

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: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/27/2014 11:37 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/27/2014 Time: 11:37 am	
	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.		
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. 00130 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE GOOD SAMARITAN HOSPITAL (140288) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY					
1.00 Hospital	0	-1,004,378	109,810	-61,176	0 1.00
2.00 Subprovider - IPF	0	21,317	0	0	0 2.00
3.00 Subprovider - IRF	0	0	0	0	0 3.00
4.00 SUBPROVIDER I	0	0	0	0	0 4.00
5.00 Swing bed - SNF	0	0	0	0	0 5.00
6.00 Swing bed - NF	0	0	0	0	0 6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0 7.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
200.00 Total	0	-983,061	109,810	-61,176	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: 140288		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 11:35 am				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 60515-		County: DUPAGE		
1.00 Street: 3815 HIGHLAND AVENUE		2.00 City: DOWNERS GROVE								
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		
3.00 Hospital and Hospital-Based Component Identification:										
3.00 Hospital		ADVOCATE GOOD SAMARI TAN HOSPITAL	140288	29404	1	10/11/1976	N	P	0	3.00
4.00 Subprovider - IPF		ADVOC GOOD SAMARI TAN PSYCH UNIT	14S288	29404	4	01/01/1984	N	P	0	4.00
5.00 Subprovider - IRF										5.00
6.00 Subprovider - (Other)										6.00
7.00 Swing Beds - SNF										7.00
8.00 Swing Beds - NF										8.00
9.00 Hospital-Based SNF										9.00
10.00 Hospital-Based NF										10.00
11.00 Hospital-Based OLTC										11.00
12.00 Hospital-Based HHA										12.00
13.00 Separately Certified ASC										13.00
14.00 Hospital-Based Hospice										14.00
15.00 Hospital-Based Health Clinic - RHC										15.00
16.00 Hospital-Based Health Clinic - FQHC										16.00
17.00 Hospital-Based (CMHC) I										17.00
17.10 Hospital-Based (CORF) I										17.10
18.00 Renal Dialysis										18.00
19.00 Other										19.00
		From:		To:						
		1.00		2.00						
20.00 Cost Reporting Period (mm/dd/yyyy)		01/01/2013		12/31/2013						20.00
21.00 Type of Control (see instructions)				1						21.00
22.00 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.				N		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.		5,364	1,442	0	31	764	0		24.00	
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.		0	0	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 11:35 am		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 11:35 am																																																																																																																						
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		1.00	2.00	3.00																																																																																																																						
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(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)</td> <td></td> <td></td> <td>N</td> </tr> <tr> <td colspan="6">Inpatient Rehabilitation Facility PPS</td> </tr> <tr> <td>75.00</td> <td>Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>76.00</td> <td>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. 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(see instructions) Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>93.00</td> <td>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.</td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>94.00</td> <td>Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.</td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>95.00</td> <td>If line 94 is "Y", enter the reduction percentage in the applicable column.</td> <td></td> <td></td> <td>0.00</td> </tr> </tbody> </table> </td> </tr> </tbody> </table> </td></tr></tbody></table>								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.			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		V	XIX			
		1.00	2.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column. Rural Providers	0.00	0.00		97.00	
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00	
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1			118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	5,986,433	15,989,009	1,138,510		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

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		1.00		2.00			
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		14H036		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ADVOCATE HEALTH CARE	Contractor's Name: NGS		Contractor's Number: 00130			
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box:					
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515			
		1.00		2.00			
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	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC						
161.10	CORF			N		N	
		1.00		2.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5					0.00	
		1.00		2.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.50				169.00	
		1.00		2.00			
		Beginning		Ending			
		1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2013		12/31/2013		170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/27/2014 11:35 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	03/07/2014	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	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	04/30/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/27/2014 11:35 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.	Y			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.	ROBERT	SMALL		41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5764	ROBERT.SMALL@ADVOCATEHEALTH.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/27/2014 11:35 am
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		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)	04/30/2014		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		SENIOR REIMBURSEMENT SPECIALIST	41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140288

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2014 11:35 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	235	85,775	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)		235	85,775	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	55	20,075	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		290	105,850	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	36	13,140		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		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
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		326				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140288

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2014 11:35 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)	17,711	5,657	42,125			1.00
2.00 HMO and other (see instructions)	2,748	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	17,711	5,657	42,125			7.00
8.00 INTENSIVE CARE UNIT	11,182	1,108	17,828			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		641	3,693			13.00
14.00 Total (see instructions)	28,893	7,406	63,646	0.00	1,797.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	5,431	903	10,507	0.00	90.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	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)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,887.00	27.00
28.00 Observation Bed Days		47	1,019			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	195	1,381			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: 140288

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2014 11:35 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	6,176	899	15,481	1.00
2.00 HMO and other (see instructions)			622			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	6,176	899	15,481	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	395	117	1,041	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140288

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

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2014 11:35 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	123,804,215	0	123,804,215	3,779,360.00	32.76
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		8,099,238	0	8,099,238	236,704.00	34.22
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		746,269	0	746,269	12,649.00	59.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		4,393,628	0	4,393,628	53,300.00	82.43
14.00	Home office salaries & wage-related costs		13,045,273	0	13,045,273	203,867.00	63.99
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		31,723,468	0	31,723,468		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,211,592	0	2,211,592		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		143,670	0	143,670		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,951,187	0	2,951,187	22,714.00	129.93
27.00	Administrative & General	5.00	14,631,979	0	14,631,979	454,334.00	32.21
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	1,828,978	0	1,828,978	59,426.00	30.78
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	2,036,154	0	2,036,154	157,706.00	12.91
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	2,210,496	0	2,210,496	134,846.00	16.39
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	4,153,718	0	4,153,718	110,178.00	37.70
39.00	Central Services and Supply	14.00	2,017,780	0	2,017,780	125,112.00	16.13
40.00	Pharmacy	15.00	4,760,315	0	4,760,315	110,739.00	42.99
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140288

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

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2014 11:35 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	2,279,499	0	2,279,499	58,469.00	38.99	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: 140288

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

Worksheet S-3
Part III
Date/Time Prepared:
5/27/2014 11:35 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	123,804,215	0	123,804,215	3,779,360.00	32.76	1.00
2.00	Excluded area salaries (see instructions)	8,099,238	0	8,099,238	236,704.00	34.22	2.00
3.00	Subtotal salaries (line 1 minus line 2)	115,704,977	0	115,704,977	3,542,656.00	32.66	3.00
4.00	Subtotal other wages & related costs (see inst.)	18,185,170	0	18,185,170	269,816.00	67.40	4.00
5.00	Subtotal wage-related costs (see inst.)	31,723,468	0	31,723,468	0.00	27.42	5.00
6.00	Total (sum of lines 3 thru 5)	165,613,615	0	165,613,615	3,812,472.00	43.44	6.00
7.00	Total overhead cost (see instructions)	36,870,106	0	36,870,106	1,233,524.00	29.89	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2014 11:35 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			2,658,848 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			2,371,000 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			323,110 6.00
7.00	Employee Managed Care Program Administration Fees			1,733,205 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			8,870,265 8.00
9.00	Prescription Drug Plan			2,309,519 9.00
10.00	Dental, Hearing and Vision Plan			544,920 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			188,157 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)			933,316 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			3,492,800 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			8,824,804 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			203,302 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))			296,093 21.00
22.00	Day Care Cost and Allowances			192,069 22.00
23.00	Tuition Reimbursement			864,783 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			33,806,191 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: 140288

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

Worksheet S-3
Part V
Date/Time Prepared:
5/27/2014 11:35 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	746,269	0	1.00
2.00	Hospital	449,606	0	2.00
3.00	Subprovider - IPF	296,663	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/27/2014 11:35 am
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.245788		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		12,308,827		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		87,968,068		6.00	
7.00	Medicaid cost (line 1 times line 6)		21,621,495		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)		9,312,668		8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		9,312,668		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		23,256,387	19,525,782	42,782,169	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		5,716,141	4,799,203	10,515,344	21.00
22.00	Partial payment by patients approved for charity care		168,185	872,634	1,040,819	22.00
23.00	Cost of charity care (line 21 minus line 22)		5,547,956	3,926,569	9,474,525	23.00
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?					24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)				25,244,035	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				818,140	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)				24,425,895	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)				6,003,592	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				15,478,117	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				24,790,785	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140288

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

Worksheet A
Date/Time Prepared:
5/27/2014 11:35 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	9,241,883	9,241,883	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	6,573,695	6,573,695	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,951,187	25,878,469	28,829,656	-7,345	28,822,311	4.00
5.01	00510	NONPATIENT TELEPHONES	355,394	506,754	862,148	-20,387	841,761	5.01
5.02	00511	DATA PROCESSING	0	1,764,882	1,764,882	-100,998	1,663,884	5.02
5.03	00512	PURCHASING RECEIVING AND STORES	0	563,859	563,859	-3,635	560,224	5.03
5.04	00513	ADMINITTING	2,550,641	528,059	3,078,700	-35,138	3,043,562	5.04
5.05	00514	CASHERING/ACCOUNTS RECEIVABLE	2,073,408	16,249,066	18,322,474	-13,456	18,309,018	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	9,652,536	53,869,121	63,521,657	-9,326,220	54,195,437	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,828,978	9,080,768	10,909,746	-30,991	10,878,755	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	182,081	182,081	96,021	278,102	8.00
9.00	00900	HOUSEKEEPING	2,036,154	1,168,147	3,204,301	-25,976	3,178,325	9.00
10.00	01000	DIETARY	2,210,496	1,612,765	3,823,261	-51,203	3,772,058	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	-49,286	-49,286	12.00
13.00	01300	NURSING ADMINISTRATION	4,153,718	964,678	5,118,396	-47,073	5,071,323	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,017,780	2,315,104	4,332,884	-1,340,813	2,992,071	14.00
15.00	01500	PHARMACY	4,760,315	13,105,249	17,865,564	-470,327	17,395,237	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,908,339	2,908,339	-11,033	2,897,306	16.00
17.00	01700	SOCIAL SERVICE	2,279,499	498,342	2,777,841	-696	2,777,145	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	411,672	239,934	651,606	-13,072	638,534	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,369,522	4,963,821	25,333,343	-1,374,418	23,958,925	30.00
31.00	03100	INTENSIVE CARE UNIT	10,700,439	4,107,656	14,808,095	-1,211,584	13,596,511	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	6,251,852	1,282,554	7,534,406	-114,621	7,419,785	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,616,622	764,662	3,381,284	-252,698	3,128,586	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,940,943	27,237,524	37,178,467	-23,622,015	13,556,452	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,288,517	156,258	1,444,775	-36,478	1,408,297	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,010,020	2,216,324	5,226,344	-412,711	4,813,633	52.00
53.00	05300	ANESTHESIOLOGY	252,727	1,672,662	1,925,389	-538,330	1,387,059	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,722,572	15,915,838	28,638,410	-11,914,459	16,723,951	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	12,431,972	12,431,972	-1,558,323	10,873,649	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	727,011	727,011	-91,508	635,503	62.00
65.00	06500	RESPIRATORY THERAPY	2,607,116	814,835	3,421,951	-630,591	2,791,360	65.00
66.00	06600	PHYSICAL THERAPY	1,853,839	265,889	2,119,728	-36,660	2,083,068	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,458,291	130,352	1,588,643	-4,083	1,584,560	67.00
69.00	06900	ELECTROCARDIOLOGY	2,381,348	1,576,831	3,958,179	-196,397	3,761,782	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	164,067	110,778	274,845	-33,354	241,491	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,318,237	8,318,237	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	30,639,049	30,639,049	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	239,172	312,308	551,480	-68,807	482,673	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	33,049	33,049	0	33,049	90.00
90.01	09001	SPORTS MEDICINE	1,075,418	476,492	1,551,910	-35,006	1,516,904	90.01
90.02	09002	WOUND CARE CLINIC	321,975	257,859	579,834	-103,438	476,396	90.02
91.00	09100	EMERGENCY	6,987,205	6,225,708	13,212,913	-1,010,390	12,202,523	91.00
91.01	09101	DAY HOSPITAL	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	845,078	186,871	1,031,949	-45,393	986,556	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140288

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

Worksheet A

Date/Time Prepared:
5/27/2014 11:35 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	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	122,368,501	213,302,871	335,671,372	29,972	335,701,344	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	1,435,714	1,786,836	3,222,550	-29,972	3,192,578	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		TOTAL (SUM OF LINES 118-199)	123,804,215	215,089,707	338,893,922	0	338,893,922	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140288

