	150,782	0	2,205	136,248	0	50.00
51.00	05100	81,340	0	6,105	2,468	0	51.00
52.00	05200	79,731	0	126,128	18,532	0	52.00
53.00	05300	2,851	0	3,826	779	0	53.00
54.00	05400	112,533	0	0	3,853	0	54.00
54.01	03450	8,206	0	0	155	0	54.01
54.02	03630	15,172	0	0	2,364	0	54.02
55.00	05500	55,030	0	0	3,702	0	55.00
57.00	05700	26,164	0	0	695	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	53,330	0	0	52,510	0	59.00
60.00	06000	5,563	0	0	73	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	13,800	0	19,315	985	0	63.00
64.00	06400	72,670	0	81,106	5,211	0	64.00
65.00	06500	41,063	0	0	218	0	65.00
65.01	03560	30,001	0	0	123	0	65.01
66.00	06600	70,338	0	0	848	0	66.00
67.00	06700	31,563	0	0	137	0	67.00
68.00	06800	7,630	0	2,162	66	0	68.00
69.00	06900	0	0	0	0	0	69.00
69.01	03140	55,279	0	0	270	0	69.01
70.00	07000	23,795	0	0	166	0	70.00
71.00	07100	0	0	0	938,121	0	71.00
72.00	07200	0	0	0	1,914,143	0	72.00
73.00	07300	0	0	0	0	6,807,048	73.00
74.00	07400	21,285	0	34,891	621	0	74.00
76.00	03340	25,167	0	0	5,927	0	76.00
76.97	07697	18,171	0	0	227	0	76.97
76.98	07698	3,150	0	0	2,005	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	129,773	0	25,632	13,392	0	90.00
91.00	09100	219,499	0	251,657	12,693	0	91.00
92.00	09200						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description		EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		11.01	12.00	13.00	14.00	15.00		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	7,254	0	0	111	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)		2,554,838	0	1,832,062	3,167,510	6,808,283	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	138	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	115,560	0	0	386	173	192.00
192.01	19201	RIVERSIDE OUTPATIENT	10,818	0	0	1,192	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	30,046	0	0	225	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	12,218	0	0	21	6,906	194.07
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)		2,723,480	0	1,832,062	3,169,472	6,815,362	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	SRVCES-SALARY & FRINGES	
		16.00	17.00	19.00	20.00	21.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING						5.01
5.02	00570	ADMINISTRATIVE						5.02
5.03	00580	CASHIERING/AR						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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	2,184,439					16.00
17.00	01700	SOCIAL SERVICE	0	3,715,474				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0	0	290,287		20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	132,475	2,296,140	0	146,456	0	30.00
31.00	03100	INTENSIVE CARE UNIT	29,072	241,804	0	8,559	0	31.00
31.01	02060	NICU	6,351	83,735	0	141	0	31.01
32.00	03200	CORONARY CARE UNIT	34,440	382,972	0	42,804	0	32.00
41.00	04100	SUBPROVIDER - I&R	16,327	226,650	0	0	0	41.00
43.00	04300	NURSERY	7,551	151,596	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	11,458	332,577	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	220,184	0	0	8,251	0	50.00
51.00	05100	RECOVERY ROOM	31,615	0	0	1,268	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,409	0	0	1,092	0	52.00
53.00	05300	ANESTHESIOLOGY	30,383	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,759	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE	10,783	0	0	0	0	54.01
54.02	03630	ULTRASOUND	19,075	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	95,478	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	153,006	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,135	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	159,198	0	0	0	0	59.00
60.00	06000	LABORATORY	127,805	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	10,544	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	32,526	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	34,053	0	0	0	0	65.00
65.01	03560	PULMONARY	21,266	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	33,117	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,289	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,466	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	36,294	0	0	1,479	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	15,572	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	132,476	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	155,211	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	295,919	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,939	0	0	0	0	74.00
76.00	03340	GASTROINTESTINAL	28,645	0	0	986	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,503	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	3,140	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	46,003	0	0	951	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	
							SRVCES-SALARY & FRINGES	
91.00	09100	EMERGENCY	16.00	17.00	19.00	20.00	21.00	
92.00	09200	OBSERVATION BEDS	110,405	0	0	8,313	0	91.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	567	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,184,439	3,715,474	0	220,300	0	95.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	118.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	190.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	192.00
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.01
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.02
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.03
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.04
194.00	07950	NON REIMBURSABLE	0	0	0	69,987	0	192.05
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.00
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.01
194.03	07953	PRECEDENCE	0	0	0	0	0	194.02
194.04	07954	CALL CENTER	0	0	0	0	0	194.03
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.04
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.05
194.07	07957	RESEARCH	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments			0	0	0	194.07
201.00		Negative Cost Centers	0	0	0	0	0	200.00
202.00		TOTAL (sum lines 118-201)	2,184,439	3,715,474	0	290,287	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-(RADIOLOGY)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
	SRVCES-OTHER PRGM COSTS					
	22.00					
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00560 PURCHASING						5.01
5.02 00570 ADMINISTRATION						5.02
5.03 00580 CASHIERING/AR						5.03
5.04 00590 A&G						5.04
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
11.01 01101 EMPLOYEE CAFETERIA						11.01
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
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
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0					22.00
23.00 02300 PARAMED ED PRGM-(RADIOLOGY)	0	-13,589				23.00
23.01 02301 PARAMED PROGRAM-OR TECH	0	0	0			23.01
23.02 02302 PARAMED PROGRAM-EMS	0	0	0	0		23.02
23.03 02303 PARAMED PROGRAM-RESP CARE	0	0	0	0	-11,950	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01 02060 NICU	0	0	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 03630 ULTRASOUND	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (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
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD 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
76.00 03340 GASTROINTESTINAL	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM - (RADIOLOGY)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE		
			SRVCES-OTHER PRGM COSTS						
			22.00	23.00	23.01	23.02	23.03		
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS							92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS									
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	0	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	0	0	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	-13,589	0	0	0	-11,950	201.00
202.00		TOTAL (sum lines 118-201)	0	-13,589	0	0	0	-11,950	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00560				5.01
5.02	00570				5.02
5.03	00580				5.03
5.04	00590				5.04
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
11.01	01101				11.01
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
23.03	02303				23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	28,652,526	0	28,652,526	30.00
31.00	03100	6,198,524	0	6,198,524	31.00
31.01	02060	1,908,277	0	1,908,277	31.01
32.00	03200	5,463,000	0	5,463,000	32.00
41.00	04100	2,790,574	0	2,790,574	41.00
43.00	04300	1,425,472	0	1,425,472	43.00
44.00	04400	2,931,327	0	2,931,327	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	14,220,158	0	14,220,158	50.00
51.00	05100	4,326,627	0	4,326,627	51.00
52.00	05200	4,216,342	0	4,216,342	52.00
53.00	05300	435,655	0	435,655	53.00
54.00	05400	6,072,674	0	6,072,674	54.00
54.01	03450	650,817	0	650,817	54.01
54.02	03630	967,288	0	967,288	54.02
55.00	05500	5,390,891	0	5,390,891	55.00
57.00	05700	2,631,190	0	2,631,190	57.00
58.00	05800	2,123,643	0	2,123,643	58.00
59.00	05900	5,055,288	0	5,055,288	59.00
60.00	06000	10,057,691	0	10,057,691	60.00
62.30	06250	0	0	0	62.30
63.00	06300	2,926,247	0	2,926,247	63.00
64.00	06400	3,486,813	0	3,486,813	64.00
65.00	06500	1,794,459	0	1,794,459	65.00
65.01	03560	1,314,296	0	1,314,296	65.01
66.00	06600	3,353,457	0	3,353,457	66.00
67.00	06700	1,290,354	0	1,290,354	67.00
68.00	06800	331,149	0	331,149	68.00
69.00	06900	0	0	0	69.00
69.01	03140	2,580,326	0	2,580,326	69.01
70.00	07000	1,175,086	0	1,175,086	70.00
71.00	07100	14,939,818	0	14,939,818	71.00
72.00	07200	25,945,568	0	25,945,568	72.00
73.00	07300	25,495,105	0	25,495,105	73.00
74.00	07400	957,372	0	957,372	74.00
76.00	03340	1,856,641	0	1,856,641	76.00
76.97	07697	732,041	0	732,041	76.97
76.98	07698	285,047	0	285,047	76.98
76.99	07699	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	5,554,070	0	5,554,070	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140280

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
91.00	09100	EMERGENCY	12,121,513	0	12,121,513	91.00
92.00	09200	OBSERVATION BEDS		0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	896,132	0	896,132	95.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	212,553,458	0	212,553,458	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	627,692	0	627,692	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	8,055,732	0	8,055,732	192.00
192.01	19201	RIVERSIDE OUTPATIENT	524,446	0	524,446	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	3,814,360	0	3,814,360	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	838,149	0	838,149	194.02
194.03	07953	PRECEDENCE	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	194.06
194.07	07957	RESEARCH	502,067	0	502,067	194.07
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	-2,457,322	0	-2,457,322	201.00
202.00		TOTAL (sum lines 118-201)	224,458,582	0	224,458,582	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/21/2014 8:15 am
-------------------------------------	--	----------------------	---	--

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	MVBLE EQUIP		
		0	1.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	71,111	0	71,111
5.01 00560	PURCHASING	0	0	0	0
5.02 00570	ADMINING	0	82,784	0	82,784
5.03 00580	CASHIERING/AR	0	37,154	0	37,154
5.04 00590	A&G	0	854,601	0	854,601
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0
7.00 00700	OPERATION OF PLANT	0	589,721	0	589,721
8.00 00800	LAUNDRY & LINEN SERVICE	0	22,770	0	22,770
9.00 00900	HOUSEKEEPING	0	29,036	0	29,036
10.00 01000	DIETARY	0	155,134	0	155,134
11.00 01100	CAFETERIA	0	0	0	0
11.01 01101	EMPLOYEE CAFETERIA	0	0	0	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	36,393	0	36,393
14.00 01400	CENTRAL SERVICES & SUPPLY	0	162,196	0	162,196
15.00 01500	PHARMACY	0	44,687	0	44,687
16.00 01600	MEDICAL RECORDS & LIBRARY	0	64,274	0	64,274
17.00 01700	SOCIAL SERVICE	0	15,729	0	15,729
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
20.00 02000	NURSING SCHOOL	0	108,124	0	108,124
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0
23.00 02300	PARAMED ED PRGM-(RADIOLOGY)	0	12,744	0	12,744
23.01 02301	PARAMED PROGRAM-OR TECH	0	0	0	0
23.02 02302	PARAMED PROGRAM-EMS	0	0	0	0
23.03 02303	PARAMED PROGRAM-RESP CARE	0	11,265	0	11,265
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	148,324	523,778	0	672,102
31.00 03100	INTENSIVE CARE UNIT	191,506	90,980	0	282,486
31.01 02060	NICU	0	31,155	0	31,155
32.00 03200	CORONARY CARE UNIT	29,558	83,622	0	113,180
41.00 04100	SUBPROVIDER - IRF	0	62,514	0	62,514
43.00 04300	NURSERY	23,901	31,662	0	55,563
44.00 04400	SKILLED NURSING FACILITY	0	75,110	0	75,110
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	32,756	342,663	0	375,419
51.00 05100	RECOVERY ROOM	15,059	82,432	0	97,491
52.00 05200	DELIVERY ROOM & LABOR ROOM	39,768	114,467	0	154,235
53.00 05300	ANESTHESIOLOGY	3,589	366	0	3,955
54.00 05400	RADIOLOGY-DIAGNOSTIC	196,899	186,275	0	383,174
54.01 03450	NUCLEAR MEDICINE	79,738	11,561	0	91,299
54.02 03630	ULTRASOUND	84,877	1,633	0	86,510
55.00 05500	RADIOLOGY-THERAPEUTIC	5,142	86,685	0	91,827
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	13,786	0	13,786
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,110	0	11,110
59.00 05900	CARDIAC CATHETERIZATION	517,136	51,298	0	568,434
60.00 06000	LABORATORY	4,202	43,934	0	48,136
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	8,196	9,765	0	17,961
64.00 06400	INTRAVENOUS THERAPY	27,820	69,294	0	97,114
65.00 06500	RESPIRATORY THERAPY	44,349	4,675	0	49,024
65.01 03560	PULMONARY	25,393	3,274	0	28,667
66.00 06600	PHYSICAL THERAPY	14,814	39,717	0	54,531
67.00 06700	OCCUPATIONAL THERAPY	6,918	0	0	6,918
68.00 06800	SPEECH PATHOLOGY	2,664	1,683	0	4,347
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0
69.01 03140	CARDIOLOGY	78,382	37,766	0	116,148
70.00 07000	ELECTROENCEPHALOGRAPHY	5,181	1,253	0	6,434
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
74.00 07400	RENAL DIALYSIS	12,461	11,624	0	24,085
76.00 03340	GASTROINTESTINAL	125,409	17,989	0	143,398
76.97 07697	CARDIAC REHABILITATION	0	8,470	0	8,470
76.98 07698	HYPERBARIC OXYGEN THERAPY	84	0	0	84
76.99 07699	LITHIOTRIPSY	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	11,097	51,066	0	62,163	0	90.00
91.00 09100 EMERGENCY	67,141	139,934	0	207,075	0	91.00
92.00 09200 OBSERVATION BEDS				0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,802,364	4,539,264	0	6,341,628	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,370	0	14,370	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	136,223	0	136,223	0	192.00
192.01 19201 RIVERSIDE OUTPATIENT	0	19,693	0	19,693	0	192.01
192.02 19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03 19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04 19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05 19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00 07950 NON REIMBURSABLE	0	678,659	0	678,659	0	194.00
194.01 07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02 07952 GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03 07953 PRECEDENCE	0	0	0	0	0	194.03
194.04 07954 CALL CENTER	0	0	0	0	0	194.04
194.05 07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06 07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07 07957 RESEARCH	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments			0		200.00
201.00	Negative Cost Centers		0	0	71,111	201.00
202.00	TOTAL (sum lines 118-201)	1,802,364	5,388,209	0	7,190,573	71,111 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/21/2014 8:15 am
-------------------------------------	--	----------------------	---	--

Cost Center Description		PURCHASING	ADMINISTRATIVE	CASHIERING/AR	A&G	MAINTENANCE & REPAIRS	
		5.01	5.02	5.03	5.04	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING	0				5.01
5.02	00570	ADMINISTRATIVE	0	82,784			5.02
5.03	00580	CASHIERING/AR	0	0	37,154		5.03
5.04	00590	A&G	0	0	0	854,601	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	43,713	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	106	8.00
9.00	00900	HOUSEKEEPING	0	0	0	16,165	9.00
10.00	01000	DIETARY	0	0	0	15,421	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	6,303	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	9,306	14.00
15.00	01500	PHARMACY	0	0	0	24,484	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	7,179	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	13,719	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	5,006	2,275	81,150	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,099	499	19,254	31.00
31.01	02060	NICU	0	240	109	6,012	31.01
32.00	03200	CORONARY CARE UNIT	0	1,301	592	15,499	32.00
41.00	04100	SUBPROVIDER - I&R	0	617	280	7,630	41.00
43.00	04300	NURSERY	0	285	130	4,001	43.00
44.00	04400	SKILLED NURSING FACILITY	0	433	197	7,408	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	8,320	3,782	45,984	50.00
51.00	05100	RECOVERY ROOM	0	1,195	543	14,447	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,074	488	13,044	52.00
53.00	05300	ANESTHESIOLOGY	0	1,148	522	1,490	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,636	1,198	19,122	54.00
54.01	03450	NUCLEAR MEDICINE	0	407	185	2,188	54.01
54.02	03630	ULTRASOUND	0	721	328	3,470	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,608	1,640	18,291	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	5,782	2,628	8,996	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	610	277	7,746	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,016	2,734	17,177	59.00
60.00	06000	LABORATORY	0	4,829	2,195	36,613	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	398	181	10,677	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,229	559	11,260	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,287	585	6,390	65.00
65.01	03560	PULMONARY	0	804	365	4,696	65.01
66.00	06600	PHYSICAL THERAPY	0	1,251	569	11,576	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	578	263	4,675	67.00
68.00	06800	SPEECH PATHOLOGY	0	131	60	1,168	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	1,371	623	8,741	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	588	267	4,247	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	5,006	2,275	52,156	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,865	2,666	89,761	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,422	4,717	69,164	73.00
74.00	07400	RENAL DIALYSIS	0	187	85	3,176	74.00
76.00	03340	GASTROINTESTINAL	0	1,082	492	6,455	76.00
76.97	07697	CARDIAC REHABILITATION	0	208	95	2,526	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	119	54	1,040	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,738	790	19,247	90.00
91.00	09100	EMERGENCY	0	4,172	1,896	41,016	91.00
92.00	09200	OBSERVATION BEDS					92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description		PURCHASING	ADMINISTRATIVE	CASHIERING/AR	A&G	MAINTENANCE & REPAIRS		
		5.01	5.02	5.03	5.04	6.00		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	21	10	3,340	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)		0	82,784	37,154	817,229	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	96	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	27,663	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	0	1,610	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	0	0	3,149	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	3,038	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	1,816	0	194.07
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)		0	82,784	37,154	854,601	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/21/2014 8:15 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	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00560	PURCHASING					5.01
5.02	00570	ADMINISTRATIVE					5.02
5.03	00580	CASHIERING/AR					5.03
5.04	00590	A&G					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	633,434				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,843	26,719			8.00
9.00	00900	HOUSEKEEPING	4,901	258	50,360		9.00
10.00	01000	DIETARY	26,185	142	2,111	198,993	10.00
11.00	01100	CAFETERIA	0	0	0	136,280	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	113,714
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	6,143	0	495	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	27,377	0	2,207	0	0
15.00	01500	PHARMACY	7,543	0	608	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	10,849	0	875	0	0
17.00	01700	SOCIAL SERVICE	2,655	0	214	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	18,250	7	1,471	0	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	2,151	0	173	0	0
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0
23.03	02303	PARAMED PROGRAM-RESP CARE	1,901	0	153	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	88,407	6,723	7,127	41,861	0
31.00	03100	INTENSIVE CARE UNIT	15,356	1,068	1,238	4,174	0
31.01	02060	NICU	5,259	178	424	0	0
32.00	03200	CORONARY CARE UNIT	14,114	1,990	1,138	6,995	0
41.00	04100	SUBPROVIDER - I&R	10,552	911	851	3,949	0
43.00	04300	NURSERY	5,344	250	431	0	0
44.00	04400	SKILLED NURSING FACILITY	12,678	662	1,022	5,734	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	57,837	1,828	4,663	0	0
51.00	05100	RECOVERY ROOM	13,914	2,419	1,122	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,321	912	1,558	0	0
53.00	05300	ANESTHESIOLOGY	62	42	5	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,441	1,029	2,535	0	0
54.01	03450	NUCLEAR MEDICINE	1,951	71	157	0	0
54.02	03630	ULTRASOUND	276	244	22	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	14,631	356	1,180	0	0
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,327	0	188	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,875	0	151	0	0
59.00	05900	CARDIAC CATHETERIZATION	8,659	776	698	0	0
60.00	06000	LABORATORY	7,416	0	598	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,648	168	133	0	0
64.00	06400	INTRAVENOUS THERAPY	11,696	1,118	943	0	0
65.00	06500	RESPIRATORY THERAPY	789	0	64	0	0
65.01	03560	PULMONARY	553	0	45	0	0
66.00	06600	PHYSICAL THERAPY	6,704	197	540	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	28	0	0	0
68.00	06800	SPEECH PATHOLOGY	284	22	23	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	03140	CARDIOLOGY	6,374	231	514	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	212	256	17	0	0
71.00	07100	MEDICAL SUPPLIES CHRGD 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	1,962	337	158	0	0
76.00	03340	GASTROINTESTINAL	3,036	645	245	0	0
76.97	07697	CARDIAC REHABILITATION	1,430	24	115	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	27	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	8,619	384	695	0	0
91.00	09100	EMERGENCY	23,619	3,416	1,904	0	0
92.00	09200	OBSERVATION BEDS					92.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140280			Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/21/2014 8:15 am	
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	490,144	26,719	38,811	198,993	113,714	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,425	0	196	0	22,566	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	22,993	0	1,854	0	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	3,324	0	268	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	114,548	0	9,231	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	0	0	194.07
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)	633,434	26,719	50,360	198,993	136,280	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140280		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/21/2014 8:15 am	
Cost Center Description			EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			11.01	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING						5.01
5.02	00570	ADMINISTRATION						5.02
5.03	00580	CASHIERING/AR						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
11.01	01101	EMPLOYEE CAFETERIA	113,714					11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	0	0	49,334			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	201,086		14.00
15.00	01500	PHARMACY	4,286	0	0	673	82,281	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	2,268	0	0	33	15	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(RADIOLOGY)	324	0	0	1	0	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	296	0	0	1	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,287	0	16,222	1,206	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,731	0	4,922	586	0	31.00
31.01	02060	NICU	1,332	0	1,408	67	0	31.01
32.00	03200	CORONARY CARE UNIT	5,441	0	5,752	279	0	32.00
41.00	04100	SUBPROVIDER - IRF	2,401	0	2,467	241	0	41.00
43.00	04300	NURSERY	1,035	0	1,095	30	0	43.00
44.00	04400	SKILLED NURSING FACILITY	2,437	0	2,577	110	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,296	0	59	8,644	0	50.00
51.00	05100	RECOVERY ROOM	3,396	0	164	157	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,329	0	3,396	1,176	0	52.00
53.00	05300	ANESTHESIOLOGY	119	0	103	49	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,699	0	0	244	0	54.00
54.01	03450	NUCLEAR MEDICINE	343	0	0	10	0	54.01
54.02	03630	ULTRASOUND	633	0	0	150	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,298	0	0	235	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,092	0	0	44	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,227	0	0	3,331	0	59.00
60.00	06000	LABORATORY	232	0	0	5	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	576	0	520	62	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,034	0	2,184	331	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,714	0	0	14	0	65.00
65.01	03560	PULMONARY	1,253	0	0	8	0	65.01
66.00	06600	PHYSICAL THERAPY	2,937	0	0	54	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,318	0	0	9	0	67.00
68.00	06800	SPEECH PATHOLOGY	319	0	58	4	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	2,308	0	0	17	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	994	0	0	11	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	59,519	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	121,443	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	82,181	73.00
74.00	07400	RENAL DIALYSIS	889	0	940	39	0	74.00
76.00	03340	GASTROINTESTINAL	1,051	0	0	376	0	76.00
76.97	07697	CARDIAC REHABILITATION	759	0	0	14	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	132	0	0	127	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,418	0	690	850	0	90.00
91.00	09100	EMERGENCY	9,165	0	6,777	805	0	91.00
92.00	09200	OBSERVATION BEDS						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description		EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		11.01	12.00	13.00	14.00	15.00		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	303	0	0	7	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)		106,672	0	49,334	200,962	82,196	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	9	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,825	0	0	24	2	192.00
192.01	19201	RIVERSIDE OUTPATIENT	452	0	0	76	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	1,255	0	0	14	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	510	0	0	1	83	194.07
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)		113,714	0	49,334	201,086	82,281	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/21/2014 8:15 am		
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES
		16.00	17.00	19.00	20.00	21.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00560	PURCHASING				5.01
5.02	00570	ADMINISTRATIVE				5.02
5.03	00580	CASHIERING/AR				5.03
5.04	00590	A&G				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
11.01	01101	EMPLOYEE CAFETERIA				11.01
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
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	83,177			16.00
17.00	01700	SOCIAL SERVICE	0	32,317		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	60,149	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-(RADIOLOGY)	0	0	0	23.00
23.01	02301	PARAMEDICAL PROGRAM-OR TECH	0	0	0	23.01
23.02	02302	PARAMEDICAL PROGRAM-EMS	0	0	0	23.02
23.03	02303	PARAMEDICAL PROGRAM-RESP CARE	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,051	19,972		30.00
31.00	03100	INTENSIVE CARE UNIT	1,109	2,103		31.00
31.01	02060	NICU	242	728		31.01
32.00	03200	CORONARY CARE UNIT	1,313	3,331		32.00
41.00	04100	SUBPROVIDER - I&R	623	1,971		41.00
43.00	04300	NURSERY	288	1,319		43.00
44.00	04400	SKILLED NURSING FACILITY	437	2,893		44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,396	0		50.00
51.00	05100	RECOVERY ROOM	1,206	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,083	0		52.00
53.00	05300	ANESTHESIOLOGY	1,159	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,660	0		54.00
54.01	03450	NUCLEAR MEDICINE	411	0		54.01
54.02	03630	ULTRASOUND	727	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	3,641	0		55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	5,834	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	615	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	6,070	0		59.00
60.00	06000	LABORATORY	4,873	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	402	0		63.00
64.00	06400	INTRAVENOUS THERAPY	1,240	0		64.00
65.00	06500	RESPIRATORY THERAPY	1,298	0		65.00
65.01	03560	PULMONARY	811	0		65.01
66.00	06600	PHYSICAL THERAPY	1,263	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	583	0		67.00
68.00	06800	SPEECH PATHOLOGY	132	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	03140	CARDIOLOGY	1,384	0		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	594	0		70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	5,051	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,918	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,167	0		73.00
74.00	07400	RENAL DIALYSIS	188	0		74.00
76.00	03340	GASTROINTESTINAL	1,092	0		76.00
76.97	07697	CARDIAC REHABILITATION	210	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	120	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,754	0		90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	
			16.00	17.00	19.00	20.00	21.00	
91.00	09100	EMERGENCY	4,210	0				91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	22	0				95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	83,177	32,317	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0				192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0				192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0				192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0				192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0				192.05
194.00	07950	NON REIMBURSABLE	0	0				194.00
194.01	07951	MEDICAL OFFICE	0	0				194.01
194.02	07952	GROUP HOMES DEPT 783	0	0				194.02
194.03	07953	PRECEDENCE	0	0				194.03
194.04	07954	CALL CENTER	0	0				194.04
194.05	07955	WORK FITNESS CENTER	0	0				194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0				194.06
194.07	07957	RESEARCH	0	0				194.07
200.00		Cross Foot Adjustments			0	60,149		0200.00
201.00		Negative Cost Centers	0	0	0	70,019		0201.00
202.00		TOTAL (sum lines 118-201)	83,177	32,317	0	130,168		0202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-(RADIOLOGY)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
	SRVCS-OTHER PRGM COSTS					
	22.00					
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00560 PURCHASING						5.01
5.02 00570 ADMINISTRATION						5.02
5.03 00580 CASHIERING/AR						5.03
5.04 00590 A&G						5.04
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
11.01 01101 EMPLOYEE CAFETERIA						11.01
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
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
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SRVCS-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SRVCS-OTHER PRGM COSTS APPRVD	0					22.00
23.00 02300 PARAMED ED PRGM-(RADIOLOGY)		15,393				23.00
23.01 02301 PARAMED PROGRAM-OR TECH			0			23.01
23.02 02302 PARAMED PROGRAM-EMS				0		23.02
23.03 02303 PARAMED PROGRAM-RESP CARE					13,616	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS						30.00
31.00 03100 INTENSIVE CARE UNIT						31.00
31.01 02060 NICU						31.01
32.00 03200 CORONARY CARE UNIT						32.00
41.00 04100 SUBPROVIDER - I&R						41.00
43.00 04300 NURSERY						43.00
44.00 04400 SKILLED NURSING FACILITY						44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM						50.00
51.00 05100 RECOVERY ROOM						51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM						52.00
53.00 05300 ANESTHESIOLOGY						53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC						54.00
54.01 03450 NUCLEAR MEDICINE						54.01
54.02 03630 ULTRASOUND						54.02
55.00 05500 RADIOLOGY-THERAPEUTIC						55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN						57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)						58.00
59.00 05900 CARDIAC CATHETERIZATION						59.00
60.00 06000 LABORATORY						60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.						63.00
64.00 06400 INTRAVENOUS THERAPY						64.00
65.00 06500 RESPIRATORY THERAPY						65.00
65.01 03560 PULMONARY						65.01
66.00 06600 PHYSICAL THERAPY						66.00
67.00 06700 OCCUPATIONAL THERAPY						67.00
68.00 06800 SPEECH PATHOLOGY						68.00
69.00 06900 ELECTROCARDIOLOGY						69.00
69.01 03140 RADIOLOGY						69.01
70.00 07000 ELECTROENCEPHALOGRAPHY						70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS						71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT						72.00
73.00 07300 DRUGS CHARGED TO PATIENTS						73.00
74.00 07400 RENAL DIALYSIS						74.00
76.00 03340 GASTROINTESTINAL						76.00
76.97 07697 CARDIAC REHABILITATION						76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY						76.98
76.99 07699 LIOTHOTRIpsy						76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC						90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED PRGM- (RADIOLOGY)	PARAMED PROGRAM-OR TECH	PARAMED PROGRAM-EMS	PARAMED PROGRAM-RESP CARE	
			SRVCES-OTHER PRGM COSTS					
			22.00	23.00	23.01	23.02	23.03	
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	RIVERSIDE OUTPATIENT						192.01
192.02	19202	PRIMARY OFFICE CLINIC						192.02
192.03	19203	ORTHOPEDIC CLINIC						192.03
192.04	19204	NON-REIMBURSABLE CLINIC						192.04
192.05	19205	TRINITY FAMILY PRACTICE						192.05
194.00	07950	NON REIMBURSABLE						194.00
194.01	07951	MEDICAL OFFICE						194.01
194.02	07952	GROUP HOMES DEPT 783						194.02
194.03	07953	PRECEDENCE						194.03
194.04	07954	CALL CENTER						194.04
194.05	07955	WORK FITNESS CENTER						194.05
194.06	07956	PARAMED NON-ACCREDITED						194.06
194.07	07957	RESEARCH						194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	15,393	0	0	13,616	201.00
202.00		TOTAL (sum lines 118-201)	0	15,393	0	0	13,616	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00560				5.01
5.02	00570				5.02
5.03	00580				5.03
5.04	00590				5.04
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
11.01	01101				11.01
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
23.03	02303				23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	972,389	0	972,389	30.00
31.00	03100	338,625	0	338,625	31.00
31.01	02060	47,154	0	47,154	31.01
32.00	03200	170,925	0	170,925	32.00
41.00	04100	95,007	0	95,007	41.00
43.00	04300	69,771	0	69,771	43.00
44.00	04400	111,698	0	111,698	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	521,228	0	521,228	50.00
51.00	05100	136,054	0	136,054	51.00
52.00	05200	199,616	0	199,616	52.00
53.00	05300	8,654	0	8,654	53.00
54.00	05400	448,738	0	448,738	54.00
54.01	03450	97,022	0	97,022	54.01
54.02	03630	93,081	0	93,081	54.02
55.00	05500	137,707	0	137,707	55.00
57.00	05700	40,677	0	40,677	57.00
58.00	05800	22,384	0	22,384	58.00
59.00	05900	616,122	0	616,122	59.00
60.00	06000	104,897	0	104,897	60.00
62.30	06250	0	0	0	62.30
63.00	06300	32,726	0	32,726	63.00
64.00	06400	130,708	0	130,708	64.00
65.00	06500	61,165	0	61,165	65.00
65.01	03560	37,202	0	37,202	65.01
66.00	06600	79,622	0	79,622	66.00
67.00	06700	14,372	0	14,372	67.00
68.00	06800	6,548	0	6,548	68.00
69.00	06900	0	0	0	69.00
69.01	03140	137,711	0	137,711	69.01
70.00	07000	13,620	0	13,620	70.00
71.00	07100	124,007	0	124,007	71.00
72.00	07200	225,653	0	225,653	72.00
73.00	07300	178,651	0	178,651	73.00
74.00	07400	32,046	0	32,046	74.00
76.00	03340	157,872	0	157,872	76.00
76.97	07697	13,851	0	13,851	76.97
76.98	07698	1,703	0	1,703	76.98
76.99	07699	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	102,348	0	102,348	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140280