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

Worksheet A
Date/Time Prepared:
5/27/2014 11:35 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	415,062	9,656,945	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,724,320	8,298,015	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,459,838	33,282,149	4.00
5.01	00510	NONPATIENT TELEPHONES	-344,859	496,902	5.01
5.02	00511	DATA PROCESSING	3,875,458	5,539,342	5.02
5.03	00512	PURCHASING RECEIVING AND STORES	0	560,224	5.03
5.04	00513	ADMINITTING	0	3,043,562	5.04
5.05	00514	CASHERING/ACCOUNTS RECEIVABLE	4,300,764	22,609,782	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-35,177,834	19,017,603	5.06
6.00	00600	MAINTENANCE & REPAIRS	-39,069	10,839,686	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-1,476	276,626	8.00
9.00	00900	HOUSEKEEPING	-6,693	3,171,632	9.00
10.00	01000	DIETARY	-1,153,447	2,618,611	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	-49,286	12.00
13.00	01300	NURSING ADMINISTRATION	-199,825	4,871,498	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,541	2,990,530	14.00
15.00	01500	PHARMACY	-7,718	17,387,519	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-32,892	2,864,414	16.00
17.00	01700	SOCIAL SERVICE	-42,193	2,734,952	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-176,291	462,243	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,795,452	22,163,473	30.00
31.00	03100	INTENSIVE CARE UNIT	-593,369	13,003,142	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	-159,267	7,260,518	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-324,643	2,803,943	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-6,293	13,550,159	50.00
50.01	05001	OPERATING ROOM	0	0	50.01
51.00	05100	RECOVERY ROOM	-75	1,408,222	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,324,223	3,489,410	52.00
53.00	05300	ANESTHESIOLOGY	-1,034,549	352,510	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-329,814	16,394,137	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-371,480	10,502,169	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	635,503	62.00
65.00	06500	RESPIRATORY THERAPY	-971	2,790,389	65.00
66.00	06600	PHYSICAL THERAPY	-27,638	2,055,430	66.00
67.00	06700	OCCUPATIONAL THERAPY	-188	1,584,372	67.00
69.00	06900	ELECTROCARDIOLOGY	-528,667	3,233,115	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-5,750	235,741	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,318,237	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	30,639,049	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	482,673	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	33,049	90.00
90.01	09001	SPORTS MEDICINE	-404	1,516,500	90.01
90.02	09002	WOUND CARE CLINIC	0	476,396	90.02
91.00	09100	EMERGENCY	-3,533,461	8,669,062	91.00
91.01	09101	DAY HOSPITAL	0	0	91.01
91.02	09102	PAIN CLINIC	0	986,556	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140288

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

Worksheet A
Date/Time Prepared:
5/27/2014 11:35 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-32,444,640	303,256,704	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	-48,370	3,144,208	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
200.00		TOTAL (SUM OF LINES 118-199)	-32,493,010	306,400,912	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - VACATION ACCRUAL					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	5,828	1.00
	TOTALS		0	5,828	
B - LAUNDRY COSTS					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	98,523	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
	TOTALS		0	98,523	
C - EQUIPMENT CAPITAL DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	6,573,695	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
	TOTALS		0	6,573,695	
E - GL BLDG CAPITAL DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	9,241,883	1.00
	TOTALS		0	9,241,883	
F - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	38,957,286	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
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

Provider CCN: 140288

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

Worksheet A-6

Date/Time Prepared:
5/27/2014 11:35 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
	TOTALS		0	38,957,286		
G - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	30,639,049		1.00
	TOTALS		0	30,639,049		
500.00	Grand Total: Increases		0	85,516,264		500.00

RECLASSIFICATIONS

Provider CCN: 140288

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

Worksheet A-6
Date/Time Prepared:
5/27/2014 11:35 am

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - VACATION ACCRUAL							
1.00	EMPLOYEE BENEFITS	4.00	0	5,828	0		1.00
	TOTALS		0	5,828			
B - LAUNDRY COSTS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	21,775	0		1.00
2.00	DIETARY	10.00	0	11,061	0		2.00
3.00	HOUSEKEEPING	9.00	0	1,350	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	258	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	90	0		5.00
6.00	SPORTS MEDICINE	90.01	0	19,621	0		6.00
7.00	PHYSICAL THERAPY	66.00	0	4,677	0		7.00
8.00	EMERGENCY	91.00	0	37,605	0		8.00
9.00	ELECTROCARDIOLOGY	69.00	0	1,710	0		9.00
10.00	WOUND CARE CLINIC	90.02	0	376	0		10.00
	TOTALS		0	98,523			
C - EQUIPMENT CAPITAL DEPRECIATION							
1.00	EMPLOYEE BENEFITS	4.00	0	1,309	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	19,946	9		2.00
3.00	DATA PROCESSING	5.02	0	100,941	9		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	3,635	9		4.00
5.00	ADMINISTRATIVE	5.04	0	33,552	9		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	13,182	9		6.00
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	68,390	9		7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	30,991	9		8.00
9.00	RENAL DIALYSIS	74.00	0	25,992	9		9.00
10.00	HOUSEKEEPING	9.00	0	7,953	9		10.00
11.00	DIETARY	10.00	0	26,259	9		11.00
12.00	NURSING ADMINISTRATION	13.00	0	43,162	9		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	68,364	9		13.00
14.00	PHARMACY	15.00	0	127,592	9		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	10,235	9		15.00
16.00	SOCIAL SERVICE	17.00	0	673	9		16.00
17.00	PARAMEDICAL PRGM-(SPECIFY)	23.00	0	12,895	9		17.00
18.00	ADULTS & PEDIATRICS	30.00	0	284,957	9		18.00
19.00	INTENSIVE CARE UNIT	31.00	0	426,091	9		19.00
20.00	SUBPROVIDER - IPF	40.00	0	27,249	9		20.00
21.00	NURSERY	43.00	0	122,610	9		21.00
22.00	OPERATING ROOM	50.00	0	1,730,838	9		22.00
23.00	RECOVERY ROOM	51.00	0	4,283	9		23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	98,058	9		24.00
25.00	ANESTHESIOLOGY	53.00	0	27,686	9		25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,727,470	9		26.00
27.00	LABORATORY	60.00	0	2,710	9		27.00
28.00	RESPIRATORY THERAPY	65.00	0	100,283	9		28.00
29.00	PHYSICAL THERAPY	66.00	0	19,807	9		29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	937	9		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	129,228	9		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	21,588	9		32.00
33.00	EMERGENCY	91.00	0	226,269	9		33.00
34.00	WOUND CARE CLINIC	90.02	0	3,827	9		34.00
35.00	PAIN CLINIC	91.02	0	13,275	9		35.00
36.00	OTHER NONREIMBURSABLE	190.01	0	5,119	9		36.00
37.00	SPORTS MEDICINE	90.01	0	6,339	9		37.00
	TOTALS		0	6,573,695			
E - GL BLDG CAPITAL DEPRECIATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	9,241,883	9		1.00
	TOTALS		0	9,241,883			
F - MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS	4.00	0	208	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	441	0		2.00
3.00	DATA PROCESSING	5.02	0	57	0		3.00
5.00	ADMINISTRATIVE	5.04	0	1,586	0		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	274	0		6.00
8.00	MAINTENANCE OF PERSONNEL	12.00	0	49,286	0		8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	0	2,502	0		9.00
10.00	HOUSEKEEPING	9.00	0	16,673	0		10.00
11.00	DIETARY	10.00	0	13,883	0		11.00
12.00	NURSING ADMINISTRATION	13.00	0	3,911	0		12.00

RECLASSIFICATIONS

Provider CCN: 140288

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

Worksheet A-6

Date/Time Prepared:
5/27/2014 11:35 am

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,272,359	0			13.00
14.00	PHARMACY	15.00	0	342,735	0			14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	798	0			15.00
16.00	SOCIAL SERVICE	17.00	0	23	0			16.00
17.00	PARAMED ED PRGM-(SPECIFY)	23.00	0	177	0			17.00
18.00	ADULTS & PEDIATRICS	30.00	0	1,089,461	0			18.00
19.00	INTENSIVE CARE UNIT	31.00	0	785,493	0			19.00
20.00	SUBPROVIDER - IPF	40.00	0	87,372	0			20.00
21.00	NURSERY	43.00	0	130,088	0			21.00
22.00	OPERATING ROOM	50.00	0	21,891,177	0			22.00
23.00	RECOVERY ROOM	51.00	0	32,195	0			23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	0	314,653	0			24.00
25.00	ANESTHESIOLOGY	53.00	0	510,644	0			25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,186,731	0			26.00
27.00	LABORATORY	60.00	0	1,555,613	0			27.00
28.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	91,508	0			28.00
29.00	RESPIRATORY THERAPY	65.00	0	530,308	0			29.00
30.00	PHYSICAL THERAPY	66.00	0	12,176	0			30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	3,146	0			31.00
32.00	ELECTROCARDIOLOGY	69.00	0	65,459	0			32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	11,766	0			33.00
34.00	RENAL DIALYSIS	74.00	0	42,815	0			34.00
35.00	PAIN CLINIC	91.02	0	32,118	0			35.00
36.00	WOUND CARE CLINIC	90.02	0	99,235	0			36.00
37.00	EMERGENCY	91.00	0	746,516	0			37.00
38.00	SPORTS MEDICINE	90.01	0	9,046	0			38.00
39.00	OTHER NONREIMBURSABLE	190.01	0	24,853	0			39.00
	TOTALS		0	38,957,286				
G - IMPLANTS								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	30,639,049	0			1.00
	TOTALS		0	30,639,049				
500.00	Grand Total: Decreases		0	85,516,264				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140288

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

Worksheet A-7
Part I
Date/Time Prepared:
5/27/2014 11:35 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	4,804,313	0	0	0	1.00
2.00	Land Improvements	9,856,890	292,323	0	292,323	2.00
3.00	Buildings and Fixtures	201,611,811	3,067,645	0	3,067,645	3.00
4.00	Building Improvements	4,460,564	254,868	0	254,868	4.00
5.00	Fixed Equipment	95,969,457	7,164,802	0	7,164,802	5.00
6.00	Movable Equipment	1,393,889	25,000	0	25,000	6.00
7.00	HIT designated Assets	700,491	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	318,797,415	10,804,638	0	10,804,638	8.00
9.00	Reconciling Items	-4,182,897	-10,507,503	0	-10,507,503	9.00
10.00	Total (line 8 minus line 9)	322,980,312	21,312,141	0	21,312,141	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,804,313	4,804,313			1.00
2.00	Land Improvements	9,116,147	9,116,148			2.00
3.00	Buildings and Fixtures	198,451,681	198,451,681			3.00
4.00	Building Improvements	4,584,901	4,584,901			4.00
5.00	Fixed Equipment	81,760,702	81,760,703			5.00
6.00	Movable Equipment	127,176	127,175			6.00
7.00	HIT designated Assets	544,031	544,030			7.00
8.00	Subtotal (sum of lines 1-7)	299,388,951	299,388,951			8.00
9.00	Reconciling Items	-11,737,308	-11,737,308			9.00
10.00	Total (line 8 minus line 9)	311,126,259	311,126,259			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140288

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

Worksheet A-7
Part II
Date/Time Prepared:
5/27/2014 11:35 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140288

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

Worksheet A-7
Part III
Date/Time Prepared:
5/27/2014 11:35 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	10,016	0	10,016	0.186817	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	43,598	0	43,598	0.813183	0	2.00
3.00	Total (sum of lines 1-2)	53,614	0	53,614	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	9,656,945	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	8,298,015	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	17,954,960	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	9,656,945	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	8,298,015	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	17,954,960	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140288