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
91.00	09100	EMERGENCY	304,055	0	304,055	91.00
92.00	09200	OBSERVATION BEDS		0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	3,703	0	3,703	95.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,889,312	0	5,889,312	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	39,662	0	39,662	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	193,584	0	193,584	192.00
192.01	19201	RIVERSIDE OUTPATIENT	25,423	0	25,423	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	805,587	0	805,587	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	4,307	0	4,307	194.02
194.03	07953	PRECEDENCE	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	194.06
194.07	07957	RESEARCH	2,410	0	2,410	194.07
200.00		Cross Foot Adjustments	60,149	0	60,149	200.00
201.00		Negative Cost Centers	170,139	0	170,139	201.00
202.00		TOTAL (sum lines 118-201)	7,190,573	0	7,190,573	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING (COST OF GOODS)	ADMINISTRATIVE (GROSS CHARGES)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	765,296	0			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,100	0	74,369,984		4.00
5.01	00560	PURCHASING	0	0	0	27,966,711	5.01
5.02	00570	ADMINISTRATIVE	11,758	0	0	0	750,476,702
5.03	00580	CASHIERING/AR	5,277	0	0	0	0
5.04	00590	A&G	121,380	0	0	242,071	0
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	83,759	0	1,173,939	53,234	0
8.00	00800	LAUNDRY & LINEN SERVICE	3,234	0	0	0	0
9.00	00900	HOUSEKEEPING	4,124	0	1,150,488	176,721	0
10.00	01000	DIETARY	22,034	0	1,055,653	147,935	0
11.00	01100	CAFETERIA	0	0	0	0	0
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATIVE	5,169	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	23,037	0	0	0	0
15.00	01500	PHARMACY	6,347	0	3,438,937	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	9,129	0	0	0	0
17.00	01700	SOCIAL SERVICE	2,234	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	15,357	0	1,480,835	21,990	0
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMEDICAL PRGM-(RADIOLOGY)	1,810	0	207,508	2,425	0
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0
23.03	02303	PARAMED PROGRAM-RESP CARE	1,600	0	179,486	2,045	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	74,393	0	15,254,395	237,869	45,508,416
31.00	03100	INTENSIVE CARE UNIT	12,922	0	2,836,891	113,522	9,986,943
31.01	02060	NICU	4,425	0	988,705	8,922	2,181,770
32.00	03200	CORONARY CARE UNIT	11,877	0	2,307,302	61,866	11,830,918
41.00	04100	SUBPROVIDER - I&R	8,879	0	1,076,823	39,805	5,608,873
43.00	04300	NURSERY	4,497	0	603,564	5,941	2,593,820
44.00	04400	SKILLED NURSING FACILITY	10,668	0	1,088,234	20,205	3,935,966
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	48,669	0	3,394,473	1,374,972	75,638,570
51.00	05100	RECOVERY ROOM	11,708	0	2,133,860	47,022	10,860,493
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,258	0	1,873,769	155,188	9,759,117
53.00	05300	ANESTHESIOLOGY	52	0	66,834	10,913	10,437,334
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,457	0	2,194,611	94,476	23,963,805
54.01	03450	NUCLEAR MEDICINE	1,642	0	265,904	0	3,704,057
54.02	03630	ULTRASOUND	232	0	458,693	19,491	6,552,590
55.00	05500	RADIOLOGY-THERAPEUTIC	12,312	0	1,623,493	35,598	32,798,924
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,958	0	698,660	60,329	52,561,259
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,578	0	0	0	5,542,789
59.00	05900	CARDIAC CATHETERIZATION	7,286	0	1,376,586	525,390	54,688,312
60.00	06000	LABORATORY	6,240	0	119,909	663	43,904,020
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,387	0	301,614	11,009	3,622,023
64.00	06400	INTRAVENOUS THERAPY	9,842	0	1,674,178	47,722	11,173,447
65.00	06500	RESPIRATORY THERAPY	664	0	862,569	1,707	11,698,149
65.01	03560	PULMONARY	465	0	642,083	964	7,305,394
66.00	06600	PHYSICAL THERAPY	5,641	0	1,640,006	8,240	11,376,624
67.00	06700	OCCUPATIONAL THERAPY	0	0	702,928	1,339	5,252,243
68.00	06800	SPEECH PATHOLOGY	239	0	173,719	709	1,190,818
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	03140	CARDIOLOGY	5,364	0	1,293,836	2,463	12,467,873
70.00	07000	ELECTROENCEPHALOGRAPHY	178	0	517,376	2,943	5,349,443
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	15,394,148	45,508,615
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	8,510,833	53,318,717
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	101,724,503
74.00	07400	RENAL DIALYSIS	1,651	0	426,347	8,442	1,696,582
76.00	03340	GASTROINTESTINAL	2,555	0	622,247	264,873	9,840,326
76.97	07697	CARDIAC REHABILITATION	1,203	0	384,162	2,055	1,890,371
76.98	07698	HYPERTHERMIC OXYGEN THERAPY	0	0	69,166	15,946	1,078,822
76.99	07699	LITHIOTHERAPY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING (COST OF GOODS)	ADMITTING (GROSS CHARGES)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	7,253	0	2,881,302	112,809	15,803,318	90.00
91.00 09100	EMERGENCY	19,875	0	10,880,488	105,694	37,926,687	91.00
92.00 09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	0	15,920	913	194,771	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	644,719	0	70,137,493	27,951,402	750,476,702	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,041	0	0	1,082	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	19,348	0	3,283,604	4,743	0	192.00
192.01 19201	RIVERSIDE OUTPATIENT	2,797	0	234,610	9,321	0	192.01
192.02 19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03 19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04 19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05 19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00 07950	NON REIMBURSABLE	96,391	0	0	0	0	194.00
194.01 07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02 07952	GROUP HOMES DEPT 783	0	0	422,995	0	0	194.02
194.03 07953	PRECEDENCE	0	0	0	0	0	194.03
194.04 07954	CALL CENTER	0	0	0	0	0	194.04
194.05 07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06 07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07 07957	RESEARCH	0	0	291,282	163	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,388,209	0	-2,431,783	1,064,979	2,345,804	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.040686	0.000000	0.000000	0.038080	0.003126	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			71,111	0	82,784	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000956	0.000000	0.000110	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description			CASHIERING/AR (GROSS CHARGES)	Reconciliation	A&G (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.03	5A.04	5.04	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING						5.01
5.02	00570	ADMINISTRATIVE						5.02
5.03	00580	CASHIERING/AR	750,476,702					5.03
5.04	00590	A&G	0	-43,075,911	184,186,659			5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	0	0	9,420,985	0	533,022	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	22,770	0	3,234	8.00
9.00	00900	HOUSEKEEPING	0	0	3,483,733	0	4,124	9.00
10.00	01000	DIETARY	0	0	3,323,592	0	22,034	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,358,467	0	5,169	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	2,005,650	0	23,037	14.00
15.00	01500	PHARMACY	0	0	5,276,647	0	6,347	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,547,263	0	9,129	16.00
17.00	01700	SOCIAL SERVICE	0	0	2,956,630	0	2,234	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	228,963	0	0	15,357	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(RADIOLOGY)	0	75,947	0	0	1,810	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	67,295	0	0	1,600	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,508,416	0	17,489,170	0	74,393	30.00
31.00	03100	INTENSIVE CARE UNIT	9,986,943	0	4,149,653	0	12,922	31.00
31.01	02060	NICU	2,181,770	0	1,295,678	0	4,425	31.01
32.00	03200	CORONARY CARE UNIT	11,830,918	0	3,340,224	0	11,877	32.00
41.00	04100	SUBPROVIDER - IRF	5,608,873	0	1,644,373	0	8,879	41.00
43.00	04300	NURSERY	2,593,820	0	862,205	0	4,497	43.00
44.00	04400	SKILLED NURSING FACILITY	3,935,966	0	1,596,603	0	10,668	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	75,638,570	0	9,910,243	0	48,669	50.00
51.00	05100	RECOVERY ROOM	10,860,493	0	3,113,621	0	11,708	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,759,117	0	2,811,289	0	16,258	52.00
53.00	05300	ANESTHESIOLOGY	10,437,334	0	321,017	0	52	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,963,805	0	4,121,039	0	26,457	54.00
54.01	03450	NUCLEAR MEDICINE	3,704,057	0	471,598	0	1,642	54.01
54.02	03630	ULTRASOUND	6,552,590	0	747,875	0	232	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	32,798,924	0	3,942,111	0	12,312	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	52,561,259	0	1,938,836	0	1,958	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,542,789	0	1,669,476	0	1,578	58.00
59.00	05900	CARDIAC CATHETERIZATION	54,688,312	0	3,701,889	0	7,286	59.00
60.00	06000	LABORATORY	43,904,020	0	7,890,663	0	6,240	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,622,023	0	2,301,014	0	1,387	63.00
64.00	06400	INTRAVENOUS THERAPY	11,173,447	0	2,426,797	0	9,842	64.00
65.00	06500	RESPIRATORY THERAPY	11,698,149	0	1,377,048	0	664	65.00
65.01	03560	PULMONARY	7,305,394	0	1,012,166	0	465	65.01
66.00	06600	PHYSICAL THERAPY	11,376,624	0	2,494,834	0	5,641	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,252,243	0	1,007,609	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,190,818	0	251,676	0	239	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	12,467,873	0	1,883,813	0	5,364	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	5,349,443	0	915,202	0	178	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	45,508,615	0	11,240,414	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	53,318,717	0	19,350,662	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	101,724,503	0	14,906,046	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,696,582	0	684,513	0	1,651	74.00
76.00	03340	GASTROINTESTINAL	9,840,326	0	1,391,135	0	2,555	76.00
76.97	07697	CARDIAC REHABILITATION	1,890,371	0	544,443	0	1,203	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,078,822	0	224,215	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	15,803,318	0	4,148,053	0	7,253	90.00
91.00	09100	EMERGENCY	37,926,687	0	8,839,611	0	19,875	91.00
92.00	09200	OBSERVATION BEDS						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description		CASHIERING/AR (GROSS CHARGES)	Reconciliation	A&G (ACCUM COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5A.04	5.04	6.00	7.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	194,771	0	719,848	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	750,476,702	-42,703,706	176,132,399	0	412,445	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	20,706	0	2,041	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	5,961,813	0	19,348	192.00
192.01	19201 RIVERSIDE OUTPATIENT	0	0	346,943	0	2,797	192.01
192.02	19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950 NON REIMBURSABLE	0	0	678,659	0	96,391	194.00
194.01	07951 MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952 GROUP HOMES DEPT 783	0	0	654,751	0	0	194.02
194.03	07953 PRECEDENCE	0	0	0	0	0	194.03
194.04	07954 CALL CENTER	0	0	0	0	0	194.04
194.05	07955 WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957 RESEARCH	0	0	391,388	0	0	194.07
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)	1,750,048		43,075,911	0	11,624,280	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.002332		0.233871	0.000000	21.808256	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	37,154		854,601	0	633,434	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000050		0.004640	0.000000	1.188382	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description			LAUNDRY & LINEN SERVICE (LAUNDRY \$)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (PAID HOURS)	
			8.00	9.00	10.00	11.00	11.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING						5.01
5.02	00570	ADMINISTRATIVE						5.02
5.03	00580	CASHIERING/AR						5.03
5.04	00590	A&G						5.04
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	961,234					8.00
9.00	00900	HOUSEKEEPING	9,297	525,664				9.00
10.00	01000	DIETARY	5,099	22,034	822,281			10.00
11.00	01100	CAFETERIA	0	0	563,138	563,138		11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	469,892	2,291,727	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	5,169	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	23,037	0	0	0	14.00
15.00	01500	PHARMACY	0	6,347	0	0	86,373	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,129	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,234	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	243	15,357	0	0	45,712	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(RADIOLOGY)	0	1,810	0	0	6,528	23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	1,600	0	0	5,957	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	241,888	74,393	172,980	0	509,668	30.00
31.00	03100	INTENSIVE CARE UNIT	38,437	12,922	17,248	0	95,354	31.00
31.01	02060	NICU	6,393	4,425	0	0	26,843	31.01
32.00	03200	CORONARY CARE UNIT	71,593	11,877	28,904	0	109,651	32.00
41.00	04100	SUBPROVIDER - IRF	32,769	8,879	16,318	0	48,389	41.00
43.00	04300	NURSERY	8,995	4,497	0	0	20,869	43.00
44.00	04400	SKILLED NURSING FACILITY	23,818	10,668	23,693	0	49,118	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	65,772	48,669	0	0	126,879	50.00
51.00	05100	RECOVERY ROOM	87,040	11,708	0	0	68,445	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,806	16,258	0	0	67,091	52.00
53.00	05300	ANESTHESIOLOGY	1,499	52	0	0	2,399	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,009	26,457	0	0	94,693	54.00
54.01	03450	NUCLEAR MEDICINE	2,553	1,642	0	0	6,905	54.01
54.02	03630	ULTRASOUND	8,764	232	0	0	12,767	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	12,815	12,312	0	0	46,306	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	1,958	0	0	22,016	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,578	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,908	7,286	0	0	44,876	59.00
60.00	06000	LABORATORY	7	6,240	0	0	4,681	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,034	1,387	0	0	11,612	63.00
64.00	06400	INTRAVENOUS THERAPY	40,228	9,842	0	0	61,150	64.00
65.00	06500	RESPIRATORY THERAPY	0	664	0	0	34,553	65.00
65.01	03560	PULMONARY	0	465	0	0	25,245	65.01
66.00	06600	PHYSICAL THERAPY	7,094	5,641	0	0	59,187	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,020	0	0	0	26,559	67.00
68.00	06800	SPEECH PATHOLOGY	786	239	0	0	6,420	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	8,314	5,364	0	0	46,516	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	9,197	178	0	0	20,023	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD 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	12,121	1,651	0	0	17,911	74.00
76.00	03340	GASTROINTESTINAL	23,198	2,555	0	0	21,177	76.00
76.97	07697	CARDIAC REHABILITATION	862	1,203	0	0	15,290	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	973	0	0	0	2,651	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	13,819	7,253	0	0	109,200	90.00
91.00	09100	EMERGENCY	122,883	19,875	0	0	184,702	91.00
92.00	09200	OBSERVATION BEDS						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description		LAUNDRY & LINEN SERVICE (LAUNDRY \$\$)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (PAID HOURS)		
		8.00	9.00	10.00	11.00	11.01		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	6,104	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	961,234	405,087	822,281	469,892	2,149,820	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,041	0	93,246	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	19,348	0	0	97,240	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	2,797	0	0	9,103	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	96,391	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0	25,283	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	0	0	10,281	194.07
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)	98,623	4,389,368	4,765,917	3,263,931	2,723,480	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.102600	8.350140	5.795971	5.795970	1.188396	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	26,719	50,360	198,993	136,280	113,714	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.027797	0.095803	0.242001	0.242001	0.049619	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00560						5.01
5.02	00570						5.02
5.03	00580						5.03
5.04	00590						5.04
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
11.01	01101						11.01
12.00	01200	0					12.00
13.00	01300	0	940,466				13.00
14.00	01400	0	0	24,776,525			14.00
15.00	01500	0	0	82,862	14,368,608		15.00
16.00	01600	0	0	0	0	750,476,702	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	4,094	2,603	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	104	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	100	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	309,231	148,654	0	45,508,416	30.00
31.00	03100	0	93,830	72,158	0	9,986,943	31.00
31.01	02060	0	26,843	8,220	0	2,181,770	31.01
32.00	03200	0	109,651	34,405	0	11,830,918	32.00
41.00	04100	0	47,034	29,756	0	5,608,873	41.00
43.00	04300	0	20,869	3,707	0	2,593,820	43.00
44.00	04400	0	49,118	13,579	0	3,935,966	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	1,132	1,065,083	0	75,638,570	50.00
51.00	05100	0	3,134	19,295	0	10,860,493	51.00
52.00	05200	0	64,746	144,868	0	9,759,117	52.00
53.00	05300	0	1,964	6,093	0	10,437,334	53.00
54.00	05400	0	0	30,117	0	23,963,805	54.00
54.01	03450	0	0	1,209	0	3,704,057	54.01
54.02	03630	0	0	18,483	0	6,552,590	54.02
55.00	05500	0	0	28,942	0	32,798,924	55.00
57.00	05700	0	0	5,432	0	52,561,259	57.00
58.00	05800	0	0	0	0	5,542,789	58.00
59.00	05900	0	0	410,481	0	54,688,312	59.00
60.00	06000	0	0	570	0	43,904,020	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	9,915	7,700	0	3,622,023	63.00
64.00	06400	0	41,635	40,734	0	11,173,447	64.00
65.00	06500	0	0	1,705	0	11,698,149	65.00
65.01	03560	0	0	958	0	7,305,394	65.01
66.00	06600	0	0	6,626	0	11,376,624	66.00
67.00	06700	0	0	1,071	0	5,252,243	67.00
68.00	06800	0	1,110	513	0	1,190,818	68.00
69.00	06900	0	0	0	0	0	69.00
69.01	03140	0	0	2,110	0	12,467,873	69.01
70.00	07000	0	0	1,295	0	5,349,443	70.00
71.00	07100	0	0	7,333,540	0	45,508,615	71.00
72.00	07200	0	0	14,963,321	0	53,318,717	72.00
73.00	07300	0	0	0	14,351,080	101,724,503	73.00
74.00	07400	0	17,911	4,851	0	1,696,582	74.00
76.00	03340	0	0	46,331	0	9,840,326	76.00
76.97	07697	0	0	1,773	0	1,890,371	76.97
76.98	07698	0	0	15,674	0	1,078,822	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	13,158	104,685	0	15,803,318	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			12.00	13.00	14.00	15.00	16.00	
91.00	09100	EMERGENCY	0	129,185	99,223	0	37,926,687	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	868	0	194,771	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	940,466	24,761,190	14,353,683	750,476,702	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,082	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	3,014	365	0	192.00
192.01	19201	RIVERSIDE OUTPATIENT	0	0	9,321	0	0	192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0	0	192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05
194.00	07950	NON REIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0	0	194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	1,755	0	0	194.02
194.03	07953	PRECEDENCE	0	0	0	0	0	194.03
194.04	07954	CALL CENTER	0	0	0	0	0	194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0	0	194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0	0	194.06
194.07	07957	RESEARCH	0	0	163	14,560	0	194.07
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	1,832,062	3,169,472	6,815,362	2,184,439	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	1.948036	0.127922	0.474323	0.002911	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	49,334	201,086	82,281	83,177	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.052457	0.008116	0.005726	0.000111	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
				SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)	
				17.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00560 PURCHASING						5.01
5.02 00570 ADMIN TTING						5.02
5.03 00580 CASHIERING/AR						5.03
5.04 00590 A&G						5.04
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
11.01 01101 EMPLOYEE CAFETERIA						11.01
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
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	72,326					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 02000 NURSING SCHOOL	0		32,966			20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD	0			0		21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0				0	22.00
23.00 02300 PARAMED ED PRGM-(RADIOLOGY)	0					23.00
23.01 02301 PARAMED PROGRAM-OR TECH	0					23.01
23.02 02302 PARAMED PROGRAM-EMS	0					23.02
23.03 02303 PARAMED PROGRAM-RESP CARE	0					23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	44,697		16,632	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	4,707		972	0	0	31.00
31.01 02060 NICU	1,630		16	0	0	31.01
32.00 03200 CORONARY CARE UNIT	7,455		4,861	0	0	32.00
41.00 04100 SUBPROVIDER - IRF	4,412		0	0	0	41.00
43.00 04300 NURSERY	2,951		0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	6,474		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	937	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	144	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	124	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 03630 ULTRASOUND	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (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
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 RADIOLOGY	0	0	168	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD 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
76.00 03340 GASTROINTESTINAL	0	0	112	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS			
				SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
				17.00	19.00		20.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	108	0	0	90.00	
91.00 09100 EMERGENCY	0	0	944	0	0	91.00	
92.00 09200 OBSERVATION BEDS						92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)					0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 RIVERSIDE OUTPATIENT	0	0	0	0	0	192.01	
192.02 19202 PRIMARY OFFICE CLINIC	0	0	0	0	0	192.02	
192.03 19203 ORTHOPEDIC CLINIC	0	0	0	0	0	192.03	
192.04 19204 NON-REIMBURSABLE CLINIC	0	0	0	0	0	192.04	
192.05 19205 TRINITY FAMILY PRACTICE	0	0	0	0	0	192.05	
194.00 07950 NON REIMBURSABLE	0	0	7,948	0	0	194.00	
194.01 07951 MEDICAL OFFICE	0	0	0	0	0	194.01	
194.02 07952 GROUP HOMES DEPT 783	0	0	0	0	0	194.02	
194.03 07953 PRECEDENCE	0	0	0	0	0	194.03	
194.04 07954 CALL CENTER	0	0	0	0	0	194.04	
194.05 07955 WORK FITNESS CENTER	0	0	0	0	0	194.05	
194.06 07956 PARAMED NON-ACCREDITED	0	0	0	0	0	194.06	
194.07 07957 RESEARCH	0	0	0	0	0	194.07	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,715,474	0	290,287	0	202.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	51.371208	0.000000	8.805648	0.000000	203.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	32,317	0	130,168	0	204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.446824	0.000000	1.824577	0.000000	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description		PARAMED PRGM-(RADIOLOGY) (ASSIGNED TIME)	PARAMED PROGRAM-OR TECH (ASSIGNED TIME)	PARAMED PROGRAM-EMS (HOURS)	PARAMED PROGRAM-RESP CARE (HOURS)	
		23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00560	PURCHASING				5.01
5.02	00570	ADMINISTRATIVE				5.02
5.03	00580	CASHIERING/AR				5.03
5.04	00590	A&G				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
11.01	01101	EMPLOYEE CAFETERIA				11.01
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED PRGM-(RADIOLOGY)	17,378			23.00
23.01	02301	PARAMED PROGRAM-OR TECH	0	0		23.01
23.02	02302	PARAMED PROGRAM-EMS	0	0	0	23.02
23.03	02303	PARAMED PROGRAM-RESP CARE	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
31.01	02060	NICU	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,432	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,262	0	0	54.00
54.01	03450	NUCLEAR MEDICINE	192	0	0	54.01
54.02	03630	ULTRASOUND	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	244	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,168	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	160	0	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
65.01	03560	PULMONARY	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03140	CARDIOLOGY	80	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
76.00	03340	GASTROINTESTINAL	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140280

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

Worksheet B-1

Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description			PARAMED PRGM- (RADIOLOGY) (ASSIGNED TIME)	PARAMED PROGRAM-OR TECH (ASSIGNED TIME)	PARAMED PROGRAM-EMS (HOURS)	PARAMED PROGRAM-RESP CARE (HOURS)		
			23.00	23.01	23.02	23.03		
91.00	09100	EMERGENCY	328	0	0	0		91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,866	0	0	2,537		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	REVERSIDE OUTPATIENT	0	0	0	0		192.01
192.02	19202	PRIMARY OFFICE CLINIC	0	0	0	0		192.02
192.03	19203	ORTHOPEDIC CLINIC	0	0	0	0		192.03
192.04	19204	NON-REIMBURSABLE CLINIC	0	0	0	0		192.04
192.05	19205	TRINITY FAMILY PRACTICE	0	0	0	0		192.05
194.00	07950	NON REIMBURSABLE	5,512	0	0	6,298		194.00
194.01	07951	MEDICAL OFFICE	0	0	0	0		194.01
194.02	07952	GROUP HOMES DEPT 783	0	0	0	0		194.02
194.03	07953	PRECEDENCE	0	0	0	0		194.03
194.04	07954	CALL CENTER	0	0	0	0		194.04
194.05	07955	WORK FITNESS CENTER	0	0	0	0		194.05
194.06	07956	PARAMED NON-ACCREDITED	0	0	0	0		194.06
194.07	07957	RESEARCH	0	0	0	0		194.07
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)	-13,589	0	0	-11,950		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	15,393	0	0	13,616		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.885775	0.000000	0.000000	1.541143		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140280

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

Worksheet C
Part I
Date/Time Prepared:
5/21/2014 8:15 am

		Title XVIII		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	28,652,526		28,652,526	13,916	28,666,442	30.00
31.00	03100 INTENSIVE CARE UNIT	6,198,524		6,198,524	0	6,198,524	31.00
31.01	02060 NICU	1,908,277		1,908,277	4,760	1,913,037	31.01
32.00	03200 CORONARY CARE UNIT	5,463,000		5,463,000	0	5,463,000	32.00
41.00	04100 SUBPROVIDER - IRF	2,790,574		2,790,574	0	2,790,574	41.00
43.00	04300 NURSERY	1,425,472		1,425,472	0	1,425,472	43.00
44.00	04400 SKILLED NURSING FACILITY	2,931,327		2,931,327	0	2,931,327	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	14,220,158		14,220,158	0	14,220,158	50.00
51.00	05100 RECOVERY ROOM	4,326,627		4,326,627	0	4,326,627	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,216,342		4,216,342	0	4,216,342	52.00
53.00	05300 ANESTHESIOLOGY	435,655		435,655	0	435,655	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,072,674		6,072,674	0	6,072,674	54.00
54.01	03450 NUCLEAR MEDICINE	650,817		650,817	0	650,817	54.01
54.02	03630 ULTRASOUND	967,288		967,288	0	967,288	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	5,390,891		5,390,891	4,266	5,395,157	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	2,631,190		2,631,190	0	2,631,190	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,123,643		2,123,643	0	2,123,643	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,055,288		5,055,288	0	5,055,288	59.00
60.00	06000 LABORATORY	10,057,691		10,057,691	0	10,057,691	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,926,247		2,926,247	0	2,926,247	63.00
64.00	06400 INTRAVENOUS THERAPY	3,486,813		3,486,813	397	3,487,210	64.00
65.00	06500 RESPIRATORY THERAPY	1,794,459	0	1,794,459	53	1,794,512	65.00
65.01	03560 PULMONARY	1,314,296	0	1,314,296	0	1,314,296	65.01
66.00	06600 PHYSICAL THERAPY	3,353,457	0	3,353,457	29,417	3,382,874	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,290,354	0	1,290,354	0	1,290,354	67.00
68.00	06800 SPEECH PATHOLOGY	331,149	0	331,149	0	331,149	68.00
69.00	06900 ELECTROCARDIOLOGY	0		0	0	0	69.00
69.01	03140 CARDIOLOGY	2,580,326		2,580,326	0	2,580,326	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	1,175,086		1,175,086	7,574	1,182,660	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	14,939,818		14,939,818	0	14,939,818	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	25,945,568		25,945,568	0	25,945,568	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	25,495,105		25,495,105	0	25,495,105	73.00
74.00	07400 RENAL DIALYSIS	957,372		957,372	0	957,372	74.00
76.00	03340 GASTROINTESTINAL	1,856,641		1,856,641	0	1,856,641	76.00
76.97	07697 CARDIAC REHABILITATION	732,041		732,041	0	732,041	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	285,047		285,047	0	285,047	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	5,554,070		5,554,070	18,305	5,572,375	90.00
91.00	09100 EMERGENCY	12,121,513		12,121,513	0	12,121,513	91.00
92.00	09200 OBSERVATION BEDS	2,546,684		2,546,684	0	2,546,684	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	896,132		896,132	0	896,132	95.00
200.00	Subtotal (see instructions)	215,100,142	0	215,100,142	78,688	215,178,830	200.00
201.00	Less Observation Beds	2,546,684		2,546,684		2,546,684	201.00
202.00	Total (see instructions)	212,553,458	0	212,553,458	78,688	212,632,146	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140280		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/21/2014 8:15 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	41,611,838		41,611,838			30.00
31.00	03100	INTENSIVE CARE UNIT	9,986,943		9,986,943			31.00
31.01	02060	NICU	2,181,770		2,181,770			31.01
32.00	03200	CORONARY CARE UNIT	11,830,918		11,830,918			32.00
41.00	04100	SUBPROVIDER - IRF	5,608,873		5,608,873			41.00
43.00	04300	NURSERY	2,593,820		2,593,820			43.00
44.00	04400	SKILLED NURSING FACILITY	3,935,966		3,935,966			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,861,549	44,777,021	75,638,570	0.188001	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,500,360	7,360,133	10,860,493	0.398382	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,978,161	780,956	9,759,117	0.432041	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,476,002	6,961,332	10,437,334	0.041740	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,027,441	18,936,364	23,963,805	0.253410	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE	614,655	3,089,402	3,704,057	0.175704	0.000000	54.01
54.02	03630	ULTRASOUND	1,087,317	5,465,273	6,552,590	0.147619	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	256,688	32,542,236	32,798,924	0.164362	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	13,320,438	39,240,821	52,561,259	0.050059	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,951,869	1,590,920	5,542,789	0.383136	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,434,100	37,254,212	54,688,312	0.092438	0.000000	59.00
60.00	06000	LABORATORY	25,146,789	18,757,231	43,904,020	0.229084	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,708,189	913,834	3,622,023	0.807904	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	2,595,568	8,577,879	11,173,447	0.312062	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	11,142,261	555,888	11,698,149	0.153397	0.000000	65.00
65.01	03560	PULMONARY	5,453,451	1,851,943	7,305,394	0.179908	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	6,918,242	4,458,382	11,376,624	0.294767	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,438,614	813,629	5,252,243	0.245677	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	940,497	250,321	1,190,818	0.278085	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
69.01	03140	CARDIOLOGY	6,305,368	6,162,505	12,467,873	0.206958	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	987,292	4,362,151	5,349,443	0.219665	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	29,990,516	15,518,099	45,508,615	0.328285	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,533,997	21,784,720	53,318,717	0.486613	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,050,375	56,674,128	101,724,503	0.250629	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,617,914	78,668	1,696,582	0.564295	0.000000	74.00
76.00	03340	GASTRO INTESTINAL	1,847,636	7,992,690	9,840,326	0.188677	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	297,566	1,592,805	1,890,371	0.387247	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,078,822	1,078,822	0.264221	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	807,571	14,995,747	15,803,318	0.351450	0.000000	90.00
91.00	09100	EMERGENCY	8,079,289	29,847,398	37,926,687	0.319604	0.000000	91.00
92.00	09200	OBSERVATION BEDS	392,239	3,504,339	3,896,578	0.653569	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	194,771	194,771	4.600952	0.000000	95.00
200.00		Subtotal (see instructions)	352,512,082	397,964,620	750,476,702			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	352,512,082	397,964,620	750,476,702			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/21/2014 8:15 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NICU			31.01
32.00	03200 CORONARY CARE UNIT			32.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.188001		50.00
51.00	05100 RECOVERY ROOM	0.398382		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.432041		52.00
53.00	05300 ANESTHESIOLOGY	0.041740		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.253410		54.00
54.01	03450 NUCLEAR MEDICINE	0.175704		54.01
54.02	03630 ULTRASOUND	0.147619		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.164492		55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.050059		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.383136		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.092438		59.00
60.00	06000 LABORATORY	0.229084		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.807904		63.00
64.00	06400 INTRAVENOUS THERAPY	0.312098		64.00
65.00	06500 RESPIRATORY THERAPY	0.153401		65.00
65.01	03560 PULMONARY	0.179908		65.01
66.00	06600 PHYSICAL THERAPY	0.297353		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.245677		67.00
68.00	06800 SPEECH PATHOLOGY	0.278085		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140 RADIOLOGY	0.206958		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.221081		70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.328285		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.486613		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.250629		73.00
74.00	07400 RENAL DIALYSIS	0.564295		74.00
76.00	03340 GASTROINTESTINAL	0.188677		76.00
76.97	07697 CARDIAC REHABILITATION	0.387247		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.264221		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.352608		90.00
91.00	09100 EMERGENCY	0.319604		91.00
92.00	09200 OBSERVATION BEDS	0.653569		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	4.600952		95.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140280

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

Worksheet C
Part I
Date/Time Prepared:
5/21/2014 8:15 am

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	28,652,526		28,652,526	13,916	28,666,442	30.00
31.00	03100 INTENSIVE CARE UNIT	6,198,524		6,198,524	0	6,198,524	31.00
31.01	02060 NICU	1,908,277		1,908,277	4,760	1,913,037	31.01
32.00	03200 CORONARY CARE UNIT	5,463,000		5,463,000	0	5,463,000	32.00
41.00	04100 SUBPROVIDER - IRF	2,790,574		2,790,574	0	2,790,574	41.00
43.00	04300 NURSERY	1,425,472		1,425,472	0	1,425,472	43.00
44.00	04400 SKILLED NURSING FACILITY	2,931,327		2,931,327	0	2,931,327	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	14,220,158		14,220,158	0	14,220,158	50.00
51.00	05100 RECOVERY ROOM	4,326,627		4,326,627	0	4,326,627	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,216,342		4,216,342	0	4,216,342	52.00
53.00	05300 ANESTHESIOLOGY	435,655		435,655	0	435,655	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,072,674		6,072,674	0	6,072,674	54.00
54.01	03450 NUCLEAR MEDICINE	650,817		650,817	0	650,817	54.01
54.02	03630 ULTRASOUND	967,288		967,288	0	967,288	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	5,390,891		5,390,891	4,266	5,395,157	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	2,631,190		2,631,190	0	2,631,190	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,123,643		2,123,643	0	2,123,643	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,055,288		5,055,288	0	5,055,288	59.00
60.00	06000 LABORATORY	10,057,691		10,057,691	0	10,057,691	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,926,247		2,926,247	0	2,926,247	63.00
64.00	06400 INTRAVENOUS THERAPY	3,486,813		3,486,813	397	3,487,210	64.00
65.00	06500 RESPIRATORY THERAPY	1,794,459	0	1,794,459	53	1,794,512	65.00
65.01	03560 PULMONARY	1,314,296	0	1,314,296	0	1,314,296	65.01
66.00	06600 PHYSICAL THERAPY	3,353,457	0	3,353,457	29,417	3,382,874	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,290,354	0	1,290,354	0	1,290,354	67.00
68.00	06800 SPEECH PATHOLOGY	331,149	0	331,149	0	331,149	68.00
69.00	06900 ELECTROCARDIOLOGY	0		0	0	0	69.00
69.01	03140 CARDIOLOGY	2,580,326		2,580,326	0	2,580,326	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	1,175,086		1,175,086	7,574	1,182,660	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	14,939,818		14,939,818	0	14,939,818	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	25,945,568		25,945,568	0	25,945,568	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	25,495,105		25,495,105	0	25,495,105	73.00
74.00	07400 RENAL DIALYSIS	957,372		957,372	0	957,372	74.00
76.00	03340 GASTROINTESTINAL	1,856,641		1,856,641	0	1,856,641	76.00
76.97	07697 CARDIAC REHABILITATION	732,041		732,041	0	732,041	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	285,047		285,047	0	285,047	76.98
76.99	07699 LI THOTRI PSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	5,554,070		5,554,070	18,305	5,572,375	90.00
91.00	09100 EMERGENCY	12,121,513		12,121,513	0	12,121,513	91.00
92.00	09200 OBSERVATION BEDS	2,546,684		2,546,684	0	2,546,684	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	896,132		896,132	0	896,132	95.00
200.00	Subtotal (see instructions)	215,100,142	0	215,100,142	78,688	215,178,830	200.00
201.00	Less Observation Beds	2,546,684		2,546,684		2,546,684	201.00
202.00	Total (see instructions)	212,553,458	0	212,553,458	78,688	212,632,146	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140280		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/21/2014 8:15 am	
			Title XIX		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	41,611,838		41,611,838			30.00
31.00	03100	INTENSIVE CARE UNIT	9,986,943		9,986,943			31.00
31.01	02060	NICU	2,181,770		2,181,770			31.01
32.00	03200	CORONARY CARE UNIT	11,830,918		11,830,918			32.00
41.00	04100	SUBPROVIDER - I RF	5,608,873		5,608,873			41.00
43.00	04300	NURSERY	2,593,820		2,593,820			43.00
44.00	04400	SKILLED NURSING FACILITY	3,935,966		3,935,966			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,861,549	44,777,021	75,638,570	0.188001	0.000000	50.00
51.00	05100	RECOVERY ROOM	3,500,360	7,360,133	10,860,493	0.398382	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,978,161	780,956	9,759,117	0.432041	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,476,002	6,961,332	10,437,334	0.041740	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,027,441	18,936,364	23,963,805	0.253410	0.000000	54.00
54.01	03450	NUCLEAR MEDICINE	614,655	3,089,402	3,704,057	0.175704	0.000000	54.01
54.02	03630	ULTRASOUND	1,087,317	5,465,273	6,552,590	0.147619	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	256,688	32,542,236	32,798,924	0.164362	0.000000	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	13,320,438	39,240,821	52,561,259	0.050059	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,951,869	1,590,920	5,542,789	0.383136	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,434,100	37,254,212	54,688,312	0.092438	0.000000	59.00
60.00	06000	LABORATORY	25,146,789	18,757,231	43,904,020	0.229084	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,708,189	913,834	3,622,023	0.807904	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	2,595,568	8,577,879	11,173,447	0.312062	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	11,142,261	555,888	11,698,149	0.153397	0.000000	65.00
65.01	03560	PULMONARY	5,453,451	1,851,943	7,305,394	0.179908	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	6,918,242	4,458,382	11,376,624	0.294767	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,438,614	813,629	5,252,243	0.245677	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	940,497	250,321	1,190,818	0.278085	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
69.01	03140	CARDIOLOGY	6,305,368	6,162,505	12,467,873	0.206958	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	987,292	4,362,151	5,349,443	0.219665	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	29,990,516	15,518,099	45,508,615	0.328285	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,533,997	21,784,720	53,318,717	0.486613	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	45,050,375	56,674,128	101,724,503	0.250629	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,617,914	78,668	1,696,582	0.564295	0.000000	74.00
76.00	03340	GASTRO INTESTINAL	1,847,636	7,992,690	9,840,326	0.188677	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	297,566	1,592,805	1,890,371	0.387247	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,078,822	1,078,822	0.264221	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	807,571	14,995,747	15,803,318	0.351450	0.000000	90.00
91.00	09100	EMERGENCY	8,079,289	29,847,398	37,926,687	0.319604	0.000000	91.00
92.00	09200	OBSERVATION BEDS	392,239	3,504,339	3,896,578	0.653569	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	194,771	194,771	4.600952	0.000000	95.00
200.00		Subtotal (see instructions)	352,512,082	397,964,620	750,476,702			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	352,512,082	397,964,620	750,476,702			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/21/2014 8:15 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NICU			31.01
32.00	03200 CORONARY CARE UNIT			32.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.188001		50.00
51.00	05100 RECOVERY ROOM	0.398382		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.432041		52.00
53.00	05300 ANESTHESIOLOGY	0.041740		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.253410		54.00
54.01	03450 NUCLEAR MEDICINE	0.175704		54.01
54.02	03630 ULTRASOUND	0.147619		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.164492		55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.050059		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.383136		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.092438		59.00
60.00	06000 LABORATORY	0.229084		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.807904		63.00
64.00	06400 INTRAVENOUS THERAPY	0.312098		64.00
65.00	06500 RESPIRATORY THERAPY	0.153401		65.00
65.01	03560 PULMONARY	0.179908		65.01
66.00	06600 PHYSICAL THERAPY	0.297353		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.245677		67.00
68.00	06800 SPEECH PATHOLOGY	0.278085		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140 RADIOLOGY	0.206958		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.221081		70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.328285		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.486613		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.250629		73.00
74.00	07400 RENAL DIALYSIS	0.564295		74.00
76.00	03340 GASTROINTESTINAL	0.188677		76.00
76.97	07697 CARDIAC REHABILITATION	0.387247		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.264221		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.352608		90.00
91.00	09100 EMERGENCY	0.319604		91.00
92.00	09200 OBSERVATION BEDS	0.653569		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	4.600952		95.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 140280