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

Worksheet A-8

Date/Time Prepared:
5/27/2014 11:35 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 - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)		0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-344,859	NONPATIENT TELEPHONES	5.01		0	7.00
8.00 Television and radio service (chapter 21)		0		0.00		0	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-7,857,284				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	65,918				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests		0		0.00		0	14.00
15.00 Rental of quarters to employee and others		0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00 Sale of drugs to other than patients		0		0.00		0	17.00
18.00 Sale of medical records and abstracts		0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00 Vending machines		0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	-10,016	NEW CAP REL COSTS-BLDG & FIXT	1.00		9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-43,598	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9	27.00
28.00 Non-physician Anesthetist		0	0*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant		0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00		0			0.00	0 33.00
34.00 CONTRIBUTION EXPS	A	-11,788	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 34.00
34.02 PERINATAL	A	-127,853	NURSERY		43.00	0 34.02
35.00 INTEREST EXPS	A	-4,063,942	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 35.00
38.00 OOR	B	-179,357	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0 38.00
39.00 OOR	B	-1,197,784	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 39.00
40.00 OOR	B	-39,069	MAINTENANCE & REPAIRS		6.00	0 40.00
41.00 OOR	B	-40	DELIVERY ROOM & LABOR ROOM		52.00	0 41.00
42.00 OOR	B	-1,476	LAUNDRY & LINEN SERVICE		8.00	0 42.00
43.00 OOR	B	-6,600	HOUSEKEEPING		9.00	0 43.00
44.00 OOR	B	-1,152,994	DIETARY		10.00	0 44.00
44.01 OOR	B	-198,881	NURSING ADMINISTRATION		13.00	0 44.01
45.00 OOR	B	-1,541	CENTRAL SERVICES & SUPPLY		14.00	0 45.00
45.01 OOR	B	-4,824	PHARMACY		15.00	0 45.01
45.02 OOR	B	-32,892	MEDICAL RECORDS & LIBRARY		16.00	0 45.02
45.03 OOR	B	-150,792	PARAMED ED PRGM-(SPECIFY)		23.00	0 45.03
45.04 OOR	B	-806,579	ADULTS & PEDIATRICS		30.00	0 45.04
45.05 OOR	B	-19,387	INTENSIVE CARE UNIT		31.00	0 45.05
45.06 OOR	B	-340	OPERATING ROOM		50.00	0 45.06
45.07 OOR	B	-25,198	NURSERY		43.00	0 45.07
45.08 OOR	B	-22,342	RADIOLOGY-DIAGNOSTIC		54.00	0 45.08
45.09 NONALLOWABLE	A	-371,248	LABORATORY		60.00	0 45.09
45.10 OOR	B	-971	RESPIRATORY THERAPY		65.00	0 45.10
45.11 NONALLOWABLE	A	-4,532	ELECTROCARDIOLOGY		69.00	0 45.11
45.12 OOR	B	-404	SPORTS MEDICINE		90.01	0 45.12
45.13 OOR	B	-607,969	EMERGENCY		91.00	0 45.13
45.18 PA ASSESSMENT EXPENSE	A	-11,662,980	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 45.18
45.20 PHO	A	-2,686,495	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 45.20
45.21 SPECIALTY BILLING	A	-117,870	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0 45.21
45.22 PROFESSIONAL PART B	A	-40,572	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 45.22
45.23 AHA LOBBYING	A	-333,717	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 45.23
45.25 NONALLOWABLE	A	-1,311	EMPLOYEE BENEFITS		4.00	0 45.25
45.26 NONALLOWABLE	A	-1,869	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0 45.26
45.27 NONALLOWABLE	A	-117,011	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 45.27
45.29 NONALLOWABLE	A	-93	HOUSEKEEPING		9.00	0 45.29
45.30 NONALLOWABLE	A	-453	DIETARY		10.00	0 45.30
45.31 NONALLOWABLE	A	-944	NURSING ADMINISTRATION		13.00	0 45.31
45.32 NONALLOWABLE	A	-2,894	PHARMACY		15.00	0 45.32
45.33 NONALLOWABLE	A	-42,193	SOCIAL SERVICE		17.00	0 45.33
45.34 NONALLOWABLE	A	-25,499	PARAMED ED PRGM-(SPECIFY)		23.00	0 45.34
45.35 NONALLOWABLE	A	-8,365	ADULTS & PEDIATRICS		30.00	0 45.35
45.36 NONALLOWABLE	A	-3,466	INTENSIVE CARE UNIT		31.00	0 45.36
45.37 NONALLOWABLE	A	-9,159	SUBPROVIDER - IPF		40.00	0 45.37
45.38 NONALLOWABLE	A	-20,714	NURSERY		43.00	0 45.38
45.40 NONALLOWABLE	A	-5,953	OPERATING ROOM		50.00	0 45.40
45.41 NONALLOWABLE	A	-75	RECOVERY ROOM		51.00	0 45.41
45.42 NONALLOWABLE	A	-2,844	DELIVERY ROOM & LABOR ROOM		52.00	0 45.42
45.43 NONALLOWABLE	A	-2,912	RADIOLOGY-DIAGNOSTIC		54.00	0 45.43
45.44 NONALLOWABLE	A	-232	LABORATORY		60.00	0 45.44
45.46 NONALLOWABLE	A	-188	OCCUPATIONAL THERAPY		67.00	0 45.46
45.47 NONALLOWABLE	A	-138,189	EMERGENCY		91.00	0 45.47
45.48 NONALLOWABLE	A	-48,370	OTHER NONREIMBURSABLE		190.01	0 45.48
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-32,493,010				50.00

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

Provider CCN: 140288

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

Worksheet A-8-1

Date/Time Prepared:
5/27/2014 11:35 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS	PERSONNEL	4,461,149	0
2.00	5.02	DATA PROCESSING	DATA PROCESSING	3,875,458	0
3.00	5.06	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATIVE	6,880,951	21,944,496
4.00	5.05	CASHIERING/ACCOUNTS RECEIVABL	BUSINESS OFFICE	4,599,860	0
4.01	0.00		OLD ME	0	0
4.02	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW B&F	425,078	0
4.03	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW ME	1,767,918	0
5.00	0		0	22,010,414	21,944,496

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

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

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

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

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

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

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

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

Provider CCN: 140288

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

Worksheet A-8-1

Date/Time Prepared:
5/27/2014 11:35 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	4,461,149	0		1.00
2.00	3,875,458	0		2.00
3.00	-15,063,545	0		3.00
4.00	4,599,860	0		4.00
4.01	0	0		4.01
4.02	425,078	9		4.02
4.03	1,767,918	9		4.03
5.00	65,918			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140288

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

Worksheet A-8-2

Date/Time Prepared:
5/27/2014 11:35 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	31.00	INTENSIVE CARE UNIT	570,516	0	570,516	154	1	1.00
2.00	40.00	SUBPROVIDER - IPF	150,108	0	150,108	208	1	2.00
3.00	43.00	NURSERY	150,878	0	150,878	200	1	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	1,321,339	500,004	821,335	225	1	4.00
5.00	53.00	ANESTHESIOLOGY	1,034,549	0	1,034,549	208	1	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	304,560	0	304,560	208	1	6.00
7.00	66.00	PHYSICAL THERAPY	27,665	0	27,665	208	270	7.00
8.00	69.00	ELECTROCARDIOLOGY	524,135	524,135	0	208	1	8.00
9.00	91.00	EMERGENCY	2,787,303	0	2,787,303	208	1	9.00
10.00	30.00	ADULTS & PEDIATRICS	980,508	564,508	416,000	208	1	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	5,750	0	5,750	208	1	11.00
200.00			7,857,311	1,588,647	6,268,664		280	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	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	66.00	PHYSICAL THERAPY	27	1	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	11.00
200.00			27	1	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	31.00	INTENSIVE CARE UNIT	0	0	570,516	570,516		1.00
2.00	40.00	SUBPROVIDER - IPF	0	0	150,108	150,108		2.00
3.00	43.00	NURSERY	0	0	150,878	150,878		3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	821,335	1,321,339		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	1,034,549	1,034,549		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	304,560	304,560		6.00
7.00	66.00	PHYSICAL THERAPY	0	27	27,638	27,638		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	524,135		8.00
9.00	91.00	EMERGENCY	0	0	2,787,303	2,787,303		9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	416,000	980,508		10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	5,750	5,750		11.00
200.00			0	27	6,268,637	7,857,284		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2014 11:35 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	9,656,945	9,656,945				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	8,298,015		8,298,015			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	33,282,149	25,503	21,914	33,329,566		4.00
5.01 00510 NONPATIENT TELEPHONES	496,902	25,814	22,181	98,013	642,910	5.01
5.02 00511 DATA PROCESSING	5,539,342	24,221	20,812	0	15,657	5.02
5.03 00512 PURCHASING RECEIVING AND STORES	560,224	11,936	10,256	0	196	5.03
5.04 00513 ADMINITTING	3,043,562	26,200	22,513	703,431	8,416	5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	22,609,782	11,227	9,647	571,817	2,740	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	19,017,603	503,491	432,640	2,662,034	69,673	5.06
6.00 00600 MAINTENANCE & REPAIRS	10,839,686	2,967,611	2,550,011	504,407	31,118	6.00
7.00 00700 OPERATION OF PLANT	0	219,068	188,241	0	587	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	276,626	7,617	6,545	0	587	8.00
9.00 00900 HOUSEKEEPING	3,171,632	31,838	27,357	561,543	5,284	9.00
10.00 01000 DIETARY	2,618,611	225,839	194,059	609,624	9,590	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	-49,286	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	4,871,498	69,214	59,474	1,145,537	11,938	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,990,530	271,268	233,095	556,475	13,308	14.00
15.00 01500 PHARMACY	17,387,519	73,085	62,800	1,312,828	14,287	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,864,414	36,841	31,657	0	587	16.00
17.00 01700 SOCIAL SERVICE	2,734,952	0	0	628,654	6,067	17.00
23.00 02300 PARAMED PRGM-(SPECIFY)	462,243	0	0	113,533	587	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	22,163,473	1,056,569	907,888	5,617,624	121,340	30.00
31.00 03100 INTENSIVE CARE UNIT	13,003,142	563,483	484,189	2,951,031	52,255	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	7,260,518	273,147	234,710	1,724,173	24,268	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	2,803,943	52,051	44,726	721,628	6,850	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	13,550,159	980,609	842,617	2,741,573	55,778	50.00
50.01 05001 OPERATING ROOM	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	1,408,222	80,105	68,832	355,355	6,458	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,489,410	197,486	169,696	830,121	16,244	52.00
53.00 05300 ANESTHESIOLOGY	352,510	4,842	4,160	69,699	1,566	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	16,394,137	623,250	535,546	3,508,707	64,389	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	10,502,169	173,801	149,343	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	635,503	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	2,790,389	22,204	19,080	719,006	6,067	65.00
66.00 06600 PHYSICAL THERAPY	2,055,430	54,727	47,025	511,263	7,633	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,584,372	57,303	49,239	402,176	3,327	67.00
69.00 06900 ELECTROCARDIOLOGY	3,233,115	126,430	108,639	656,742	17,027	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	235,741	2,950	2,535	45,247	783	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,318,237	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	30,639,049	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	482,673	0	0	65,960	783	74.00
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	33,049	0	0	0	0	90.00
90.01 09001 SPORTS MEDICINE	1,516,500	0	0	296,585	587	90.01
90.02 09002 WOUND CARE CLINIC	476,396	30,157	25,914	88,796	0	90.02
91.00 09100 EMERGENCY	8,669,062	255,050	219,159	1,926,973	39,338	91.00
91.01 09101 DAY HOSPITAL	0	0	0	0	0	91.01
91.02 09102 PAIN CLINIC	986,556	46,238	39,731	233,061	5,284	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

Worksheet B
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES			
		NEW BLDG & FIXT	NEW MVBLE EQUIP					
	0	1.00	2.00	4.00	5.01			
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	303,256,704	9,131,175	7,846,231	32,933,616	620,599	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
190.01	19001	OTHER NONREIMBURSABLE	3,144,208	525,770	451,784	395,950	22,311	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	306,400,912	9,656,945	8,298,015	33,329,566	642,910	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

Worksheet B
Part I
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510 NONPATIENT TELEPHONES						5.01
5.02	00511 DATA PROCESSING	5,600,032					5.02
5.03	00512 PURCHASING RECEIVING AND STORES	0	582,612				5.03
5.04	00513 ADMINITTING	0	344	3,804,466			5.04
5.05	00514 CASHERING/ACCOUNTS RECEIVABLE	0	171	0	23,205,384		5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	0	5,843	0	0	22,691,284	5.06
6.00	00600 MAINTENANCE & REPAIRS	0	9,757	0	0	16,902,590	6.00
7.00	00700 OPERATION OF PLANT	0	0	0	0	407,896	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	767	0	0	292,142	8.00
9.00	00900 HOUSEKEEPING	0	4,167	0	0	3,801,821	9.00
10.00	01000 DIETARY	0	22,996	0	0	3,680,719	10.00
11.00	01100 CAFETERIA	0	0	0	0	0	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0	0	0	0	-49,286	12.00
13.00	01300 NURSING ADMINISTRATION	0	445	0	0	6,158,106	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	18,991	0	0	4,083,667	14.00
15.00	01500 PHARMACY	0	5,167	0	0	18,855,686	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	49	0	0	2,933,548	16.00
17.00	01700 SOCIAL SERVICE	0	100	0	0	3,369,773	17.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	100	0	0	576,463	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	385,159	16,916	444,707	1,596,132	32,309,808	30.00
31.00	03100 INTENSIVE CARE UNIT	157,164	12,330	181,463	651,302	18,056,359	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - I/PF	129,154	1,868	149,122	535,226	10,332,186	40.00
41.00	04100 SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	105,103	2,572	121,352	435,554	4,293,779	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	689,884	294,757	387,049	2,858,936	22,401,362	50.00
50.01	05001 OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	93,566	452	51,535	387,747	2,452,272	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	101,307	4,593	93,189	419,823	5,321,869	52.00
53.00	05300 ANESTHESIOLOGY	134,966	6,764	86,256	559,312	1,220,075	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,253,867	124,787	526,881	5,194,511	28,226,075	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	517,661	20,536	333,879	2,145,231	13,842,620	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	28,500	1,205	27,993	118,106	811,307	62.00
65.00	06500 RESPIRATORY THERAPY	158,570	7,238	171,036	657,126	4,550,716	65.00
66.00	06600 PHYSICAL THERAPY	44,118	184	37,194	182,830	2,940,404	66.00
67.00	06700 OCCUPATIONAL THERAPY	34,063	182	17,655	141,160	2,289,477	67.00
69.00	06900 ELECTROCARDIOLOGY	170,766	1,093	73,678	707,668	5,095,158	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	12,037	160	11,689	49,883	361,025	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	209,943	0	175,579	870,022	9,573,781	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	288,271	0	238,367	1,194,620	32,360,307	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	559,722	0	476,513	2,319,534	3,355,769	73.00
74.00	07400 RENAL DIALYSIS	13,192	589	13,924	54,667	631,788	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	33,049	90.00
90.01	09001 SPORTS MEDICINE	27,784	170	14	115,138	1,956,778	90.01
90.02	09002 WOUND CARE CLINIC	11,765	1,317	78	48,755	683,178	90.02
91.00	09100 EMERGENCY	456,096	11,148	184,658	1,890,102	13,651,586	91.00
91.01	09101 DAY HOSPITAL	0	0	0	0	0	91.01
91.02	09102 PAIN CLINIC	17,374	0	655	71,999	1,400,898	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,600,032	577,758	3,804,466	23,205,384	301,856,035	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	4,854	0	0	4,544,877	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,600,032	582,612	3,804,466	23,205,384	306,400,912	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