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

Worksheet C
Part II
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,220,158	521,228	13,698,930	0	0	50.00
51.00	05100	RECOVERY ROOM	4,326,627	136,054	4,190,573	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,216,342	199,616	4,016,726	0	0	52.00
53.00	05300	ANESTHESIOLOGY	435,655	8,654	427,001	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,072,674	448,738	5,623,936	0	0	54.00
54.01	03450	NUCLEAR MEDICINE	650,817	97,022	553,795	0	0	54.01
54.02	03630	ULTRASOUND	967,288	93,081	874,207	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	5,390,891	137,707	5,253,184	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,631,190	40,677	2,590,513	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,123,643	22,384	2,101,259	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,055,288	616,122	4,439,166	0	0	59.00
60.00	06000	LABORATORY	10,057,691	104,897	9,952,794	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,926,247	32,726	2,893,521	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	3,486,813	130,708	3,356,105	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,794,459	61,165	1,733,294	0	0	65.00
65.01	03560	PULMONARY	1,314,296	37,202	1,277,094	0	0	65.01
66.00	06600	PHYSICAL THERAPY	3,353,457	79,622	3,273,835	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,290,354	14,372	1,275,982	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	331,149	6,548	324,601	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	2,580,326	137,711	2,442,615	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,175,086	13,620	1,161,466	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	14,939,818	124,007	14,815,811	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	25,945,568	225,653	25,719,915	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,495,105	178,651	25,316,454	0	0	73.00
74.00	07400	RENAL DIALYSIS	957,372	32,046	925,326	0	0	74.00
76.00	03340	GASTROINTESTINAL	1,856,641	157,872	1,698,769	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	732,041	13,851	718,190	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	285,047	1,703	283,344	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,554,070	102,348	5,451,722	0	0	90.00
91.00	09100	EMERGENCY	12,121,513	304,055	11,817,458	0	0	91.00
92.00	09200	OBSERVATION BEDS	2,546,684	86,386	2,460,298	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	896,132	3,703	892,429	0	0	95.00
200.00		Subtotal (sum of lines 50 thru 199)	165,730,442	4,170,129	161,560,313	0	0	200.00
201.00		Less Observation Beds	2,546,684	86,386	2,460,298	0	0	201.00
202.00		Total (line 200 minus line 201)	163,183,758	4,083,743	159,100,015	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part II Date/Time Prepared: 5/21/2014 8:15 am
---	--	----------------------	---------------------------------------	---

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	14,220,158	75,638,570	0.188001		50.00
51.00	05100 RECOVERY ROOM	4,326,627	10,860,493	0.398382		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,216,342	9,759,117	0.432041		52.00
53.00	05300 ANESTHESIOLOGY	435,655	10,437,334	0.041740		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,072,674	23,963,805	0.253410		54.00
54.01	03450 NUCLEAR MEDICINE	650,817	3,704,057	0.175704		54.01
54.02	03630 ULTRASOUND	967,288	6,552,590	0.147619		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	5,390,891	32,798,924	0.164362		55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	2,631,190	52,561,259	0.050059		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,123,643	5,542,789	0.383136		58.00
59.00	05900 CARDIAC CATHETERIZATION	5,055,288	54,688,312	0.092438		59.00
60.00	06000 LABORATORY	10,057,691	43,904,020	0.229084		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,926,247	3,622,023	0.807904		63.00
64.00	06400 INTRAVENOUS THERAPY	3,486,813	11,173,447	0.312062		64.00
65.00	06500 RESPIRATORY THERAPY	1,794,459	11,698,149	0.153397		65.00
65.01	03560 PULMONARY	1,314,296	7,305,394	0.179908		65.01
66.00	06600 PHYSICAL THERAPY	3,353,457	11,376,624	0.294767		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,290,354	5,252,243	0.245677		67.00
68.00	06800 SPEECH PATHOLOGY	331,149	1,190,818	0.278085		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000		69.00
69.01	03140 CARDIOLOGY	2,580,326	12,467,873	0.206958		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	1,175,086	5,349,443	0.219665		70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	14,939,818	45,508,615	0.328285		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	25,945,568	53,318,717	0.486613		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	25,495,105	101,724,503	0.250629		73.00
74.00	07400 RENAL DIALYSIS	957,372	1,696,582	0.564295		74.00
76.00	03340 GASTROINTESTINAL	1,856,641	9,840,326	0.188677		76.00
76.97	07697 CARDIAC REHABILITATION	732,041	1,890,371	0.387247		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	285,047	1,078,822	0.264221		76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	5,554,070	15,803,318	0.351450		90.00
91.00	09100 EMERGENCY	12,121,513	37,926,687	0.319604		91.00
92.00	09200 OBSERVATION BEDS	2,546,684	3,896,578	0.653569		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	896,132	194,771	4.600952		95.00
200.00	Subtotal (sum of lines 50 thru 199)	165,730,442	672,726,574			200.00
201.00	Less Observation Beds	2,546,684	0			201.00
202.00	Total (line 200 minus line 201)	163,183,758	672,726,574			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/21/2014 8:15 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	972,389	0	972,389	49,055	19.82	30.00
31.00	INTENSIVE CARE UNIT	338,625		338,625	4,707	71.94	31.00
31.01	NICU	47,154		47,154	1,630	28.93	31.01
32.00	CORONARY CARE UNIT	170,925		170,925	7,455	22.93	32.00
41.00	SUBPROVIDER - IRF	95,007	0	95,007	4,412	21.53	41.00
43.00	NURSERY	69,771		69,771	2,951	23.64	43.00
44.00	SKILLED NURSING FACILITY	111,698		111,698	6,474	17.25	44.00
200.00	Total (lines 30-199)	1,805,569		1,805,569	76,684		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	17,676	350,338				
31.00	INTENSIVE CARE UNIT	2,282	164,167				
31.01	NICU	0	0				
32.00	CORONARY CARE UNIT	4,616	105,845				
41.00	SUBPROVIDER - IRF	2,973	64,009				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	5,180	89,355				
200.00	Total (lines 30-199)	32,727	773,714				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/21/2014 8:15 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	521,228	75,638,570	0.006891	14,681,872	101,173	50.00
51.00	05100 RECOVERY ROOM	136,054	10,860,493	0.012527	1,430,132	17,915	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	199,616	9,759,117	0.020454	12,015	246	52.00
53.00	05300 ANESTHESIOLOGY	8,654	10,437,334	0.000829	1,503,914	1,247	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	448,738	23,963,805	0.018726	2,599,206	48,673	54.00
54.01	03450 NUCLEAR MEDICINE	97,022	3,704,057	0.026193	317,615	8,319	54.01
54.02	03630 ULTRASOUND	93,081	6,552,590	0.014205	358,988	5,099	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	137,707	32,798,924	0.004199	142,765	599	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	40,677	52,561,259	0.000774	6,502,594	5,033	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	22,384	5,542,789	0.004038	1,875,669	7,574	58.00
59.00	05900 CARDIAC CATHETERIZATION	616,122	54,688,312	0.011266	9,939,083	111,974	59.00
60.00	06000 LABORATORY	104,897	43,904,020	0.002389	11,223,195	26,812	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	32,726	3,622,023	0.009035	1,659,967	14,998	63.00
64.00	06400 INTRAVENOUS THERAPY	130,708	11,173,447	0.011698	1,215,295	14,217	64.00
65.00	06500 RESPIRATORY THERAPY	61,165	11,698,149	0.005229	5,603,706	29,302	65.00
65.01	03560 PULMONARY	37,202	7,305,394	0.005092	2,831,862	14,420	65.01
66.00	06600 PHYSICAL THERAPY	79,622	11,376,624	0.006999	1,974,497	13,820	66.00
67.00	06700 OCCUPATIONAL THERAPY	14,372	5,252,243	0.002736	426,780	1,168	67.00
68.00	06800 SPEECH PATHOLOGY	6,548	1,190,818	0.005499	115,796	637	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
69.01	03140 RADIOLOGY	137,711	12,467,873	0.011045	3,570,560	39,437	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	13,620	5,349,443	0.002546	590,120	1,502	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	124,007	45,508,615	0.002725	13,348,847	36,376	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	225,653	53,318,717	0.004232	19,094,240	80,807	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	178,651	101,724,503	0.001756	20,009,423	35,137	73.00
74.00	07400 RENAL DIALYSIS	32,046	1,696,582	0.018889	1,059,693	20,017	74.00
76.00	03340 GASTROINTESTINAL	157,872	9,840,326	0.016043	1,011,264	16,224	76.00
76.97	07697 CARDIAC REHABILITATION	13,851	1,890,371	0.007327	152,359	1,116	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	1,703	1,078,822	0.001579	0	0	76.98
76.99	07699 LI THOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	102,348	15,803,318	0.006476	503,843	3,263	90.00
91.00	09100 EMERGENCY	304,055	37,926,687	0.008017	3,683,729	29,532	91.00
92.00	09200 OBSERVATION BEDS	86,386	3,896,578	0.022170	204,499	4,534	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	4,166,426	672,531,803		127,643,528	691,171	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/21/2014 8:15 am
---	--	----------------------	---	---

Cost Center Description			Title XVIII				Hospital	
			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)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	146,456	0	0	0	146,456	30.00
31.00	03100	INTENSIVE CARE UNIT	8,559	0	0	0	8,559	31.00
31.01	02060	NICU	141	0	0	0	141	31.01
32.00	03200	CORONARY CARE UNIT	42,804	0	0	0	42,804	32.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
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)	197,960	0	0	0	197,960	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	49,055	2.99	17,676	52,851		30.00
31.00	03100	INTENSIVE CARE UNIT	4,707	1.82	2,282	4,153		31.00
31.01	02060	NICU	1,630	0.09	0	0		31.01
32.00	03200	CORONARY CARE UNIT	7,455	5.74	4,616	26,496		32.00
41.00	04100	SUBPROVIDER - IRF	4,412	0.00	2,973	0		41.00
43.00	04300	NURSERY	2,951	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	6,474	0.00	5,180	0		44.00
200.00		Total (lines 30-199)	76,684		32,727	83,500		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 8:15 am
--	----------------------	---	--

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	8,251	0	0	8,251	50.00	
51.00	05100	RECOVERY ROOM	0	1,268	0	0	1,268	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,092	0	0	1,092	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.01	03450	NUCLEAR MEDICINE	0	0	0	0	0	54.01	
54.02	03630	ULTRASOUND	0	0	0	0	0	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
57.00	05700	COMPUTED TOMOGRAPHY (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	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
65.01	03560	PULMONARY	0	0	0	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
69.01	03140	CARDIOLOGY	0	1,479	0	0	1,479	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD 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	
76.00	03340	GASTRO INTESTINAL	0	986	0	0	986	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	951	0	0	951	90.00	
91.00	09100	EMERGENCY	0	8,313	0	0	8,313	91.00	
92.00	09200	OBSERVATION BEDS	0	13,011	0	0	13,011	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00	
200.00		Total (lines 50-199)	0	35,351	0	0	35,351	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 8:15 am
--	----------------------	---------------------------------------	---