Worksheet B Part I Date/Time Prepared: 5/27/2014 11:35 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMINITTING					5.04
5.05	00514	CASHERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	22,691,284				5.06
6.00	00600	MAINTENANCE & REPAIRS	1,351,649	18,254,239			6.00
7.00	00700	OPERATION OF PLANT	32,618	659,785	1,100,299		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	23,362	22,941	1,435	339,880	8.00
9.00	00900	HOUSEKEEPING	304,020	95,888	5,997	0	4,207,726
10.00	01000	DIETARY	294,336	680,177	42,536	0	163,771
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	492,445	208,458	13,036	0	50,192
14.00	01400	CENTRAL SERVICES & SUPPLY	326,559	817,000	51,092	6,435	196,715
15.00	01500	PHARMACY	1,507,833	220,116	13,765	0	52,999
16.00	01600	MEDICAL RECORDS & LIBRARY	234,587	110,958	6,939	0	26,716
17.00	01700	SOCIAL SERVICE	269,471	0	0	0	0
23.00	02300	PARAMED PRGM-(SPECIFY)	46,098	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,583,718	3,182,158	199,001	123,822	766,189
31.00	03100	INTENSIVE CARE UNIT	1,443,913	1,697,088	106,130	34,673	408,620
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	826,234	822,660	51,446	16,080	198,078
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	343,361	156,765	9,804	2,258	37,745
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,791,370	2,953,382	184,695	47,745	711,106
50.01	05001	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	196,101	241,258	15,087	0	58,089
52.00	05200	DELIVERY ROOM & LABOR ROOM	425,574	594,785	37,196	16,193	143,210
53.00	05300	ANESTHESIOLOGY	97,566	14,582	912	0	3,511
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,257,155	1,877,094	117,387	25,626	451,961
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	1,106,953	523,450	32,735	0	126,035
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	64,878	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	363,907	66,874	4,182	0	16,102
66.00	06600	PHYSICAL THERAPY	235,135	164,824	10,308	0	39,686
67.00	06700	OCCUPATIONAL THERAPY	183,083	172,584	10,793	0	41,554
69.00	06900	ELECTROCARDIOLOGY	407,444	380,779	23,813	9,276	91,683
70.00	07000	ELECTROENCEPHALOGRAPHY	28,870	8,884	556	0	2,139
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	765,587	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,587,689	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	268,351	0	0	0	0
74.00	07400	RENAL DIALYSIS	50,522	0	0	0	0
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	2,643	0	0	0	0
90.01	09001	SPORTS MEDICINE	156,478	0	0	0	0
90.02	09002	WOUND CARE CLINIC	54,632	90,828	5,680	0	21,869
91.00	09100	EMERGENCY	1,091,676	768,156	48,038	56,946	184,954
91.01	09101	DAY HOSPITAL	0	0	0	0	0
91.02	09102	PAIN CLINIC	112,026	139,259	8,709	826	33,530
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	22,327,844	16,670,733	1,001,272	339,880	3,826,454	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	363,440	1,583,506	99,027	0	381,272	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	22,691,284	18,254,239	1,100,299	339,880	4,207,726	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 5/27/2014 11:35 am				
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00510	NONPATIENT TELEPHONES					5.01	
5.02	00511	DATA PROCESSING					5.02	
5.03	00512	PURCHASING RECEIVING AND STORES					5.03	
5.04	00513	ADMITTING					5.04	
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
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	4,861,539				10.00	
11.00	01100	CAFETERIA	2,613,417				11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	52,705	3,419		12.00	
13.00	01300	NURSING ADMINISTRATION	0	96,322	87	7,018,646	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	109,044	74	0	14.00	
15.00	01500	PHARMACY	0	96,322	304	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	49	0	16.00	
17.00	01700	SOCIAL SERVICE	0	50,887	47	0	17.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	34,531	11	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,351,146	574,297	431	2,673,770	160,548	30.00
31.00	03100	INTENSIVE CARE UNIT	498,313	265,340	252	1,207,289	115,754	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	326,311	167,201	128	511,563	12,876	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	54,522	57	0	19,170	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	252,618	585	750,293	3,225,996	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	25,444	25	163,700	4,744	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	69,061	89	361,505	46,369	52.00
53.00	05300	ANESTHESIOLOGY	0	10,904	33	0	75,251	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	294,418	487	286,475	1,353,803	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	211	0	229,243	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	12	0	13,485	62.00
65.00	06500	RESPIRATORY THERAPY	0	74,513	58	0	78,149	65.00
66.00	06600	PHYSICAL THERAPY	0	49,070	36	0	1,794	66.00
67.00	06700	OCCUPATIONAL THERAPY	59,194	30,896	27	20,463	464	67.00
69.00	06900	ELECTROCARDIOLOGY	0	63,609	67	163,700	9,646	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,452	5	0	1,734	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	9	0	6,309	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	1	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	23,626	26	0	1,333	90.01
90.02	09002	WOUND CARE CLINIC	0	9,087	10	804,859	14,624	90.02
91.00	09100	EMERGENCY	13,158	179,922	225	0	110,010	91.00
91.01	09101	DAY HOSPITAL	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	23,626	18	75,029	4,614	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

Worksheet B
Part I
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,861,539	2,613,417	3,364	7,018,646	5,536,570	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	0	55	0	54,016	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,861,539	2,613,417	3,419	7,018,646	5,590,586	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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

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Part I
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM	Subtotal	
		15.00	16.00	17.00	23.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
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
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	20,797,532					15.00
16.00	01600	0	3,312,915				16.00
17.00	01700	0	0	3,690,181			17.00
23.00	02300	0	0	0	657,129		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	328,449	341,852	3,237,402	0	47,832,591	30.00
31.00	03100	148,040	0	69,970	0	24,051,741	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	13,123	604,789	0	0	13,882,675	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	37,070	113,951	104,376	0	5,172,858	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	252,909	202,197	0	0	32,774,258	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	32,861	3,111	0	0	3,192,692	51.00
52.00	05200	44,655	32,253	104,376	0	7,197,135	52.00
53.00	05300	110,950	5,894	0	0	1,539,678	53.00
54.00	05400	85,489	128,194	0	0	35,104,164	54.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	595,621	0	0	16,456,868	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	0	889,682	62.00
65.00	06500	2,092	10,969	0	0	5,167,562	65.00
66.00	06600	123	77,768	0	0	3,519,148	66.00
67.00	06700	145	2,620	0	0	2,811,300	67.00
69.00	06900	28,279	266,212	0	0	6,539,666	69.00
70.00	07000	0	819	0	0	409,484	70.00
71.00	07100	18,570	0	0	0	10,357,938	71.00
72.00	07200	0	0	0	0	34,947,996	72.00
73.00	07300	19,169,215	157,664	0	0	22,950,999	73.00
74.00	07400	654	3,274	0	0	692,556	74.00
76.00	03020	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	35,693	90.00
90.01	09001	0	0	0	0	2,138,241	90.01
90.02	09002	168	0	34,696	0	1,719,631	90.02
91.00	09100	474,283	765,727	139,361	657,129	18,141,171	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	35,570	0	0	0	1,834,105	91.02
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

Period:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,782,645	3,312,915	3,690,181	657,129	299,359,832	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	14,887	0	0	0	7,041,080	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	20,797,532	3,312,915	3,690,181	657,129	306,400,912	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 5/27/2014 11:35 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00	
5.01	00510	NONPATIENT TELEPHONES		5.01	
5.02	00511	DATA PROCESSING		5.02	
5.03	00512	PURCHASING RECEIVING AND STORES		5.03	
5.04	00513	ADMITTING		5.04	
5.05	00514	CASHERING/ACCOUNTS RECEIVABLE		5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06	
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	
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	
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	47,832,591	30.00
31.00	03100	INTENSIVE CARE UNIT	0	24,051,741	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	13,882,675	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	5,172,858	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	32,774,258	50.00
50.01	05001	OPERATING ROOM	0	0	50.01
51.00	05100	RECOVERY ROOM	0	3,192,692	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,197,135	52.00
53.00	05300	ANESTHESIOLOGY	0	1,539,678	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	35,104,164	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	16,456,868	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	889,682	62.00
65.00	06500	RESPIRATORY THERAPY	0	5,167,562	65.00
66.00	06600	PHYSICAL THERAPY	0	3,519,148	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,811,300	67.00
69.00	06900	ELECTROCARDIOLOGY	0	6,539,666	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	409,484	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,357,938	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	34,947,996	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,950,999	73.00
74.00	07400	RENAL DIALYSIS	0	692,556	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	35,693	90.00
90.01	09001	SPORTS MEDICINE	0	2,138,241	90.01
90.02	09002	WOUND CARE CLINIC	0	1,719,631	90.02
91.00	09100	EMERGENCY	0	18,141,171	91.00
91.01	09101	DAY HOSPITAL	0	0	91.01
91.02	09102	PAIN CLINIC	0	1,834,105	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140288

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
110.00	11000	INTESTINAL ACQUISITION	0	0
111.00	11100	ISLET ACQUISITION	0	0
113.00	11300	INTEREST EXPENSE		
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	299,359,832
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0
190.01	19001	OTHER NONREIMBURSABLE	0	7,041,080
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0
200.00		Cross Foot Adjustments	0	0
201.00		Negative Cost Centers	0	0
202.00		TOTAL (sum lines 118-201)	0	306,400,912

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	0	25,503	21,914	47,417	47,417	4.00
5.01 00510 NONPATIENT TELEPHONES	0	25,814	22,181	47,995	139	5.01
5.02 00511 DATA PROCESSING	0	24,221	20,812	45,033	0	5.02
5.03 00512 PURCHASING RECEIVING AND STORES	11,997	11,936	10,256	34,189	0	5.03
5.04 00513 ADMITTING	94,999	26,200	22,513	143,712	1,000	5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	107,184	11,227	9,647	128,058	813	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	2,375,799	503,491	432,640	3,311,930	3,784	5.06
6.00 00600 MAINTENANCE & REPAIRS	32,655	2,967,611	2,550,011	5,550,277	717	6.00
7.00 00700 OPERATION OF PLANT	0	219,068	188,241	407,309	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	7,617	6,545	14,162	0	8.00
9.00 00900 HOUSEKEEPING	0	31,838	27,357	59,195	798	9.00
10.00 01000 DIETARY	898	225,839	194,059	420,796	867	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	887	69,214	59,474	129,575	1,628	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	169,176	271,268	233,095	673,539	791	14.00
15.00 01500 PHARMACY	4,199	73,085	62,800	140,084	1,866	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	19,051	36,841	31,657	87,549	0	16.00
17.00 01700 SOCIAL SERVICE	219	0	0	219	894	17.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	110,295	0	0	110,295	161	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	36,048	1,056,569	907,888	2,000,505	8,026	30.00
31.00 03100 INTENSIVE CARE UNIT	648	563,483	484,189	1,048,320	4,195	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I/PF	0	273,147	234,710	507,857	2,451	40.00
41.00 04100 SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	760	52,051	44,726	97,537	1,026	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	248,136	980,609	842,617	2,071,362	3,897	50.00
50.01 05001 OPERATING ROOM	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	35	80,105	68,832	148,972	505	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	91,339	197,486	169,696	458,521	1,180	52.00
53.00 05300 ANESTHESIOLOGY	0	4,842	4,160	9,002	99	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	945,350	623,250	535,546	2,104,146	4,987	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	173,801	149,343	323,144	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	5,545	22,204	19,080	46,829	1,022	65.00
66.00 06600 PHYSICAL THERAPY	49,368	54,727	47,025	151,120	727	66.00
67.00 06700 OCCUPATIONAL THERAPY	977	57,303	49,239	107,519	572	67.00
69.00 06900 ELECTROCARDIOLOGY	51,747	126,430	108,639	286,816	933	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,950	2,535	5,485	64	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	94	74.00
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 SPORTS MEDICINE	340,159	0	0	340,159	422	90.01
90.02 09002 WOUND CARE CLINIC	125,821	30,157	25,914	181,892	126	90.02
91.00 09100 EMERGENCY	491,943	255,050	219,159	966,152	2,739	91.00
91.01 09101 DAY HOSPITAL	0	0	0	0	0	91.01
91.02 09102 PAIN CLINIC	0	46,238	39,731	85,969	331	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

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

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		NEW BLDG & FIXT	NEW MVBLE EQUIP					
		0	1.00				2.00	2A
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE					113.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,315,235	9,131,175	7,846,231	22,292,641	46,854	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
190.01	19001	OTHER NONREIMBURSABLE	313,070	525,770	451,784	1,290,624	563	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,628,305	9,656,945	8,298,015	23,583,265	47,417	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140288		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/27/2014 11:35 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES	48,134					5.01
5.02	00511	DATA PROCESSING	1,172	46,205				5.02
5.03	00512	PURCHASING RECEIVING AND STORES	15	0	34,204			5.03
5.04	00513	ADMINISTRATIVE	630	0	20	145,362		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	205	0	10	0	129,086	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5,216	0	343	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,330	0	573	0	0	6.00
7.00	00700	OPERATION OF PLANT	44	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	44	0	45	0	0	8.00
9.00	00900	HOUSEKEEPING	396	0	245	0	0	9.00
10.00	01000	DIETARY	718	0	1,350	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	894	0	26	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	996	0	1,115	0	0	14.00
15.00	01500	PHARMACY	1,070	0	303	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	44	0	3	0	0	16.00
17.00	01700	SOCIAL SERVICE	454	0	6	0	0	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	44	0	6	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,084	3,143	993	16,955	8,849	30.00
31.00	03100	INTENSIVE CARE UNIT	3,912	1,282	724	6,918	3,611	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	1,817	1,054	110	5,685	2,967	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	513	858	151	4,627	2,415	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,176	5,629	17,300	14,756	15,851	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	484	763	27	1,965	2,150	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,216	827	270	3,553	2,328	52.00
53.00	05300	ANESTHESIOLOGY	117	1,101	397	3,289	3,101	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,821	10,741	7,328	20,402	29,228	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	4,224	1,206	12,729	11,894	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	233	71	1,067	655	62.00
65.00	06500	RESPIRATORY THERAPY	454	1,294	425	6,521	3,643	65.00
66.00	06600	PHYSICAL THERAPY	571	360	11	1,418	1,014	66.00
67.00	06700	OCCUPATIONAL THERAPY	249	278	11	673	783	67.00
69.00	06900	ELECTROCARDIOLOGY	1,275	1,393	64	2,809	3,924	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	59	98	9	446	277	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,713	0	6,694	4,824	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,352	0	9,088	6,623	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,567	0	18,167	12,860	73.00
74.00	07400	RENAL DIALYSIS	59	108	35	531	303	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	44	227	10	1	638	90.01
90.02	09002	WOUND CARE CLINIC	0	96	77	3	270	90.02
91.00	09100	EMERGENCY	2,945	3,722	655	7,040	10,479	91.00
91.01	09101	DAY HOSPITAL	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	396	142	0	25	399	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

Period:
From 01/01/2013
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCO UNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	46,464	46,205	33,919	145,362	129,086	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	1,670	0	285	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	48,134	46,205	34,204	145,362	129,086	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 11:35 am			
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMINITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	3,321,273				5.06
6.00	00600	MAINTENANCE & REPAIRS	197,845	5,751,742			6.00
7.00	00700	OPERATION OF PLANT	4,774	207,892	620,019		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,420	7,229	808	25,708	8.00
9.00	00900	HOUSEKEEPING	44,500	30,214	3,379	0	138,727
10.00	01000	DIETARY	43,083	214,318	23,969	0	5,399
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	72,081	65,683	7,346	0	1,655
14.00	01400	CENTRAL SERVICES & SUPPLY	47,799	257,429	28,791	487	6,486
15.00	01500	PHARMACY	220,706	69,356	7,757	0	1,747
16.00	01600	MEDICAL RECORDS & LIBRARY	34,337	34,962	3,910	0	881
17.00	01700	SOCIAL SERVICE	39,443	0	0	0	0
23.00	02300	PARAMED PRGM-(SPECIFY)	6,747	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	378,186	1,002,667	112,138	9,366	25,261
31.00	03100	INTENSIVE CARE UNIT	211,350	534,737	59,804	2,623	13,472
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	120,938	259,213	28,990	1,216	6,531
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	50,259	49,395	5,524	171	1,244
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	262,208	930,583	104,076	3,611	23,445
50.01	05001	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	28,704	76,018	8,502	0	1,915
52.00	05200	DELIVERY ROOM & LABOR ROOM	62,292	187,411	20,960	1,225	4,722
53.00	05300	ANESTHESIOLOGY	14,281	4,595	514	0	116
54.00	05400	RADIOLOGY-DIAGNOSTIC	330,386	591,455	66,148	1,938	14,901
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	162,028	164,934	18,446	0	4,155
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	9,496	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	53,266	21,072	2,357	0	531
66.00	06600	PHYSICAL THERAPY	34,417	51,935	5,808	0	1,308
67.00	06700	OCCUPATIONAL THERAPY	26,798	54,380	6,082	0	1,370
69.00	06900	ELECTROCARDIOLOGY	59,639	119,980	13,418	702	3,023
70.00	07000	ELECTROENCEPHALOGRAPHY	4,226	2,799	313	0	71
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	112,061	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	378,653	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	39,279	0	0	0	0
74.00	07400	RENAL DIALYSIS	7,395	0	0	0	0
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	387	0	0	0	0
90.01	09001	SPORTS MEDICINE	22,904	0	0	0	0
90.02	09002	WOUND CARE CLINIC	7,997	28,619	3,201	0	721
91.00	09100	EMERGENCY	159,792	242,039	27,069	4,307	6,098
91.01	09101	DAY HOSPITAL	0	0	0	0	0
91.02	09102	PAIN CLINIC	16,398	43,879	4,907	62	1,105
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

Period:
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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,268,075	5,252,794	564,217	25,708	126,157	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	53,198	498,948	55,802	0	12,570	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,321,273	5,751,742	620,019	25,708	138,727	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140288		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/27/2014 11:35 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	710,500					10.00
11.00	01100	CAFETERIA	381,944					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	7,703	500			12.00
13.00	01300	NURSING ADMINISTRATION	0	14,077	10	292,975		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	15,936	9	0	1,033,378	14.00
15.00	01500	PHARMACY	0	14,077	36	0	9,336	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	6	0	22	16.00
17.00	01700	SOCIAL SERVICE	0	7,437	6	0	1	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	5,047	1	0	5	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	197,466	83,933	51	111,610	29,676	30.00
31.00	03100	INTENSIVE CARE UNIT	72,827	38,779	30	50,395	21,396	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	47,689	24,436	15	21,354	2,380	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	7,968	7	0	3,543	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	36,919	167	31,319	596,307	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	3,719	3	6,833	877	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,093	10	15,090	8,571	52.00
53.00	05300	ANESTHESIOLOGY	0	1,594	4	0	13,909	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	43,028	57	11,958	250,237	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	25	0	42,373	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	1	0	2,493	62.00
65.00	06500	RESPIRATORY THERAPY	0	10,890	7	0	14,445	65.00
66.00	06600	PHYSICAL THERAPY	0	7,171	4	0	332	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,651	4,515	3	854	86	67.00
69.00	06900	ELECTROCARDIOLOGY	0	9,296	8	6,833	1,783	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	797	1	0	320	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	1	0	1,166	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	3,453	3	0	246	90.01
90.02	09002	WOUND CARE CLINIC	0	1,328	1	33,597	2,703	90.02
91.00	09100	EMERGENCY	1,923	26,295	26	0	20,334	91.00
91.01	09101	DAY HOSPITAL	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	3,453	2	3,132	853	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

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

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Cost Center Description		DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	710,500	381,944	494	292,975	1,023,394
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	0	6	0	9,984
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	7,203	0	0
202.00		TOTAL (sum lines 118-201)	710,500	381,944	7,703	292,975	1,033,378

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 11:35 am		
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM	Subtotal
		15.00	16.00	17.00	23.00	24.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00510	NONPATIENT TELEPHONES				5.01
5.02	00511	DATA PROCESSING				5.02
5.03	00512	PURCHASING RECEIVING AND STORES				5.03
5.04	00513	ADMITTING				5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
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
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	466,338			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	161,714		16.00
17.00	01700	SOCIAL SERVICE	0	0	48,460	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,365	16,687	42,513	30.00
31.00	03100	INTENSIVE CARE UNIT	3,319	0	919	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	294	29,522	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	831	5,562	1,371	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,671	9,870	0	50.00
50.01	05001	OPERATING ROOM	0	0	0	50.01
51.00	05100	RECOVERY ROOM	737	152	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,001	1,574	1,371	52.00
53.00	05300	ANESTHESIOLOGY	2,488	288	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,917	6,258	0	54.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	29,074	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	47	535	0	65.00
66.00	06600	PHYSICAL THERAPY	3	3,796	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3	128	0	67.00
69.00	06900	ELECTROCARDIOLOGY	634	12,995	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	40	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	416	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	429,826	7,696	0	73.00
74.00	07400	RENAL DIALYSIS	15	160	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	4	0	456	90.02
91.00	09100	EMERGENCY	10,635	37,377	1,830	91.00
91.01	09101	DAY HOSPITAL	0	0	0	91.01
91.02	09102	PAIN CLINIC	798	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

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

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	
		15.00	16.00	17.00	23.00	24.00	
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	466,004	161,714	48,460	0	21,529,772
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	334	0	0		1,923,984
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		0
200.00		Cross Foot Adjustments				122,306	122,306
201.00		Negative Cost Centers	0	0	0	0	7,203
202.00		TOTAL (sum lines 118-201)	466,338	161,714	48,460	122,306	23,583,265

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 11:35 am	
Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00	
5.01	00510	NONPATIENT TELEPHONES		5.01	
5.02	00511	DATA PROCESSING		5.02	
5.03	00512	PURCHASING RECEIVING AND STORES		5.03	
5.04	00513	ADMITTING		5.04	
5.05	00514	CASHERING/ACCOUNTS RECEIVABLE		5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06	
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	
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	
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	4,064,474	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,078,613	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	1,064,519	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	233,002	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	4,137,147	50.00
50.01	05001	OPERATING ROOM	0	0	50.01
51.00	05100	RECOVERY ROOM	0	282,326	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	782,215	52.00
53.00	05300	ANESTHESIOLOGY	0	54,895	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,499,936	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	774,232	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	14,016	62.00
65.00	06500	RESPIRATORY THERAPY	0	163,338	65.00
66.00	06600	PHYSICAL THERAPY	0	259,995	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	212,955	67.00
69.00	06900	ELECTROCARDIOLOGY	0	525,525	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	15,005	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	125,708	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	396,716	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	512,395	73.00
74.00	07400	RENAL DIALYSIS	0	9,867	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	387	90.00
90.01	09001	SPORTS MEDICINE	0	368,107	90.01
90.02	09002	WOUND CARE CLINIC	0	261,091	90.02
91.00	09100	EMERGENCY	0	1,531,457	91.00
91.01	09101	DAY HOSPITAL	0	0	91.01
91.02	09102	PAIN CLINIC	0	161,851	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140288

Period:
From 01/01/2013
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
110.00	11000	INTESTINAL ACQUISITION	0	0
111.00	11100	ISLET ACQUISITION	0	0
113.00	11300	INTEREST EXPENSE		
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	21,529,772
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0
190.01	19001	OTHER NONREIMBURSABLE	0	1,923,984
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0
200.00		Cross Foot Adjustments	0	122,306
201.00		Negative Cost Centers	0	7,203
202.00		TOTAL (sum lines 118-201)	0	23,583,265