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	8,251	75,638,570	0.000109	0.000109	14,681,872	50.00
51.00 05100 RECOVERY ROOM	1,268	10,860,493	0.000117	0.000117	1,430,132	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,092	9,759,117	0.000112	0.000112	12,015	52.00
53.00 05300 ANESTHESIOLOGY	0	10,437,334	0.000000	0.000000	1,503,914	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	23,963,805	0.000000	0.000000	2,599,206	54.00
54.01 03450 NUCLEAR MEDICINE	0	3,704,057	0.000000	0.000000	317,615	54.01
54.02 03630 ULTRASOUND	0	6,552,590	0.000000	0.000000	358,988	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	32,798,924	0.000000	0.000000	142,765	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	52,561,259	0.000000	0.000000	6,502,594	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,542,789	0.000000	0.000000	1,875,669	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	54,688,312	0.000000	0.000000	9,939,083	59.00
60.00 06000 LABORATORY	0	43,904,020	0.000000	0.000000	11,223,195	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	3,622,023	0.000000	0.000000	1,659,967	63.00
64.00 06400 INTRAVENOUS THERAPY	0	11,173,447	0.000000	0.000000	1,215,295	64.00
65.00 06500 RESPIRATORY THERAPY	0	11,698,149	0.000000	0.000000	5,603,706	65.00
65.01 03560 PULMONARY	0	7,305,394	0.000000	0.000000	2,831,862	65.01
66.00 06600 PHYSICAL THERAPY	0	11,376,624	0.000000	0.000000	1,974,497	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	5,252,243	0.000000	0.000000	426,780	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,190,818	0.000000	0.000000	115,796	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
69.01 03140 RADIOLOGY	1,479	12,467,873	0.000119	0.000119	3,570,560	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,349,443	0.000000	0.000000	590,120	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	45,508,615	0.000000	0.000000	13,348,847	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	53,318,717	0.000000	0.000000	19,094,240	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	101,724,503	0.000000	0.000000	20,009,423	73.00
74.00 07400 RENAL DIALYSIS	0	1,696,582	0.000000	0.000000	1,059,693	74.00
76.00 03340 GASTROINTESTINAL	986	9,840,326	0.000100	0.000100	1,011,264	76.00
76.97 07697 CARDIAC REHABILITATION	0	1,890,371	0.000000	0.000000	152,359	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	1,078,822	0.000000	0.000000	0	76.98
76.99 07699 LI THOTRIPSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	951	15,803,318	0.000060	0.000060	503,843	90.00
91.00 09100 EMERGENCY	8,313	37,926,687	0.000219	0.000219	3,683,729	91.00
92.00 09200 OBSERVATION BEDS	13,011	3,896,578	0.003339	0.003339	204,499	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	35,351	672,531,803			127,643,528	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 8:15 am
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	1,600	12,036,319	1,312	50.00
51.00	05100 RECOVERY ROOM	167	1,854,594	217	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1	485	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,878,012	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,484,298	0	54.00
54.01	03450 NUCLEAR MEDICINE	0	926,325	0	54.01
54.02	03630 ULTRASOUND	0	874,540	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	14,769,795	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	11,071,139	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	469,874	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	17,376,196	0	59.00
60.00	06000 LABORATORY	0	1,385,070	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	543,842	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	2,406,903	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	150,175	0	65.00
65.01	03560 PULMONARY	0	778,495	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03140 CARDIOLOGY	425	2,193,378	261	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,138,791	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	5,422,892	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	9,501,207	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	25,391,943	0	73.00
74.00	07400 RENAL DIALYSIS	0	78,668	0	74.00
76.00	03340 GASTROINTESTINAL	101	2,536,304	254	76.00
76.97	07697 CARDIAC REHABILITATION	0	742,788	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	494,730	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	30	4,610,098	277	90.00
91.00	09100 EMERGENCY	807	5,063,354	1,109	91.00
92.00	09200 OBSERVATION BEDS	683	991,870	3,312	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	3,814	129,172,085	6,742	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/21/2014 8:15 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	0.188001	12,036,319	0	0	2,262,840	50.00
51.00	05100 RECOVERY ROOM	0.398382	1,854,594	0	0	738,837	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.432041	485	0	0	210	52.00
53.00	05300 ANESTHESIOLOGY	0.041740	1,878,012	0	0	78,388	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.253410	4,484,298	0	0	1,136,366	54.00
54.01	03450 NUCLEAR MEDICINE	0.175704	926,325	0	0	162,759	54.01
54.02	03630 ULTRASOUND	0.147619	874,540	0	0	129,099	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.164362	14,769,795	0	0	2,427,593	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.050059	11,071,139	0	0	554,210	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.383136	469,874	0	0	180,026	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.092438	17,376,196	0	0	1,606,221	59.00
60.00	06000 LABORATORY	0.229084	1,385,070	124	0	317,297	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.807904	543,842	0	0	439,372	63.00
64.00	06400 INTRAVENOUS THERAPY	0.312062	2,406,903	116	0	751,103	64.00
65.00	06500 RESPIRATORY THERAPY	0.153397	150,175	0	0	23,036	65.00
65.01	03560 PULMONARY	0.179908	778,495	0	0	140,057	65.01
66.00	06600 PHYSICAL THERAPY	0.294767	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.245677	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.278085	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140 RADIOLOGY	0.206958	2,193,378	0	0	453,937	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.219665	1,138,791	0	0	250,153	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.328285	5,422,892	0	0	1,780,254	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.486613	9,501,207	26,300	0	4,623,411	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.250629	25,391,943	0	48,410	6,363,957	73.00
74.00	07400 RENAL DIALYSIS	0.564295	78,668	0	0	44,392	74.00
76.00	03340 GASTROINTESTINAL	0.188677	2,536,304	0	0	478,542	76.00
76.97	07697 CARDIAC REHABILITATION	0.387247	742,788	0	0	287,642	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.264221	494,730	0	0	130,718	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.351450	4,610,098	0	0	1,620,219	90.00
91.00	09100 EMERGENCY	0.319604	5,063,354	0	0	1,618,268	91.00
92.00	09200 OBSERVATION BEDS	0.653569	991,870	0	0	648,255	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	4.600952		0			95.00
200.00	Subtotal (see instructions)		129,172,085	26,540	48,410	29,247,162	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		129,172,085	26,540	48,410	29,247,162	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140280		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part V Date/Time Prepared: 5/21/2014 8:15 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.)				
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0			50.00
51.00	05100	RECOVERY ROOM	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	03450	NUCLEAR MEDICINE	0	0			54.01
54.02	03630	ULTRASOUND	0	0			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
57.00	05700	COMPUTED TOMOGRAPHY (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	28	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
64.00	06400	INTRAVENOUS THERAPY	36	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	0			65.00
65.01	03560	PULMONARY	0	0			65.01
66.00	06600	PHYSICAL THERAPY	0	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	0			69.00
69.01	03140	CARDIOLOGY	0	0			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	12,798	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,133			73.00
74.00	07400	RENAL DIALYSIS	0	0			74.00
76.00	03340	GASTROINTESTINAL	0	0			76.00
76.97	07697	CARDIAC REHABILITATION	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0			76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0			90.00
91.00	09100	EMERGENCY	0	0			91.00
92.00	09200	OBSERVATION BEDS	0	0			92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0			95.00
200.00		Subtotal (see instructions)	12,862	12,133			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00
202.00		Net Charges (line 200 +/- line 201)	12,862	12,133			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140280		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/21/2014 8:15 am	
		Component CCN: 14T280		Title XVIII		Subprovider - IRF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	521,228	75,638,570	0.006891	18,014	124	50.00
51.00	05100 RECOVERY ROOM	136,054	10,860,493	0.012527	3,697	46	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	199,616	9,759,117	0.020454	0	0	52.00
53.00	05300 ANESTHESIOLOGY	8,654	10,437,334	0.000829	3,291	3	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	448,738	23,963,805	0.018726	47,521	890	54.00
54.01	03450 NUCLEAR MEDICINE	97,022	3,704,057	0.026193	6,391	167	54.01
54.02	03630 ULTRASOUND	93,081	6,552,590	0.014205	7,243	103	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	137,707	32,798,924	0.004199	7,157	30	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	40,677	52,561,259	0.000774	69,096	53	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	22,384	5,542,789	0.004038	36,230	146	58.00
59.00	05900 CARDIAC CATHETERIZATION	616,122	54,688,312	0.011266	5,434	61	59.00
60.00	06000 LABORATORY	104,897	43,904,020	0.002389	345,335	825	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	32,726	3,622,023	0.009035	4,057	37	63.00
64.00	06400 INTRAVENOUS THERAPY	130,708	11,173,447	0.011698	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	61,165	11,698,149	0.005229	302,149	1,580	65.00
65.01	03560 PULMONARY	37,202	7,305,394	0.005092	161,695	823	65.01
66.00	06600 PHYSICAL THERAPY	79,622	11,376,624	0.006999	1,309,180	9,163	66.00
67.00	06700 OCCUPATIONAL THERAPY	14,372	5,252,243	0.002736	1,407,710	3,851	67.00
68.00	06800 SPEECH PATHOLOGY	6,548	1,190,818	0.005499	401,603	2,208	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
69.01	03140 RADIOLOGY	137,711	12,467,873	0.011045	17,066	188	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	13,620	5,349,443	0.002546	13,784	35	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	124,007	45,508,615	0.002725	284,343	775	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	225,653	53,318,717	0.004232	63,308	268	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	178,651	101,724,503	0.001756	599,323	1,052	73.00
74.00	07400 RENAL DIALYSIS	32,046	1,696,582	0.018889	78,649	1,486	74.00
76.00	03340 GASTROINTESTINAL	157,872	9,840,326	0.016043	16,822	270	76.00
76.97	07697 CARDIAC REHABILITATION	13,851	1,890,371	0.007327	131	1	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	1,703	1,078,822	0.001579	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	102,348	15,803,318	0.006476	10,239	66	90.00
91.00	09100 EMERGENCY	304,055	37,926,687	0.008017	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	3,896,578	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	4,080,040	672,531,803		5,219,468	24,251	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 14T280	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 8:15 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	8,251	0	0	8,251	50.00
51.00	05100 RECOVERY ROOM	0	1,268	0	0	1,268	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,092	0	0	1,092	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	03630 ULTRASOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (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
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560 PULMONARY	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140 RADIOLOGY	0	1,479	0	0	1,479	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD 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
76.00	03340 GASTROINTESTINAL	0	986	0	0	986	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	951	0	0	951	90.00
91.00	09100 EMERGENCY	0	8,313	0	0	8,313	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	0	22,340	0	0	22,340	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140280 Component CCN: 14T280		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part IV Date/Time Prepared: 5/21/2014 8:15 am	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	8,251	75,638,570	0.000109	0.000109	18,014	50.00
51.00	05100 RECOVERY ROOM	1,268	10,860,493	0.000117	0.000117	3,697	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,092	9,759,117	0.000112	0.000112	0	52.00
53.00	05300 ANESTHESIOLOGY	0	10,437,334	0.000000	0.000000	3,291	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	23,963,805	0.000000	0.000000	47,521	54.00
54.01	03450 NUCLEAR MEDICINE	0	3,704,057	0.000000	0.000000	6,391	54.01
54.02	03630 ULTRASOUND	0	6,552,590	0.000000	0.000000	7,243	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	32,798,924	0.000000	0.000000	7,157	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	52,561,259	0.000000	0.000000	69,096	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,542,789	0.000000	0.000000	36,230	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	54,688,312	0.000000	0.000000	5,434	59.00
60.00	06000 LABORATORY	0	43,904,020	0.000000	0.000000	345,335	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	3,622,023	0.000000	0.000000	4,057	63.00
64.00	06400 INTRAVENOUS THERAPY	0	11,173,447	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	11,698,149	0.000000	0.000000	302,149	65.00
65.01	03560 PULMONARY	0	7,305,394	0.000000	0.000000	161,695	65.01
66.00	06600 PHYSICAL THERAPY	0	11,376,624	0.000000	0.000000	1,309,180	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	5,252,243	0.000000	0.000000	1,407,710	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,190,818	0.000000	0.000000	401,603	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
69.01	03140 RADIOLOGY	1,479	12,467,873	0.000119	0.000119	17,066	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,349,443	0.000000	0.000000	13,784	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	45,508,615	0.000000	0.000000	284,343	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	53,318,717	0.000000	0.000000	63,308	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	101,724,503	0.000000	0.000000	599,323	73.00
74.00	07400 RENAL DIALYSIS	0	1,696,582	0.000000	0.000000	78,649	74.00
76.00	03340 GASTROINTESTINAL	986	9,840,326	0.000100	0.000100	16,822	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,890,371	0.000000	0.000000	131	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	1,078,822	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	951	15,803,318	0.000060	0.000060	10,239	90.00
91.00	09100 EMERGENCY	8,313	37,926,687	0.000219	0.000219	0	91.00
92.00	09200 OBSERVATION BEDS	0	3,896,578	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	22,340	672,531,803			5,219,468	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 14T280	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 8:15 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	2	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE	0	0	0	54.01
54.02 03630 ULTRASOUND	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01 03560 PULMONARY	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01 03140 RADIOLOGY	2	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
76.00 03340 GASTROINTESTINAL	2	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	1	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	7	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 145564	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 8:15 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	8,251	0	0	8,251	50.00
51.00	05100 RECOVERY ROOM	0	1,268	0	0	1,268	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,092	0	0	1,092	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	03630 ULTRASOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (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
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560 PULMONARY	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140 RADIOLOGY	0	1,479	0	0	1,479	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD 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
76.00	03340 GASTROINTESTINAL	0	986	0	0	986	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	951	0	0	951	90.00
91.00	09100 EMERGENCY	0	8,313	0	0	8,313	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	22,340	0	0	22,340	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 145564	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 8:15 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	8,251	75,638,570	0.000109	0.000109	102	50.00
51.00 05100 RECOVERY ROOM	1,268	10,860,493	0.000117	0.000117	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,092	9,759,117	0.000112	0.000112	0	52.00
53.00 05300 ANESTHESIOLOGY	0	10,437,334	0.000000	0.000000	442	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	23,963,805	0.000000	0.000000	43,963	54.00
54.01 03450 NUCLEAR MEDICINE	0	3,704,057	0.000000	0.000000	0	54.01
54.02 03630 ULTRASOUND	0	6,552,590	0.000000	0.000000	7,091	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	32,798,924	0.000000	0.000000	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	52,561,259	0.000000	0.000000	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,542,789	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	54,688,312	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	43,904,020	0.000000	0.000000	331,721	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	3,622,023	0.000000	0.000000	4,673	63.00
64.00 06400 INTRAVENOUS THERAPY	0	11,173,447	0.000000	0.000000	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	11,698,149	0.000000	0.000000	425,855	65.00
65.01 03560 PULMONARY	0	7,305,394	0.000000	0.000000	275,373	65.01
66.00 06600 PHYSICAL THERAPY	0	11,376,624	0.000000	0.000000	1,535,432	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	5,252,243	0.000000	0.000000	1,438,680	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,190,818	0.000000	0.000000	31,667	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
69.01 03140 RADIOLOGY	1,479	12,467,873	0.000119	0.000119	15,338	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,349,443	0.000000	0.000000	4,462	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	45,508,615	0.000000	0.000000	647,650	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	53,318,717	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	101,724,503	0.000000	0.000000	775,383	73.00
74.00 07400 RENAL DIALYSIS	0	1,696,582	0.000000	0.000000	1,536	74.00
76.00 03340 GASTROINTESTINAL	986	9,840,326	0.000100	0.000100	1,687	76.00
76.97 07697 CARDIAC REHABILITATION	0	1,890,371	0.000000	0.000000	131	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	1,078,822	0.000000	0.000000	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	951	15,803,318	0.000060	0.000060	3,167	90.00
91.00 09100 EMERGENCY	8,313	37,926,687	0.000219	0.000219	0	91.00
92.00 09200 OBSERVATION BEDS	0	3,896,578	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	22,340	672,531,803		5,544,353	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 145564	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 8:15 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)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE	0	0	0	54.01
54.02	03630 ULTRASOUND	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	03560 PULMONARY	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03140 RADIOLOGY	2	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03340 GASTROINTESTINAL	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	2	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/21/2014 8:15 am
		Title XIX	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	972,389	0	972,389	49,055	19.82	30.00
31.00	INTENSIVE CARE UNIT	338,625		338,625	4,707	71.94	31.00
31.01	NICU	47,154		47,154	1,630	28.93	31.01
32.00	CORONARY CARE UNIT	170,925		170,925	7,455	22.93	32.00
41.00	SUBPROVIDER - IRF	95,007	0	95,007	4,412	21.53	41.00
43.00	NURSERY	69,771		69,771	2,951	23.64	43.00
44.00	SKILLED NURSING FACILITY	111,698		111,698	6,474	17.25	44.00
200.00	Total (lines 30-199)	1,805,569		1,805,569	76,684		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,816	135,093				
31.00	INTENSIVE CARE UNIT	249	17,913				
31.01	NICU	597	17,271				
32.00	CORONARY CARE UNIT	395	9,057				
41.00	SUBPROVIDER - IRF	286	6,158				
43.00	NURSERY	912	21,560				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	9,255	207,052				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/21/2014 8:15 am
--	--	----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Title XIX		Hospital		PPS	
					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	521,228	75,638,570	0.006891	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	136,054	10,860,493	0.012527	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	199,616	9,759,117	0.020454	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	8,654	10,437,334	0.000829	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	448,738	23,963,805	0.018726	0	0	0	54.00	
54.01	03450	NUCLEAR MEDICINE	97,022	3,704,057	0.026193	0	0	0	54.01	
54.02	03630	ULTRASOUND	93,081	6,552,590	0.014205	0	0	0	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	137,707	32,798,924	0.004199	0	0	0	55.00	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	40,677	52,561,259	0.000774	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	22,384	5,542,789	0.004038	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	616,122	54,688,312	0.011266	0	0	0	59.00	
60.00	06000	LABORATORY	104,897	43,904,020	0.002389	0	0	0	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	32,726	3,622,023	0.009035	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	130,708	11,173,447	0.011698	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	61,165	11,698,149	0.005229	0	0	0	65.00	
65.01	03560	PULMONARY	37,202	7,305,394	0.005092	0	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	79,622	11,376,624	0.006999	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	14,372	5,252,243	0.002736	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	6,548	1,190,818	0.005499	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0	0	69.00	
69.01	03140	CARDIOLOGY	137,711	12,467,873	0.011045	0	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	13,620	5,349,443	0.002546	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	124,007	45,508,615	0.002725	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	225,653	53,318,717	0.004232	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	178,651	101,724,503	0.001756	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	32,046	1,696,582	0.018889	0	0	0	74.00	
76.00	03340	GASTROINTESTINAL	157,872	9,840,326	0.016043	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	13,851	1,890,371	0.007327	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,703	1,078,822	0.001579	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	102,348	15,803,318	0.006476	0	0	0	90.00	
91.00	09100	EMERGENCY	304,055	37,926,687	0.008017	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS	86,386	3,896,578	0.022170	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES							95.00	
200.00		Total (lines 50-199)	4,166,426	672,531,803			0	0	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/21/2014 8:15 am
---	--	----------------------	---	---

Cost Center Description			Title XIX			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	146,456	0	0	0	146,456		30.00
31.00	03100	INTENSIVE CARE UNIT	8,559	0	0	0	8,559		31.00
31.01	02060	NICU	141	0	0	0	141		31.01
32.00	03200	CORONARY CARE UNIT	42,804	0	0	0	42,804		32.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0		41.00
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)	197,960	0	0	0	197,960		200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)			
			6.00	7.00	8.00	9.00			
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	49,055	2.99	6,816	20,380			30.00
31.00	03100	INTENSIVE CARE UNIT	4,707	1.82	249	453			31.00
31.01	02060	NICU	1,630	0.09	597	54			31.01
32.00	03200	CORONARY CARE UNIT	7,455	5.74	395	2,267			32.00
41.00	04100	SUBPROVIDER - IRF	4,412	0.00	286	0			41.00
43.00	04300	NURSERY	2,951	0.00	912	0			43.00
44.00	04400	SKILLED NURSING FACILITY	6,474	0.00	0	0			44.00
200.00		Total (lines 30-199)	76,684		9,255	23,154			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 8:15 am
--	----------------------	---	--