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (SALARIES)	NONPATIENT TELEPHONES (#OF PHONES)	DATA PROCESSING (REVENUE)	
	NEW BLDG & FIXT (SQUARE FEET 2)	NEW MVBLE EQUIP (SQUARE FEET 2)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	775,887					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		775,887				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2,049	2,049	120,853,028			4.00
5.01 00510 NONPATIENT TELEPHONES	2,074	2,074	355,394	3,285		5.01
5.02 00511 DATA PROCESSING	1,946	1,946	0	80	1,202,426,588	5.02
5.03 00512 PURCHASING RECEIVING AND STORES	959	959	0	1	0	5.03
5.04 00513 ADMITTING	2,105	2,105	2,550,641	43	0	5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	902	902	2,073,408	14	0	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	40,453	40,453	9,652,536	356	0	5.06
6.00 00600 MAINTENANCE & REPAIRS	238,433	238,433	1,828,978	159	0	6.00
7.00 00700 OPERATION OF PLANT	17,601	17,601	0	3	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	612	612	0	3	0	8.00
9.00 00900 HOUSEKEEPING	2,558	2,558	2,036,154	27	0	9.00
10.00 01000 DIETARY	18,145	18,145	2,210,496	49	0	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	5,561	5,561	4,153,718	61	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	21,795	21,795	2,017,780	68	0	14.00
15.00 01500 PHARMACY	5,872	5,872	4,760,315	73	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,960	2,960	0	3	0	16.00
17.00 01700 SOCIAL SERVICE	0	0	2,279,499	31	0	17.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	411,672	3	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	84,890	84,890	20,369,522	620	82,705,417	30.00
31.00 03100 INTENSIVE CARE UNIT	45,273	45,273	10,700,439	267	33,747,971	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I/PF	21,946	21,946	6,251,852	124	27,733,367	40.00
41.00 04100 SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	4,182	4,182	2,616,622	35	22,568,740	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	78,787	78,787	9,940,943	285	148,139,069	50.00
50.01 05001 OPERATING ROOM	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	6,436	6,436	1,288,517	33	20,091,551	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	15,867	15,867	3,010,020	83	21,753,624	52.00
53.00 05300 ANESTHESIOLOGY	389	389	252,727	8	28,981,373	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	50,075	50,075	12,722,572	329	269,172,400	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	13,964	13,964	0	0	111,157,601	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	6,119,784	62.00
65.00 06500 RESPIRATORY THERAPY	1,784	1,784	2,607,116	31	34,049,719	65.00
66.00 06600 PHYSICAL THERAPY	4,397	4,397	1,853,839	39	9,473,532	66.00
67.00 06700 OCCUPATIONAL THERAPY	4,604	4,604	1,458,291	17	7,314,389	67.00
69.00 06900 ELECTROCARDIOLOGY	10,158	10,158	2,381,348	87	36,668,657	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	237	237	164,067	4	2,584,727	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	45,081,188	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	61,900,641	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	120,189,360	73.00
74.00 07400 RENAL DIALYSIS	0	0	239,172	4	2,832,640	74.00
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 SPORTS MEDICINE	0	0	1,075,418	3	5,966,021	90.01
90.02 09002 WOUND CARE CLINIC	2,423	2,423	321,975	0	2,526,296	90.02
91.00 09100 EMERGENCY	20,492	20,492	6,987,205	201	97,937,805	91.00
91.01 09101 DAY HOSPITAL	0	0	0	0	0	91.01
91.02 09102 PAIN CLINIC	3,715	3,715	845,078	27	3,730,716	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1

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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (SALARIES)	NONPATIENT TELEPHONES (#OF PHONES)	DATA PROCESSING (REVENUE)		
	NEW BLDG & FIXT (SQUARE FEET 2)	NEW MVBLE EQUIP (SQUARE FEET 2)					
	1.00	2.00					
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	733,644	733,644	119,417,314	3,171	1,202,426,588
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	42,243	42,243	1,435,714	114	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,656,945	8,298,015	33,329,566	642,910	5,600,032
203.00		Unit cost multiplier (Wkst. B, Part I)	12.446329	10.694876	0.275786	195.710807	0.004657
204.00		Cost to be allocated (per Wkst. B, Part II)			47,417	48,134	46,205
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000392	14.652664	0.000038

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	ADMINITTING (I/P REVENUE)	CASHERING/ACCOUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510 NONPATIENT TELEPHONES						5.01
5.02	00511 DATA PROCESSING						5.02
5.03	00512 PURCHASING RECEIVING AND STORES	44,260,876					5.03
5.04	00513 ADMINITTING	26,144	707,514,791				5.04
5.05	00514 CASHERING/ACCOUNTS RECEIVABLE	13,014		1,202,426,588			5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	443,886			-22,691,284	283,758,914	5.06
6.00	00600 MAINTENANCE & REPAIRS	741,277				16,902,590	6.00
7.00	00700 OPERATION OF PLANT	0				407,896	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	58,305				292,142	8.00
9.00	00900 HOUSEKEEPING	316,533				3,801,821	9.00
10.00	01000 DIETARY	1,747,034				3,680,719	10.00
11.00	01100 CAFETERIA	0				0	11.00
12.00	01200 MAINTENANCE OF PERSONNEL	0			49,286	0	12.00
13.00	01300 NURSING ADMINISTRATION	33,817				6,158,106	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	1,442,723				4,083,667	14.00
15.00	01500 PHARMACY	392,553				18,855,686	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	3,746				2,933,548	16.00
17.00	01700 SOCIAL SERVICE	7,634				3,369,773	17.00
23.00	02300 PARAMEDICAL PRGM-(SPECIFY)	7,617				576,463	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	1,285,127	82,705,417	82,705,417	0	32,309,808	30.00
31.00	03100 INTENSIVE CARE UNIT	936,721	33,747,971	33,747,971	0	18,056,359	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - I/P	141,893	27,733,367	27,733,367	0	10,332,186	40.00
41.00	04100 SUBPROVIDER - I/R	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	195,369	22,568,740	22,568,740	0	4,293,779	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	22,392,297	71,982,410	148,139,069	0	22,401,362	50.00
50.01	05001 OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	34,369	9,584,387	20,091,551	0	2,452,272	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	348,952	17,331,027	21,753,624	0	5,321,869	52.00
53.00	05300 ANESTHESIOLOGY	513,848	16,041,620	28,981,373	0	1,220,075	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,480,139	97,957,789	269,172,400	0	28,226,075	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	1,560,137	62,093,929	111,157,601	0	13,842,620	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	91,508	5,206,144	6,119,784	0	811,307	62.00
65.00	06500 RESPIRATORY THERAPY	549,899	31,808,767	34,049,719	0	4,550,716	65.00
66.00	06600 PHYSICAL THERAPY	13,947	6,917,215	9,473,532	0	2,940,404	66.00
67.00	06700 OCCUPATIONAL THERAPY	13,833	3,283,355	7,314,389	0	2,289,477	67.00
69.00	06900 ELECTROCARDIOLOGY	83,021	13,702,387	36,668,657	0	5,095,158	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	12,140	2,173,979	2,584,727	0	361,025	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	32,653,709	45,081,188	0	9,573,781	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	44,330,923	61,900,641	0	32,360,307	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	88,620,694	120,189,360	0	3,355,769	73.00
74.00	07400 RENAL DIALYSIS	44,738	2,589,617	2,832,640	0	631,788	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	33,049	90.00
90.01	09001 SPORTS MEDICINE	12,925	2,646	5,966,021	0	1,956,778	90.01
90.02	09002 WOUND CARE CLINIC	100,044	14,588	2,526,296	0	683,178	90.02
91.00	09100 EMERGENCY	846,943	34,342,270	97,937,805	0	13,651,586	91.00
91.01	09101 DAY HOSPITAL	0	0	0	0	0	91.01
91.02	09102 PAIN CLINIC	0	121,840	3,730,716	0	1,400,898	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 11:35 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COSTS)	ADMINITTING (I/P REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	43,892,133	707,514,791	1,202,426,588	-22,641,998	279,214,037
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	368,743	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	582,612	3,804,466	23,205,384	22,691,284	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.013163	0.005377	0.019299	0.079967	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	34,204	145,362	129,086	3,321,273	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000773	0.000205	0.000107	0.011705	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 11:35 am

Cost Center Description		MAINTENANCE & REPAIRS (SQARE FEET 2)	OPERATION OF PLANT (SQARE FEET 2)	LAUNDRY & LINEN SERVICE (#OF POUNDS)	HOUSEKEEPING (SQUARE FEET 2)	DIETARY (MEALS SERVED)		
		6.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00510	NONPATIENT TELEPHONES					5.01	
5.02	00511	DATA PROCESSING					5.02	
5.03	00512	PURCHASING RECEIVING AND STORES					5.03	
5.04	00513	ADMINING					5.04	
5.05	00514	CASHERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS	486,966				6.00	
7.00	00700	OPERATION OF PLANT	17,601	469,365			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	612	612	1,751,805		8.00	
9.00	00900	HOUSEKEEPING	2,558	2,558	0	466,195	9.00	
10.00	01000	DIETARY	18,145	18,145	0	18,145	10.00	
11.00	01100	CAFETERIA	0	0	0	0	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	5,561	5,561	0	5,561	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	21,795	21,795	33,167	21,795	14.00	
15.00	01500	PHARMACY	5,872	5,872	0	5,872	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	2,960	2,960	0	2,960	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	84,890	84,890	638,203	84,890	130,518	30.00
31.00	03100	INTENSIVE CARE UNIT	45,273	45,273	178,711	45,273	48,136	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	21,946	21,946	82,880	21,946	31,521	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	4,182	4,182	11,637	4,182	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	78,787	78,787	246,088	78,787	0	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	6,436	6,436	0	6,436	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,867	15,867	83,460	15,867	0	52.00
53.00	05300	ANESTHESIOLOGY	389	389	0	389	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,075	50,075	132,083	50,075	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	13,964	13,964	0	13,964	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	1,784	1,784	0	1,784	0	65.00
66.00	06600	PHYSICAL THERAPY	4,397	4,397	0	4,397	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,604	4,604	0	4,604	5,718	67.00
69.00	06900	ELECTROCARDIOLOGY	10,158	10,158	47,812	10,158	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	237	237	0	237	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	2,423	2,423	0	2,423	0	90.02
91.00	09100	EMERGENCY	20,492	20,492	293,508	20,492	1,271	91.00
91.01	09101	DAY HOSPITAL	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	3,715	3,715	4,256	3,715	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 11:35 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET 2)	OPERATION OF PLANT (SQUARE FEET 2)	LAUNDRY & LINEN SERVICE (#OF POUNDS)	HOUSEKEEPING (SQUARE FEET 2)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	444,723	427,122	1,751,805	423,952	469,615	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	42,243	42,243	0	42,243	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	18,254,239	1,100,299	339,880	4,207,726	4,861,539	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	37.485654	2.344229	0.194017	9.025678	10.352180	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	5,751,742	620,019	25,708	138,727	710,500	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	11.811383	1.320974	0.014675	0.297573	1.512941	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1
Date/Time Prepared:
5/27/2014 11:35 am

Cost Center Description		CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (ACC COST)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTS)	PHARMACY (COSTS)	
		11.00	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	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
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	1,438					11.00
12.00	01200	29	203,831,699				12.00
13.00	01300	53	5,118,937	1,029			13.00
14.00	01400	60	4,332,884	0	37,936,990		14.00
15.00	01500	53	17,865,565	0	342,735	12,728,053	15.00
16.00	01600	0	2,908,339	0	798	0	16.00
17.00	01700	28	2,777,841	0	23	0	17.00
23.00	02300	19	651,606	0	177	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	316	25,333,343	392	1,089,461	201,010	30.00
31.00	03100	146	14,808,094	177	785,493	90,600	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	92	7,534,407	75	87,372	8,031	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	30	3,381,284	0	130,088	22,687	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	139	37,178,467	110	21,891,177	154,780	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	14	1,444,775	24	32,195	20,111	51.00
52.00	05200	38	5,226,344	53	314,653	27,329	52.00
53.00	05300	6	1,925,389	0	510,644	67,901	53.00
54.00	05400	162	28,638,410	42	9,186,731	52,319	54.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	12,431,972	0	1,555,613	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	727,011	0	91,508	0	62.00
65.00	06500	41	3,421,951	0	530,308	1,280	65.00
66.00	06600	27	2,119,728	0	12,176	75	66.00
67.00	06700	17	1,588,644	3	3,146	89	67.00
69.00	06900	35	3,958,179	24	65,459	17,307	69.00
70.00	07000	3	274,845	0	11,766	0	70.00
71.00	07100	0	0	0	0	11,365	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	11,731,526	73.00
74.00	07400	0	551,479	0	42,815	400	74.00
76.00	03020	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	33,049	0	0	0	90.00
90.01	09001	13	1,551,910	0	9,046	0	90.01
90.02	09002	5	579,834	118	99,235	103	90.02
91.00	09100	99	13,212,913	0	746,516	290,260	91.00
91.01	09101	0	0	0	0	0	91.01
91.02	09102	13	1,031,949	11	31,309	21,769	91.02
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 11:35 am

Cost Center Description		CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (ACC COST)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTS)	PHARMACY (COSTS)	
		11.00	12.00	13.00	14.00	15.00	
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
118.00		1,438	200,609,149	1,029	37,570,444	12,718,942	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	3,222,550	0	366,546	9,111	190.01
192.00	19200	0	0	0	0	0	192.00
200.00							200.00
201.00							201.00
202.00		2,613,417	3,419	7,018,646	5,590,586	20,797,532	202.00
203.00		1,817.397079	0.000017	6,820.841594	0.147365	1.633992	203.00
204.00		381,944	7,703	292,975	1,033,378	466,338	204.00
205.00		265.607789	0.000002	284.718173	0.027239	0.036639	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1
Date/Time Prepared:
5/27/2014 11:35 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENTS DAYS)	PARAMED ED PRGM (ASSIGNED TIME)	
		16.00	17.00	23.00	
GENERAL SERVICE COST CENTERS					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00510 NONPATIENT TELEPHONES				5.01
5.02	00511 DATA PROCESSING				5.02
5.03	00512 PURCHASING RECEIVING AND STORES				5.03
5.04	00513 ADMITTING				5.04
5.05	00514 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL				5.06
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
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	20,235			16.00
17.00	01700 SOCIAL SERVICE	0	12,763		17.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	28,740	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS	2,088	11,197	0	30.00
31.00	03100 INTENSIVE CARE UNIT	0	242	0	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000 SUBPROVIDER - I PF	3,694	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	42.00
43.00	04300 NURSERY	696	361	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	1,235	0	0	50.00
50.01	05001 OPERATING ROOM	0	0	0	50.01
51.00	05100 RECOVERY ROOM	19	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	197	361	0	52.00
53.00	05300 ANESTHESIOLOGY	36	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	783	0	0	54.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	3,638	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	67	0	0	65.00
66.00	06600 PHYSICAL THERAPY	475	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	16	0	0	67.00
69.00	06900 ELECTROCARDIOLOGY	1,626	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	5	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED 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	963	0	0	73.00
74.00	07400 RENAL DIALYSIS	20	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 SPORTS MEDICINE	0	0	0	90.01
90.02	09002 WOUND CARE CLINIC	0	120	0	90.02
91.00	09100 EMERGENCY	4,677	482	28,740	91.00
91.01	09101 DAY HOSPITAL	0	0	0	91.01
91.02	09102 PAIN CLINIC	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910 CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140288

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

Worksheet B-1

Date/Time Prepared:
5/27/2014 11:35 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (PATIENTS DAYS)	PARAMED ED PRGM (ASSIGNED TIME)		
		16.00	17.00	23.00		
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,235	12,763	28,740	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001	OTHER NONREIMBURSABLE	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,312,915	3,690,181	657,129	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	163.722016	289.131160	22.864614	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	161,714	48,460	122,306	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	7.991796	3.796913	4.255602	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140288		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/27/2014 11:35 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	47,832,591		47,832,591	416,000	48,248,591	30.00
31.00	03100 INTENSIVE CARE UNIT	24,051,741		24,051,741	570,516	24,622,257	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000 SUBPROVIDER - I/PF	13,882,675		13,882,675	150,108	14,032,783	40.00
41.00	04100 SUBPROVIDER - I/RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	5,172,858		5,172,858	150,878	5,323,736	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	32,774,258		32,774,258	0	32,774,258	50.00
50.01	05001 OPERATING ROOM	0		0	0	0	50.01
51.00	05100 RECOVERY ROOM	3,192,692		3,192,692	0	3,192,692	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,197,135		7,197,135	821,335	8,018,470	52.00
53.00	05300 ANESTHESIOLOGY	1,539,678		1,539,678	1,034,549	2,574,227	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	35,104,164		35,104,164	304,560	35,408,724	54.00
57.00	05700 CT SCAN	0		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	16,456,868		16,456,868	0	16,456,868	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	889,682		889,682	0	889,682	62.00
65.00	06500 RESPIRATORY THERAPY	5,167,562	0	5,167,562	0	5,167,562	65.00
66.00	06600 PHYSICAL THERAPY	3,519,148	0	3,519,148	27,638	3,546,786	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,811,300	0	2,811,300	0	2,811,300	67.00
69.00	06900 ELECTROCARDIOLOGY	6,539,666		6,539,666	0	6,539,666	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	409,484		409,484	5,750	415,234	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,357,938		10,357,938	0	10,357,938	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	34,947,996		34,947,996	0	34,947,996	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	22,950,999		22,950,999	0	22,950,999	73.00
74.00	07400 RENAL DIALYSIS	692,556		692,556	0	692,556	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	35,693		35,693	0	35,693	90.00
90.01	09001 SPORTS MEDICINE	2,138,241		2,138,241	0	2,138,241	90.01
90.02	09002 WOUND CARE CLINIC	1,719,631		1,719,631	0	1,719,631	90.02
91.00	09100 EMERGENCY	18,141,171		18,141,171	2,787,303	20,928,474	91.00
91.01	09101 DAY HOSPITAL	0		0	0	0	91.01
91.02	09102 PAIN CLINIC	1,834,105		1,834,105	0	1,834,105	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,139,568		1,139,568	0	1,139,568	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
200.00	Subtotal (see instructions)	300,499,400	0	300,499,400	6,268,637	306,768,037	200.00
201.00	Less Observation Beds	1,139,568		1,139,568	0	1,139,568	201.00
202.00	Total (see instructions)	299,359,832	0	299,359,832	6,268,637	305,628,469	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140288		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/27/2014 11:35 am	
			Title XVII I		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	82,705,417		82,705,417			30.00
31.00	03100	INTENSIVE CARE UNIT	33,747,704		33,747,704			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	27,733,367		27,733,367			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	22,568,740		22,568,740			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	71,982,410	76,156,659	148,139,069	0.221240	0.000000	50.00
50.01	05001	OPERATING ROOM	0	0	0	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	9,584,387	10,507,164	20,091,551	0.158907	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,331,027	4,422,597	21,753,624	0.330848	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	16,041,620	12,939,753	28,981,373	0.053126	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	97,957,789	171,214,611	269,172,400	0.130415	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	62,093,929	49,063,672	111,157,601	0.148050	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,206,144	913,640	6,119,784	0.145378	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	31,808,767	2,240,952	34,049,719	0.151765	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,917,215	2,556,317	9,473,532	0.371472	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,283,355	4,031,034	7,314,389	0.384352	0.000000	67.00
69.00	06900	ELECTROCARDIOLOGY	13,702,387	22,966,270	36,668,657	0.178345	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,173,979	410,748	2,584,727	0.158424	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,653,709	12,427,479	45,081,188	0.229762	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	44,330,923	17,569,718	61,900,641	0.564582	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	88,620,694	31,568,666	120,189,360	0.190957	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,832,640	0	2,832,640	0.244491	0.000000	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	46,212	46,212	0.772375	0.000000	90.00
90.01	09001	SPORTS MEDICINE	2,646	5,917,163	5,919,809	0.361201	0.000000	90.01
90.02	09002	WOUND CARE CLINIC	14,588	2,511,708	2,526,296	0.680693	0.000000	90.02
91.00	09100	EMERGENCY	34,342,270	63,595,535	97,937,805	0.185232	0.000000	91.00
91.01	09101	DAY HOSPITAL	0	0	0	0.000000	0.000000	91.01
91.02	09102	PAIN CLINIC	121,840	3,608,876	3,730,716	0.491623	0.000000	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,968,928	12,565,555	15,534,483	0.073357	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	710,726,475	507,234,329	1,217,960,804			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	710,726,475	507,234,329	1,217,960,804			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 11:35 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
32.00	03200	CORONARY CARE UNIT		32.00
33.00	03300	BURN INTENSIVE CARE UNIT		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
40.00	04000	SUBPROVIDER - I PF		40.00
41.00	04100	SUBPROVIDER - I RF		41.00
42.00	04200	SUBPROVIDER		42.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.221240	50.00
50.01	05001	OPERATING ROOM	0.000000	50.01
51.00	05100	RECOVERY ROOM	0.158907	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.368604	52.00
53.00	05300	ANESTHESIOLOGY	0.088824	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.131547	54.00
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.148050	60.00
60.01	06001	BLOOD LABORATORY	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.145378	62.00
65.00	06500	RESPIRATORY THERAPY	0.151765	65.00
66.00	06600	PHYSICAL THERAPY	0.374389	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.384352	67.00
69.00	06900	ELECTROCARDIOLOGY	0.178345	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.160649	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.229762	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.564582	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190957	73.00
74.00	07400	RENAL DIALYSIS	0.244491	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		89.00
90.00	09000	CLINIC	0.772375	90.00
90.01	09001	SPORTS MEDICINE	0.361201	90.01
90.02	09002	WOUND CARE CLINIC	0.680693	90.02
91.00	09100	EMERGENCY	0.213691	91.00
91.01	09101	DAY HOSPITAL	0.000000	91.01
91.02	09102	PAIN CLINIC	0.491623	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.073357	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF		99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION		109.00
110.00	11000	INTESTINAL ACQUISITION		110.00
111.00	11100	ISLET ACQUISITION		111.00
113.00	11300	INTEREST EXPENSE		113.00
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: 140288		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/27/2014 11:35 am		
		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000 ADULTS & PEDIATRICS		47,832,591		47,832,591	416,000	48,248,591	30.00
31.00	03100 INTENSIVE CARE UNIT		24,051,741		24,051,741	570,516	24,622,257	31.00
32.00	03200 CORONARY CARE UNIT		0		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		0	0	0	34.00
40.00	04000 SUBPROVIDER - I/PF		13,882,675		13,882,675	150,108	14,032,783	40.00
41.00	04100 SUBPROVIDER - I/RF		0		0	0	0	41.00
42.00	04200 SUBPROVIDER		0		0	0	0	42.00
43.00	04300 NURSERY		5,172,858		5,172,858	150,878	5,323,736	43.00
44.00	04400 SKILLED NURSING FACILITY		0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM		32,774,258		32,774,258	0	32,774,258	50.00
50.01	05001 OPERATING ROOM		0		0	0	0	50.01
51.00	05100 RECOVERY ROOM		3,192,692		3,192,692	0	3,192,692	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		7,197,135		7,197,135	821,335	8,018,470	52.00
53.00	05300 ANESTHESIOLOGY		1,539,678		1,539,678	1,034,549	2,574,227	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		35,104,164		35,104,164	304,560	35,408,724	54.00
57.00	05700 CT SCAN		0		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0		0	0	0	59.00
60.00	06000 LABORATORY		16,456,868		16,456,868	0	16,456,868	60.00
60.01	06001 BLOOD LABORATORY		0		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		889,682		889,682	0	889,682	62.00
65.00	06500 RESPIRATORY THERAPY	0	5,167,562	0	5,167,562	0	5,167,562	65.00
66.00	06600 PHYSICAL THERAPY	0	3,519,148	0	3,519,148	27,638	3,546,786	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,811,300	0	2,811,300	0	2,811,300	67.00
69.00	06900 ELECTROCARDIOLOGY		6,539,666		6,539,666	0	6,539,666	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		409,484		409,484	5,750	415,234	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		10,357,938		10,357,938	0	10,357,938	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		34,947,996		34,947,996	0	34,947,996	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		22,950,999		22,950,999	0	22,950,999	73.00
74.00	07400 RENAL DIALYSIS		692,556		692,556	0	692,556	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS		0		0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC		0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0		0	0	0	89.00
90.00	09000 CLINIC		35,693		35,693	0	35,693	90.00
90.01	09001 SPORTS MEDICINE		2,138,241		2,138,241	0	2,138,241	90.01
90.02	09002 WOUND CARE CLINIC		1,719,631		1,719,631	0	1,719,631	90.02
91.00	09100 EMERGENCY		18,141,171		18,141,171	2,787,303	20,928,474	91.00
91.01	09101 DAY HOSPITAL		0		0	0	0	91.01
91.02	09102 PAIN CLINIC		1,834,105		1,834,105	0	1,834,105	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,139,568		1,139,568	0	1,139,568	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910 CORF		0		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900 PANCREAS ACQUISITION		0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE		0		0	0	0	113.00
200.00	Subtotal (see instructions)		300,499,400	0	300,499,400	6,268,637	306,768,037	200.00
201.00	Less Observation Beds		1,139,568		1,139,568	0	1,139,568	201.00
202.00	Total (see instructions)		299,359,832	0	299,359,832	6,268,637	305,628,469	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140288