Cost Center Description		Title XIX				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	8,251	0	0	8,251	50.00	
51.00	05100	RECOVERY ROOM	0	1,268	0	0	1,268	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,092	0	0	1,092	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.01	03450	NUCLEAR MEDICINE	0	0	0	0	0	54.01	
54.02	03630	ULTRASOUND	0	0	0	0	0	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
57.00	05700	COMPUTED TOMOGRAPHY (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	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
65.01	03560	PULMONARY	0	0	0	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
69.01	03140	CARDIOLOGY	0	1,479	0	0	1,479	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD 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	
76.00	03340	GASTRO INTESTINAL	0	986	0	0	986	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	951	0	0	951	90.00	
91.00	09100	EMERGENCY	0	8,313	0	0	8,313	91.00	
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00	
200.00		Total (lines 50-199)	0	22,340	0	0	22,340	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 8:15 am
--	----------------------	---------------------------------------	---

Cost Center Description	Title XIX			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	8,251	75,638,570	0.000109	0.000109	0	50.00
51.00 05100 RECOVERY ROOM	1,268	10,860,493	0.000117	0.000117	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,092	9,759,117	0.000112	0.000112	0	52.00
53.00 05300 ANESTHESIOLOGY	0	10,437,334	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	23,963,805	0.000000	0.000000	0	54.00
54.01 03450 NUCLEAR MEDICINE	0	3,704,057	0.000000	0.000000	0	54.01
54.02 03630 ULTRASOUND	0	6,552,590	0.000000	0.000000	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	32,798,924	0.000000	0.000000	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	52,561,259	0.000000	0.000000	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,542,789	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	54,688,312	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	43,904,020	0.000000	0.000000	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	3,622,023	0.000000	0.000000	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	11,173,447	0.000000	0.000000	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	11,698,149	0.000000	0.000000	0	65.00
65.01 03560 PULMONARY	0	7,305,394	0.000000	0.000000	0	65.01
66.00 06600 PHYSICAL THERAPY	0	11,376,624	0.000000	0.000000	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	5,252,243	0.000000	0.000000	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,190,818	0.000000	0.000000	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
69.01 03140 RADIOLOGY	1,479	12,467,873	0.000119	0.000119	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,349,443	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	45,508,615	0.000000	0.000000	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	53,318,717	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	101,724,503	0.000000	0.000000	0	73.00
74.00 07400 RENAL DIALYSIS	0	1,696,582	0.000000	0.000000	0	74.00
76.00 03340 GASTROINTESTINAL	986	9,840,326	0.000100	0.000100	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	1,890,371	0.000000	0.000000	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	1,078,822	0.000000	0.000000	0	76.98
76.99 07699 LI THOTRIPSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	951	15,803,318	0.000060	0.000060	0	90.00
91.00 09100 EMERGENCY	8,313	37,926,687	0.000219	0.000219	0	91.00
92.00 09200 OBSERVATION BEDS	0	3,896,578	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	22,340	672,531,803				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 8:15 am
--	----------------------	---	--

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)	Hospital	PPS
Title XIX						
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	03450 NUCLEAR MEDICINE	0	0	0		54.01
54.02	03630 ULTRASOUND	0	0	0		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
65.01	03560 PULMONARY	0	0	0		65.01
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
69.01	03140 RADIOLOGY	0	0	0		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03340 GASTROINTESTINAL	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699 LI THOTRIPSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140280 Component CCN: 14T280		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/21/2014 8:15 am	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	521,228	75,638,570	0.006891	0	0 50.00
51.00	05100	RECOVERY ROOM	136,054	10,860,493	0.012527	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	199,616	9,759,117	0.020454	0	0 52.00
53.00	05300	ANESTHESIOLOGY	8,654	10,437,334	0.000829	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	448,738	23,963,805	0.018726	0	0 54.00
54.01	03450	NUCLEAR MEDICINE	97,022	3,704,057	0.026193	0	0 54.01
54.02	03630	ULTRASOUND	93,081	6,552,590	0.014205	0	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	137,707	32,798,924	0.004199	0	0 55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	40,677	52,561,259	0.000774	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	22,384	5,542,789	0.004038	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	616,122	54,688,312	0.011266	0	0 59.00
60.00	06000	LABORATORY	104,897	43,904,020	0.002389	0	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	32,726	3,622,023	0.009035	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	130,708	11,173,447	0.011698	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	61,165	11,698,149	0.005229	0	0 65.00
65.01	03560	PULMONARY	37,202	7,305,394	0.005092	0	0 65.01
66.00	06600	PHYSICAL THERAPY	79,622	11,376,624	0.006999	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	14,372	5,252,243	0.002736	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	6,548	1,190,818	0.005499	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0 69.00
69.01	03140	CARDIOLOGY	137,711	12,467,873	0.011045	0	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	13,620	5,349,443	0.002546	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	124,007	45,508,615	0.002725	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	225,653	53,318,717	0.004232	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	178,651	101,724,503	0.001756	0	0 73.00
74.00	07400	RENAL DIALYSIS	32,046	1,696,582	0.018889	0	0 74.00
76.00	03340	GASTROINTESTINAL	157,872	9,840,326	0.016043	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	13,851	1,890,371	0.007327	0	0 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	1,703	1,078,822	0.001579	0	0 76.98
76.99	07699	LI THOTRI PSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	102,348	15,803,318	0.006476	0	0 90.00
91.00	09100	EMERGENCY	304,055	37,926,687	0.008017	0	0 91.00
92.00	09200	OBSERVATION BEDS	0	3,896,578	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	4,080,040	672,531,803		0	0,200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 14T280	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 8:15 am
	Title XIX	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	8,251	0	0	8,251	50.00
51.00	05100 RECOVERY ROOM	0	1,268	0	0	1,268	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,092	0	0	1,092	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	03630 ULTRASOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (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
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560 PULMONARY	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140 CARDIOLOGY	0	1,479	0	0	1,479	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD 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
76.00	03340 GASTROINTESTINAL	0	986	0	0	986	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	951	0	0	951	90.00
91.00	09100 EMERGENCY	0	8,313	0	0	8,313	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	22,340	0	0	22,340	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 14T280	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 8:15 am
Title XIX		Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	8,251	75,638,570	0.000109	0.000109		0 50.00
51.00 05100 RECOVERY ROOM	1,268	10,860,493	0.000117	0.000117		0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,092	9,759,117	0.000112	0.000112		0 52.00
53.00 05300 ANESTHESIOLOGY	0	10,437,334	0.000000	0.000000		0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	23,963,805	0.000000	0.000000		0 54.00
54.01 03450 NUCLEAR MEDICINE	0	3,704,057	0.000000	0.000000		0 54.01
54.02 03630 ULTRASOUND	0	6,552,590	0.000000	0.000000		0 54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	32,798,924	0.000000	0.000000		0 55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	52,561,259	0.000000	0.000000		0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,542,789	0.000000	0.000000		0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	54,688,312	0.000000	0.000000		0 59.00
60.00 06000 LABORATORY	0	43,904,020	0.000000	0.000000		0 60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000		0 62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	3,622,023	0.000000	0.000000		0 63.00
64.00 06400 INTRAVENOUS THERAPY	0	11,173,447	0.000000	0.000000		0 64.00
65.00 06500 RESPIRATORY THERAPY	0	11,698,149	0.000000	0.000000		0 65.00
65.01 03560 PULMONARY	0	7,305,394	0.000000	0.000000		0 65.01
66.00 06600 PHYSICAL THERAPY	0	11,376,624	0.000000	0.000000		0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	5,252,243	0.000000	0.000000		0 67.00
68.00 06800 SPEECH PATHOLOGY	0	1,190,818	0.000000	0.000000		0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000		0 69.00
69.01 03140 RADIOLOGY	1,479	12,467,873	0.000119	0.000119		0 69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,349,443	0.000000	0.000000		0 70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	45,508,615	0.000000	0.000000		0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	53,318,717	0.000000	0.000000		0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	101,724,503	0.000000	0.000000		0 73.00
74.00 07400 RENAL DIALYSIS	0	1,696,582	0.000000	0.000000		0 74.00
76.00 03340 GASTROINTESTINAL	986	9,840,326	0.000100	0.000100		0 76.00
76.97 07697 CARDIAC REHABILITATION	0	1,890,371	0.000000	0.000000		0 76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	1,078,822	0.000000	0.000000		0 76.98
76.99 07699 LI THOTRI PSY	0	0	0.000000	0.000000		0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	951	15,803,318	0.000060	0.000060		0 90.00
91.00 09100 EMERGENCY	8,313	37,926,687	0.000219	0.000219		0 91.00
92.00 09200 OBSERVATION BEDS	0	3,896,578	0.000000	0.000000		0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	22,340	672,531,803			0,200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 14T280	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 8:15 am
Title XIX		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE	0	0	0	54.01
54.02 03630 ULTRASOUND	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01 03560 PULMONARY	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01 03140 RADIOLOGY	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
76.00 03340 GASTROINTESTINAL	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 145564	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 8:15 am
Title XIX		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	8,251	0	0	8,251	50.00
51.00	05100 RECOVERY ROOM	0	1,268	0	0	1,268	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,092	0	0	1,092	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	03630 ULTRASOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (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
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560 PULMONARY	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140 RADIOLOGY	0	1,479	0	0	1,479	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD 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
76.00	03340 GASTROINTESTINAL	0	986	0	0	986	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	951	0	0	951	90.00
91.00	09100 EMERGENCY	0	8,313	0	0	8,313	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	22,340	0	0	22,340	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 145564	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 8:15 am
Title XIX		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	8,251	75,638,570	0.000109	0.000109		0 50.00
51.00 05100 RECOVERY ROOM	1,268	10,860,493	0.000117	0.000117		0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,092	9,759,117	0.000112	0.000112		0 52.00
53.00 05300 ANESTHESIOLOGY	0	10,437,334	0.000000	0.000000		0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	23,963,805	0.000000	0.000000		0 54.00
54.01 03450 NUCLEAR MEDICINE	0	3,704,057	0.000000	0.000000		0 54.01
54.02 03630 ULTRASOUND	0	6,552,590	0.000000	0.000000		0 54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	32,798,924	0.000000	0.000000		0 55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	52,561,259	0.000000	0.000000		0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,542,789	0.000000	0.000000		0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	54,688,312	0.000000	0.000000		0 59.00
60.00 06000 LABORATORY	0	43,904,020	0.000000	0.000000		0 60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000		0 62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	3,622,023	0.000000	0.000000		0 63.00
64.00 06400 INTRAVENOUS THERAPY	0	11,173,447	0.000000	0.000000		0 64.00
65.00 06500 RESPIRATORY THERAPY	0	11,698,149	0.000000	0.000000		0 65.00
65.01 03560 PULMONARY	0	7,305,394	0.000000	0.000000		0 65.01
66.00 06600 PHYSICAL THERAPY	0	11,376,624	0.000000	0.000000		0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	5,252,243	0.000000	0.000000		0 67.00
68.00 06800 SPEECH PATHOLOGY	0	1,190,818	0.000000	0.000000		0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000		0 69.00
69.01 03140 RADIOLOGY	1,479	12,467,873	0.000119	0.000119		0 69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,349,443	0.000000	0.000000		0 70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	45,508,615	0.000000	0.000000		0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	53,318,717	0.000000	0.000000		0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	101,724,503	0.000000	0.000000		0 73.00
74.00 07400 RENAL DIALYSIS	0	1,696,582	0.000000	0.000000		0 74.00
76.00 03340 GASTROINTESTINAL	986	9,840,326	0.000100	0.000100		0 76.00
76.97 07697 CARDIAC REHABILITATION	0	1,890,371	0.000000	0.000000		0 76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	1,078,822	0.000000	0.000000		0 76.98
76.99 07699 LI THOTRI PSY	0	0	0.000000	0.000000		0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	951	15,803,318	0.000060	0.000060		0 90.00
91.00 09100 EMERGENCY	8,313	37,926,687	0.000219	0.000219		0 91.00
92.00 09200 OBSERVATION BEDS	0	3,896,578	0.000000	0.000000		0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	22,340	672,531,803			0,200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140280 Component CCN: 145564	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/21/2014 8:15 am
Title XIX		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)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE	0	0	0	54.01
54.02	03630 ULTRASOUND	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	03560 PULMONARY	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03140 RADIOLOGY	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03340 GASTROINTESTINAL	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/21/2014 8:15 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)		49,055	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		49,055	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)		44,697	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)		17,676	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		28,666,442	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		28,666,442	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		28,666,442	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)		584.37	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,329,324	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		10,329,324	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,198,524	4,707	1,316.87	2,282	3,005,097	43.00
43.01	NICU	1,913,037	1,630	1,173.64	0	0	43.01
44.00	CORONARY CARE UNIT	5,463,000	7,455	732.80	4,616	3,382,605	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)					34,430,981	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					51,148,007	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)					703,850	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					694,985	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,398,835	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					49,749,172	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)					4,358	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					584.37	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,546,684	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/21/2014 8:15 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	972,389	28,666,442	0.033921	2,546,684	86,386	90.00
91.00	Nursing School cost	146,456	28,666,442	0.005109	2,546,684	13,011	91.00
92.00	Allied health cost	0	28,666,442	0.000000	2,546,684	0	92.00
93.00	All other Medical Education	0	28,666,442	0.000000	2,546,684	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 14T280		Date/Time Prepared: 5/21/2014 8:15 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,412	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,412	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,412	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,973	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)		2,790,574	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)		2,790,574	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)		2,790,574	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)		632.50	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,880,423	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,880,423	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 14T280				Date/Time Prepared: 5/21/2014 8:15 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NICU	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,375,045	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,255,468	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)					64,009	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					24,258	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					88,267	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,167,201	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280 Component CCN: 14T280		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/21/2014 8:15 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	95,007	2,790,574	0.034046	0	0	90.00
91.00	Nursing School cost	0	2,790,574	0.000000	0	0	91.00
92.00	Allied health cost	0	2,790,574	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,790,574	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280 Component CCN: 145564	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/21/2014 8:15 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)		6,474	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,474	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)		6,474	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)		5,180	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)		2,931,327	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)		2,931,327	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)		2,931,327	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: 140280 Component CCN: 145564		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/21/2014 8:15 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
43.01	NICU						43.01
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)					2,931,327	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					452.78	71.00
72.00	Program routine service cost (line 9 x line 71)					2,345,400	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)					2,345,400	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)					2,345,400	83.00
84.00	Program inpatient ancillary services (see instructions)					1,435,161	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					3,780,561	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: 140280 Component CCN: 145564		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/21/2014 8:15 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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/21/2014 8:15 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)		49,055	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		49,055	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)		44,697	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,816	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)		2,951	15.00
16.00	Nursery days (title V or XIX only)		912	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		28,666,442	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		28,666,442	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		28,666,442	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)		584.37	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,983,066	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,983,066	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Title XIX		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,425,472	2,951	483.05	912	440,542	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,198,524	4,707	1,316.87	249	327,901	43.00
43.01	NICU	1,913,037	1,630	1,173.64	597	700,663	43.01
44.00	CORONARY CARE UNIT	5,463,000	7,455	732.80	395	289,456	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)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,741,628	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)					224,048	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					224,048	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,517,580	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)					4,358	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					584.37	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,546,684	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/21/2014 8:15 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	972,389	28,666,442	0.033921	2,546,684	86,386	90.00
91.00	Nursing School cost	146,456	28,666,442	0.005109	2,546,684	13,011	91.00
92.00	Allied health cost	0	28,666,442	0.000000	2,546,684	0	92.00
93.00	All other Medical Education	0	28,666,442	0.000000	2,546,684	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 14T280		Date/Time Prepared: 5/21/2014 8:15 am
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,412	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,412	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,412	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)		286	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)		2,951	15.00
16.00	Nursery days (title V or XIX only)		912	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)		2,790,574	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)		2,790,574	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)		2,790,574	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)		632.50	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		180,895	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)		180,895	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 14T280				Date/Time Prepared: 5/21/2014 8:15 am	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NICU	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						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)				0	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				180,895		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)				6,158		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				0		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				6,158		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				174,737		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280 Component CCN: 14T280		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/21/2014 8:15 am	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	95,007	2,790,574	0.034046	0	0	90.00
91.00	Nursing School cost	0	2,790,574	0.000000	0	0	91.00
92.00	Allied health cost	0	2,790,574	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,790,574	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280 Component CCN: 145564	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/21/2014 8:15 am
		Title XIX	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)		6,474	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,474	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)		6,474	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)		0	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)		2,951	15.00
16.00	Nursery days (title V or XIX only)		912	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)		2,931,327	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)		2,931,327	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)		2,931,327	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: 140280 Component CCN: 145564		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/21/2014 8:15 am	
		Title XIX		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
43.01	NICU						43.01
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)					2,931,327	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					452.78	71.00
72.00	Program routine service cost (line 9 x line 71)					0	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					0	74.00
75.00	Capital -related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					111,698	75.00
76.00	Per diem capital -related costs (line 75 ÷ line 2)					17.25	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)					0	83.00
84.00	Program inpatient ancillary services (see instructions)					0	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					0	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140280 Component CCN: 145564		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/21/2014 8:15 am	
		Title XIX		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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/21/2014 8:15 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		16,631,239	30.00
31.00	03100	INTENSIVE CARE UNIT		5,045,269	31.00
31.01	02060	NICU		0	31.01
32.00	03200	CORONARY CARE UNIT		6,946,004	32.00
41.00	04100	SUBPROVIDER - IRF		140,447	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.188001	14,681,872	50.00
51.00	05100	RECOVERY ROOM	0.398382	1,430,132	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.432041	12,015	52.00
53.00	05300	ANESTHESIOLOGY	0.041740	1,503,914	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.253410	2,599,206	54.00
54.01	03450	NUCLEAR MEDICINE	0.175704	317,615	54.01
54.02	03630	ULTRASOUND	0.147619	358,988	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.164492	142,765	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.050059	6,502,594	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.383136	1,875,669	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.092438	9,939,083	59.00
60.00	06000	LABORATORY	0.229084	11,223,195	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.807904	1,659,967	63.00
64.00	06400	INTRAVENOUS THERAPY	0.312098	1,215,295	64.00
65.00	06500	RESPIRATORY THERAPY	0.153401	5,603,706	65.00
65.01	03560	PULMONARY	0.179908	2,831,862	65.01
66.00	06600	PHYSICAL THERAPY	0.297353	1,974,497	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.245677	426,780	67.00
68.00	06800	SPEECH PATHOLOGY	0.278085	115,796	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
69.01	03140	CARDIOLOGY	0.206958	3,570,560	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.221081	590,120	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.328285	13,348,847	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.486613	19,094,240	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.250629	20,009,423	73.00
74.00	07400	RENAL DIALYSIS	0.564295	1,059,693	74.00
76.00	03340	GASTROINTESTINAL	0.188677	1,011,264	76.00
76.97	07697	CARDIAC REHABILITATION	0.387247	152,359	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.264221	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.352608	503,843	90.00
91.00	09100	EMERGENCY	0.319604	3,683,729	91.00
92.00	09200	OBSERVATION BEDS	0.653569	204,499	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		127,643,528	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)		127,643,528	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 14T280		Date/Time Prepared: 5/21/2014 8:15 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02060 NICU		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
41.00	04100 SUBPROVIDER - IRF		3,606,806		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.188001	18,014	3,387	50.00
51.00	05100 RECOVERY ROOM	0.398382	3,697	1,473	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.432041	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.041740	3,291	137	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.253410	47,521	12,042	54.00
54.01	03450 NUCLEAR MEDICINE	0.175704	6,391	1,123	54.01
54.02	03630 ULTRASOUND	0.147619	7,243	1,069	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.164492	7,157	1,177	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.050059	69,096	3,459	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.383136	36,230	13,881	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.092438	5,434	502	59.00
60.00	06000 LABORATORY	0.229084	345,335	79,111	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.807904	4,057	3,278	63.00
64.00	06400 INTRAVENOUS THERAPY	0.312098	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.153401	302,149	46,350	65.00
65.01	03560 PULMONARY	0.179908	161,695	29,090	65.01
66.00	06600 PHYSICAL THERAPY	0.297353	1,309,180	389,289	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.245677	1,407,710	345,842	67.00
68.00	06800 SPEECH PATHOLOGY	0.278085	401,603	111,680	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	69.00
69.01	03140 RADIOLOGY	0.206958	17,066	3,532	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.221081	13,784	3,047	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.328285	284,343	93,346	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.486613	63,308	30,806	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.250629	599,323	150,208	73.00
74.00	07400 RENAL DIALYSIS	0.564295	78,649	44,381	74.00
76.00	03340 GASTROINTESTINAL	0.188677	16,822	3,174	76.00
76.97	07697 CARDIAC REHABILITATION	0.387247	131	51	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.264221	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.352608	10,239	3,610	90.00
91.00	09100 EMERGENCY	0.319604	0	0	91.00
92.00	09200 OBSERVATION BEDS	0.653569	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		5,219,468	1,375,045	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		5,219,468		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 145564		Date/Time Prepared: 5/21/2014 8:15 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
31.01	02060	NICU		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.188001	102	50.00
51.00	05100	RECOVERY ROOM	0.398382	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.432041	0	52.00
53.00	05300	ANESTHESIOLOGY	0.041740	442	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.253410	43,963	54.00
54.01	03450	NUCLEAR MEDICINE	0.175704	0	54.01
54.02	03630	ULTRASOUND	0.147619	7,091	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.164362	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.050059	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.383136	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.092438	0	59.00
60.00	06000	LABORATORY	0.229084	331,721	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.807904	4,673	63.00
64.00	06400	INTRAVENOUS THERAPY	0.312062	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.153397	425,855	65.00
65.01	03560	PULMONARY	0.179908	275,373	65.01
66.00	06600	PHYSICAL THERAPY	0.294767	1,535,432	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.245677	1,438,680	67.00
68.00	06800	SPEECH PATHOLOGY	0.278085	31,667	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
69.01	03140	CARDIOLOGY	0.206958	15,338	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.219665	4,462	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.328285	647,650	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.486613	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.250629	775,383	73.00
74.00	07400	RENAL DIALYSIS	0.564295	1,536	74.00
76.00	03340	GASTROINTESTINAL	0.188677	1,687	76.00
76.97	07697	CARDIAC REHABILITATION	0.387247	131	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.264221	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.351450	3,167	90.00
91.00	09100	EMERGENCY	0.319604	0	91.00
92.00	09200	OBSERVATION BEDS	0.653569	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		5,544,353	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		5,544,353	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/21/2014 8:15 am
		Title XVII	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)		33,131,429	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		10,287,598	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)		1,917,712	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)		291.06	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)		5.67	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.85	31.00
32.00	Sum of lines 30 and 31		24.52	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.44	33.00
34.00	Disproportionate share adjustment (see instructions)		3,370,394	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/21/2014 8:15 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			0	35.00
35.01	Factor 3 (see instructions)			0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			3,539,114	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			892,051	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		892,051		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)		49,599,184		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)		49,599,184		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,640,069		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		55,387		53.00
54.00	Special add-on payments for new technologies		1,705		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).		83,500		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		3,814		58.00
59.00	Total (sum of amounts on lines 49 through 58)		53,383,659		59.00
60.00	Primary payer payments		71,068		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		53,312,591		61.00
62.00	Deductibles billed to program beneficiaries		4,688,850		62.00
63.00	Coinurance billed to program beneficiaries		158,150		63.00
64.00	Allowable bad debts (see instructions)		1,222,593		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		794,685		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		707,030		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		49,260,276		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.92	Bundled Model 1 discount amount			0	70.92
70.93	HVBP incentive payment (see instructions)			-40,741	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-56,324	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: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/21/2014 8:15 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)		49,163,211		71.00
71.01	Sequestration adjustment (see instructions)		742,364		71.01
72.00	Interim payments		47,538,660		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		882,187		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		647,013		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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140280

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/21/2014 8:15 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013	1.01	33,131,429	0	33,131,429	0	33,131,429	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013	1.02	10,287,598	0	0	10,287,598	10,287,598	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI	1.03	0	0	0	0	0	1.03
2.00	Outlier payments for discharges (see instructions)	2.00	1,917,712	0	1,245,049	672,663	1,917,712	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0944	0.0944	0.0944	0.0944		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	3,370,394	0	3,127,607	242,787	3,370,394	11.00
11.01	Uncompensated care payments	36.00	892,051	0	0	892,051	892,051	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	49,599,184	0	37,504,085	12,095,099	49,599,184	13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	49,599,184	0	37,504,085	12,095,099	49,599,184	15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	3,640,069	0	2,771,793	868,276	3,640,069	16.00
17.00	Special add-on payments for new technologies	54.00	1,705	0	0	1,705	1,705	17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	40,275,878	12,965,080	53,240,958	19.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140280

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/21/2014 8:15 am

		Title XVIII		Hospital		PPS		
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	3,434,353	0	2,616,652	817,701	3,434,353	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	30,564	0	21,692	8,872	30,564	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0510	0.0510	0.0510	0.0510		24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	175,152	0	133,449	41,703	175,152	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	3,640,069	0	2,771,793	868,276	3,640,069	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to W/S E Part A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/21/2014 8:15 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		24,995	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		29,240,420	2.00
3.00	PPS payments		29,431,590	3.00
4.00	Outlier payment (see instructions)		148,351	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		6,742	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		24,995	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		74,950	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)		74,950	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)		74,950	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		49,955	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)		24,995	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)		29,586,683	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		5,285	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		6,185,188	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)		23,421,205	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)		23,421,205	30.00
31.00	Primary payer payments		8,196	31.00
32.00	Subtotal (line 30 minus line 31)		23,413,009	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,209,211	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		785,987	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		792,121	36.00
37.00	Subtotal (see instructions)		24,198,996	37.00
38.00	MSP-LCC reconciliation amount from PS&R		55	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)		24,198,941	40.00
40.01	Sequestration adjustment (see instructions)		365,404	40.01
41.00	Interim payments		23,521,165	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		312,372	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140280

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

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2014 8:15 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		47,538,660		23,521,165	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		47,538,660		23,521,165	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		882,187		312,372	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		48,420,847		23,833,537	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: 140280
Component CCN: 14T280

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

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2014 8:15 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		3,386,869		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,386,869		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		12,180		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,399,049		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140280
Component CCN: 145564

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

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2014 8:15 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					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		1,966,820		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,966,820		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		12,872		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,979,692		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140280

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

Worksheet E-1
Part II
Date/Time Prepared:
5/21/2014 8:15 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			13,878 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			24,574 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			5,109 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			58,489 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			750,476,702 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			12,853,323 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)			2,346,997 8.00
9.00	Sequestration adjustment amount (see instructions)			46,940 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			2,300,057 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			2,389,137 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			-89,080 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140280 Component CCN: 14T280	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part III Date/Time Prepared: 5/21/2014 8:15 am	
		Title XVIIII	Subprovider - IRF	PPS	
			Prior to 10/01	On/After 10/01	
			1.00	1.01	
PART III - MEDICARE PART A SERVICES - IRF PPS					
1.00	Net Federal PPS Payment (see instructions)		2,470,598	757,777	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0307		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		105,495	22,127	3.00
4.00	Outlier Payments		124,963		4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00		5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00		5.01
6.00	New Teaching program adjustment. (see instructions)		0.00		6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00		7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00		8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00		9.00
10.00	Average Daily Census (see instructions)		12.087671		10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	0	12.00
13.00	Total PPS Payment (see instructions)		3,480,960		13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0		14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)				15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0		16.00
17.00	Subtotal (see instructions)		3,480,960		17.00
18.00	Primary payer payments		0		18.00
19.00	Subtotal (line 17 less line 18).		3,480,960		19.00
20.00	Deductibles		21,312		20.00
21.00	Subtotal (line 19 minus line 20)		3,459,648		21.00
22.00	Coinurance		8,824		22.00
23.00	Subtotal (line 21 minus line 22)		3,450,824		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		2,778		24.00
25.00	Adjusted reimbursable bad debts (see instructions)		1,806		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,156		26.00
27.00	Subtotal (sum of lines 23 and 25)		3,452,630		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0		28.00
29.00	Other pass through costs (see instructions)		7		29.00
30.00	Outlier payments reconciliation		0		30.00
31.00	OTHER ADJ PS&R		-1,475		31.00
31.99	Recovery of Accelerated Depreciation		0		31.99
32.00	Total amount payable to the provider (see instructions)		3,451,162		32.00
32.01	Sequestration adjustment (see instructions)		52,113		32.01
33.00	Interim payments		3,386,869		33.00
34.00	Tentative settlement (for contractor use only)		0		34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34		12,180		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		3,325		36.00
TO BE COMPLETED BY CONTRACTOR					
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		124,963		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0		51.00
52.00	The rate used to calculate the Time Value of Money		0.00		52.00
53.00	Time Value of Money (see instructions)		0		53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140280 Component CCN: 145564	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VI Date/Time Prepared: 5/21/2014 8:15 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)		2,150,021	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		2	3.00
4.00	Subtotal (sum of lines 1 through 3)		2,150,023	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		153,357	7.00
8.00	Allowable bad debts (see instructions)		18,335	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		6,349	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		13,378	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		2,010,044	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)		2,010,044	15.00
15.01	Sequestration adjustment (see instructions)		30,352	15.01
16.00	Interim payments		1,966,820	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		12,872	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: 140280

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

Worksheet G

Date/Time Prepared:
5/21/2014 8:15 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	18,805,286	0	0	0	1.00
2.00	Temporary investments	8,087,910	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	167,492,427	0	0	0	4.00
5.00	Other receivable	1,970,407	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-123,665,815	0	0	0	6.00
7.00	Inventory	7,226,187	0	0	0	7.00
8.00	Prepaid expenses	966,030	0	0	0	8.00
9.00	Other current assets	1,631,673	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	82,514,105	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,320,897	0	0	0	12.00
13.00	Land improvements	7,386,211	0	0	0	13.00
14.00	Accumulated depreciation	-5,193,323	0	0	0	14.00
15.00	Buildings	204,572,992	0	0	0	15.00
16.00	Accumulated depreciation	-120,070,078	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	529,482	0	0	0	19.00
20.00	Accumulated depreciation	-223,244	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	87,078,106	0	0	0	23.00
24.00	Accumulated depreciation	-59,327,085	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	16,105,620	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	137,179,578	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	157,797,424	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	24,012,848	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	181,810,272	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	401,503,955	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	12,939,781	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,129,195	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	433,764	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	25,892,097	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	53,394,837	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,776,782	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	133,400,022	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	135,176,804	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	188,571,641	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	212,932,314				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	212,932,314	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	401,503,955	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140280

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

Worksheet G-1

Date/Time Prepared:
5/21/2014 8:15 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		187,830,793		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		60,937,352			2.00
3.00	Total (sum of line 1 and line 2)		248,768,145		0	3.00
4.00	ROUNDING	1		0		4.00
5.00	BETTENDORF NET INCOME	13,583,526		0		5.00
6.00	TEMP REST-CAP EXPENDITURES	4,651,862		0		6.00
7.00	OTHER	400,613		0		7.00
8.00	CMHC NET INCOME	197,677		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		18,833,679		0	10.00
11.00	Subtotal (line 3 plus line 10)		267,601,824		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	INTERCO TRANSFERS OF AP	20,526,662		0		13.00
14.00	UNRESTRICTED NET ASSETS	1,355,539		0		14.00
15.00	UNRESTRICTED-HELD FOUNDATION	169,156		0		15.00
16.00	UNRESTRICTED PENSION CHANGES	104,591		0		16.00
17.00	TRHS NET LOSS	32,513,561		0		17.00
18.00	Total deductions (sum of lines 12-17)		54,669,509		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		212,932,315		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	ROUNDING		0			4.00
5.00	BETTENDORF NET INCOME		0			5.00
6.00	TEMP REST-CAP EXPENDITURES		0			6.00
7.00	OTHER		0			7.00
8.00	CMHC NET INCOME		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	INTERCO TRANSFERS OF AP		0			13.00
14.00	UNRESTRICTED NET ASSETS		0			14.00
15.00	UNRESTRICTED-HELD FOUNDATION		0			15.00
16.00	UNRESTRICTED PENSION CHANGES		0			16.00
17.00	TRHS NET LOSS		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: 140280

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/21/2014 8:15 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	49,109,568		49,109,568	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	5,470,994		5,470,994	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	3,948,997		3,948,997	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)	58,529,559		58,529,559	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,035,143		11,035,143	11.00
11.01	NICU	2,271,367		2,271,367	11.01
12.00	CORONARY CARE UNIT	11,729,114		11,729,114	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	25,035,624		25,035,624	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	83,565,183		83,565,183	17.00
18.00	Ancillary services	272,438,064	386,487,000	658,925,064	18.00
19.00	Outpatient services	0	14,675,720	14,675,720	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	194,771	194,771	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY) PHYSICIANS	0	30,765,222	30,765,222	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	356,003,247	432,122,713	788,125,960	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		222,895,925		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		222,895,925		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140280

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

Worksheet G-3

Date/Time Prepared:
5/21/2014 8:15 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	788,125,960	1.00
2.00	Less contractual allowances and discounts on patients' accounts	518,828,333	2.00
3.00	Net patient revenues (line 1 minus line 2)	269,297,627	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	222,895,925	4.00
5.00	Net income from service to patients (line 3 minus line 4)	46,401,702	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	20	6.00
7.00	Income from investments	535,751	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	169	13.00
14.00	Revenue from meals sold to employees and guests	879,698	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.)	3,390,869	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	57,639	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	GRANTS	4,471,336	24.01
24.02	MEANINGFUL USE	4,021,813	24.02
24.03	MISCELLANEOUS	1,178,355	24.03
25.00	Total other income (sum of lines 6-24)	14,535,650	25.00
26.00	Total (line 5 plus line 25)	60,937,352	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	60,937,352	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140280	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/21/2014 8:15 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,434,353	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		30,564	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)		162.02	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)		5.67	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.85	8.00
9.00	Sum of lines 7 and 8		24.52	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.10	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		175,152	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		3,640,069	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