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

Worksheet C Part I Date/Time Prepared: 5/27/2014 11:35 am

		Title XIX			Hospital	Cost
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	82,705,417		82,705,417	30.00
31.00	03100	INTENSIVE CARE UNIT	33,747,704		33,747,704	31.00
32.00	03200	CORONARY CARE UNIT	0		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	34.00
40.00	04000	SUBPROVIDER - IPF	27,733,367		27,733,367	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	41.00
42.00	04200	SUBPROVIDER	0		0	42.00
43.00	04300	NURSERY	22,568,740		22,568,740	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	71,982,410	76,156,659	148,139,069	50.00
50.01	05001	OPERATING ROOM	0	0	0	50.01
51.00	05100	RECOVERY ROOM	9,584,387	10,507,164	20,091,551	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,331,027	4,422,597	21,753,624	52.00
53.00	05300	ANESTHESIOLOGY	16,041,620	12,939,753	28,981,373	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	97,957,789	171,214,611	269,172,400	54.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	62,093,929	49,063,672	111,157,601	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,206,144	913,640	6,119,784	62.00
65.00	06500	RESPIRATORY THERAPY	31,808,767	2,240,952	34,049,719	65.00
66.00	06600	PHYSICAL THERAPY	6,917,215	2,556,317	9,473,532	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,283,355	4,031,034	7,314,389	67.00
69.00	06900	ELECTROCARDIOLOGY	13,702,387	22,966,270	36,668,657	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,173,979	410,748	2,584,727	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,653,709	12,427,479	45,081,188	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	44,330,923	17,569,718	61,900,641	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	88,620,694	31,568,666	120,189,360	73.00
74.00	07400	RENAL DIALYSIS	2,832,640	0	2,832,640	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	46,212	46,212	90.00
90.01	09001	SPORTS MEDICINE	2,646	5,917,163	5,919,809	90.01
90.02	09002	WOUND CARE CLINIC	14,588	2,511,708	2,526,296	90.02
91.00	09100	EMERGENCY	34,342,270	63,595,535	97,937,805	91.00
91.01	09101	DAY HOSPITAL	0	0	0	91.01
91.02	09102	PAIN CLINIC	121,840	3,608,876	3,730,716	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,968,928	12,565,555	15,534,483	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	710,726,475	507,234,329	1,217,960,804	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	710,726,475	507,234,329	1,217,960,804	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 11:35 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 OPERATING ROOM	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 SPORTS MEDICINE	0.000000		90.01
90.02	09002 WOUND CARE CLINIC	0.000000		90.02
91.00	09100 EMERGENCY	0.000000		91.00
91.01	09101 DAY HOSPITAL	0.000000		91.01
91.02	09102 PAIN CLINIC	0.000000		91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/27/2014 11:35 am
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,064,474	0	4,064,474	43,144	94.21	30.00
31.00	INTENSIVE CARE UNIT	2,078,613		2,078,613	17,828	116.59	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	1,064,519	0	1,064,519	10,507	101.32	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	233,002		233,002	3,693	63.09	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (Lines 30-199)	7,440,608		7,440,608	75,172		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	17,711	1,668,553				30.00
31.00	INTENSIVE CARE UNIT	11,182	1,303,709				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	5,431	550,269				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (Lines 30-199)	34,324	3,522,531				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/27/2014 11:35 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
Title XVIII Hospital PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,137,147	148,139,069	0.027927	29,891,955	834,793	50.00
50.01	05001	OPERATING ROOM	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	282,326	20,091,551	0.014052	3,712,478	52,168	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	782,215	21,753,624	0.035958	24,159	869	52.00
53.00	05300	ANESTHESIOLOGY	54,895	28,981,373	0.001894	5,291,263	10,022	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,499,936	269,172,400	0.013003	54,911,300	714,012	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	774,232	111,157,601	0.006965	32,054,624	223,260	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	14,016	6,119,784	0.002290	2,649,276	6,067	62.00
65.00	06500	RESPIRATORY THERAPY	163,338	34,049,719	0.004797	17,051,246	81,795	65.00
66.00	06600	PHYSICAL THERAPY	259,995	9,473,532	0.027444	4,148,071	113,840	66.00
67.00	06700	OCCUPATIONAL THERAPY	212,955	7,314,389	0.029115	2,008,367	58,474	67.00
69.00	06900	ELECTROCARDIOLOGY	525,525	36,668,657	0.014332	7,838,911	112,347	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,005	2,584,727	0.005805	677,193	3,931	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	125,708	45,081,188	0.002788	15,551,058	43,356	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	396,716	61,900,641	0.006409	18,808,588	120,544	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	512,395	120,189,360	0.004263	42,053,621	179,275	73.00
74.00	07400	RENAL DIALYSIS	9,867	2,832,640	0.003483	1,949,659	6,791	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	387	46,212	0.008374	0	0	90.00
90.01	09001	SPORTS MEDICINE	368,107	5,919,809	0.062182	2,179	135	90.01
90.02	09002	WOUND CARE CLINIC	261,091	2,526,296	0.103349	14,066	1,454	90.02
91.00	09100	EMERGENCY	1,531,457	97,937,805	0.015637	16,163,045	252,742	91.00
91.01	09101	DAY HOSPITAL	0	0	0.000000	0	0	91.01
91.02	09102	PAIN CLINIC	161,851	3,730,716	0.043383	67,788	2,941	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	95,997	15,534,483	0.006180	2,029,787	12,544	92.00
200.00		Total (lines 50-199)	14,185,161	1,051,205,576		256,898,634	2,831,360	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/27/2014 11:35 am
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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)	
			1.00	2.00	3.00	4.00	5.00	
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
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,144	0.00	17,711	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	17,828	0.00	11,182	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	10,507	0.00	5,431	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	3,693	0.00	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
200.00		Total (lines 30-199)	75,172		34,324	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 11:35 am
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
50.01	05001	OPERATING ROOM	0	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CLINIC	0	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	657,129	0	0	657,129	91.00
91.01	09101	DAY HOSPITAL	0	0	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	0	0	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	657,129	0	0	657,129	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 11:35 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	148,139,069	0.000000	0.000000	29,891,955	50.00
50.01	05001 OPERATING ROOM	0	0	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	20,091,551	0.000000	0.000000	3,712,478	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	21,753,624	0.000000	0.000000	24,159	52.00
53.00	05300 ANESTHESIOLOGY	0	28,981,373	0.000000	0.000000	5,291,263	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	269,172,400	0.000000	0.000000	54,911,300	54.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	111,157,601	0.000000	0.000000	32,054,624	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,119,784	0.000000	0.000000	2,649,276	62.00
65.00	06500 RESPIRATORY THERAPY	0	34,049,719	0.000000	0.000000	17,051,246	65.00
66.00	06600 PHYSICAL THERAPY	0	9,473,532	0.000000	0.000000	4,148,071	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	7,314,389	0.000000	0.000000	2,008,367	67.00
69.00	06900 ELECTROCARDIOLOGY	0	36,668,657	0.000000	0.000000	7,838,911	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,584,727	0.000000	0.000000	677,193	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	45,081,188	0.000000	0.000000	15,551,058	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	61,900,641	0.000000	0.000000	18,808,588	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	120,189,360	0.000000	0.000000	42,053,621	73.00
74.00	07400 RENAL DIALYSIS	0	2,832,640	0.000000	0.000000	1,949,659	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	46,212	0.000000	0.000000	0	90.00
90.01	09001 SPORTS MEDICINE	0	5,919,809	0.000000	0.000000	2,179	90.01
90.02	09002 WOUND CARE CLINIC	0	2,526,296	0.000000	0.000000	14,066	90.02
91.00	09100 EMERGENCY	657,129	97,937,805	0.006710	0.006710	16,163,045	91.00
91.01	09101 DAY HOSPITAL	0	0	0.000000	0.000000	0	91.01
91.02	09102 PAIN CLINIC	0	3,730,716	0.000000	0.000000	67,788	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	15,534,483	0.000000	0.000000	2,029,787	92.00
200.00	Total (lines 50-199)	657,129	1,051,205,576			256,898,634	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 11:35 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	0	13,423,029	0	50.00
50.01	05001 OPERATING ROOM	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	2,200,365	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	14,909	0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,755,429	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	61,177,540	0	54.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	18,625,615	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	350,385	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	864,752	0	65.00
66.00	06600 PHYSICAL THERAPY	0	855,269	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	850,691	0	67.00
69.00	06900 ELECTROCARDIOLOGY	0	8,942,425	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	119,723	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,854,879	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	7,871,806	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	10,093,776	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 SPORTS MEDICINE	0	1,710,802	0	90.01
90.02	09002 WOUND CARE CLINIC	0	1,319,113	0	90.02
91.00	09100 EMERGENCY	108,454	13,451,694	90,261	91.00
91.01	09101 DAY HOSPITAL	0	0	0	91.01
91.02	09102 PAIN CLINIC	0	1,974,677	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,720,159	0	92.00
200.00	Total (lines 50-199)	108,454	156,177,038	90,261	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 11:35 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	0.221240	13,423,029	0	0	2,969,711	50.00
50.01	05001	OPERATING ROOM	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.158907	2,200,365	0	0	349,653	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.330848	14,909	0	0	4,933	52.00
53.00	05300	ANESTHESIOLOGY	0.053126	2,755,429	0	0	146,385	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.130415	61,177,540	0	0	7,978,469	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.148050	18,625,615	0	10,911	2,757,522	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.145378	350,385	0	0	50,938	62.00
65.00	06500	RESPIRATORY THERAPY	0.151765	864,752	0	0	131,239	65.00
66.00	06600	PHYSICAL THERAPY	0.371472	855,269	0	0	317,708	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.384352	850,691	0	0	326,965	67.00
69.00	06900	ELECTROCARDIOLOGY	0.178345	8,942,425	0	0	1,594,837	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.158424	119,723	0	0	18,967	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.229762	3,854,879	0	0	885,705	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.564582	7,871,806	0	0	4,444,280	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190957	10,093,776	0	101,526	1,927,477	73.00
74.00	07400	RENAL DIALYSIS	0.244491	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.772375	0	0	0	0	90.00
90.01	09001	SPORTS MEDICINE	0.361201	1,710,802	0	0	617,943	90.01
90.02	09002	WOUND CARE CLINIC	0.680693	1,319,113	0	0	897,911	90.02
91.00	09100	EMERGENCY	0.185232	13,451,694	0	0	2,491,684	91.00
91.01	09101	DAY HOSPITAL	0.000000	0	0	0	0	91.01
91.02	09102	PAIN CLINIC	0.491623	1,974,677	0	0	970,797	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.073357	5,720,159	0	0	419,614	92.00
200.00		Subtotal (see instructions)		156,177,038	0	112,437	29,302,738	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (Line 200 +/- Line 201)		156,177,038	0	112,437	29,302,738	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 11:35 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	OPERATING ROOM	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	1,615	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,387	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	SPORTS MEDICINE	0	0	90.01
90.02	09002	WOUND CARE CLINIC	0	0	90.02
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	DAY HOSPITAL	0	0	91.01
91.02	09102	PAIN CLINIC	0	0	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	21,002	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	21,002	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/27/2014 11:35 am
		Component CCN: 14S288	Title XVIII	Subprovider - IPF

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,137,147	148,139,069	0.027927	26,456	739	50.00
50.01	05001	OPERATING ROOM	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	282,326	20,091,551	0.014052	3,378	47	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	782,215	21,753,624	0.035958	0	0	52.00
53.00	05300	ANESTHESIOLOGY	54,895	28,981,373	0.001894	148,737	282	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,499,936	269,172,400	0.013003	459,307	5,972	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	774,232	111,157,601	0.006965	865,006	6,025	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	14,016	6,119,784	0.002290	258	1	62.00
65.00	06500	RESPIRATORY THERAPY	163,338	34,049,719	0.004797	248,053	1,190	65.00
66.00	06600	PHYSICAL THERAPY	259,995	9,473,532	0.027444	112,455	3,086	66.00
67.00	06700	OCCUPATIONAL THERAPY	212,955	7,314,389	0.029115	89,303	2,600	67.00
69.00	06900	ELECTROCARDIOLOGY	525,525	36,668,657	0.014332	376,023	5,389	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,005	2,584,727	0.005805	5,681	33	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	125,708	45,081,188	0.002788	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	396,716	61,900,641	0.006409	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	512,395	120,189,360	0.004263	1,498,211	6,387	73.00
74.00	07400	RENAL DIALYSIS	9,867	2,832,640	0.003483	6,846	24	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	387	46,212	0.008374	0	0	90.00
90.01	09001	SPORTS MEDICINE	368,107	5,919,809	0.062182	0	0	90.01
90.02	09002	WOUND CARE CLINIC	261,091	2,526,296	0.103349	0	0	90.02
91.00	09100	EMERGENCY	1,531,457	97,937,805	0.015637	579,609	9,063	91.00
91.01	09101	DAY HOSPITAL	0	0	0.000000	0	0	91.01
91.02	09102	PAIN CLINIC	161,851	3,730,716	0.043383	2,442	106	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	15,534,483	0.000000	0	0	92.00
200.00		Total (Lines 50-199)	14,089,164	1,051,205,576		4,421,765	40,944	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288 Component CCN: 14S288	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 11:35 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 OPERATING ROOM	0	0	0	0	0	50.01
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
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 SPORTS MEDICINE	0	0	0	0	0	90.01
90.02 09002 WOUND CARE CLINIC	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	657,129	0	657,129	91.00
91.01 09101 DAY HOSPITAL	0	0	0	0	0	91.01
91.02 09102 PAIN CLINIC	0	0	0	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	657,129	0	657,129	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288 Component CCN: 14S288	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 11:35 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description			Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	148,139,069	0.000000	0.000000	26,456	50.00
50.01	05001	OPERATING ROOM	0	0	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	20,091,551	0.000000	0.000000	3,378	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	21,753,624	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	28,981,373	0.000000	0.000000	148,737	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	269,172,400	0.000000	0.000000	459,307	54.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	111,157,601	0.000000	0.000000	865,006	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,119,784	0.000000	0.000000	258	62.00
65.00	06500	RESPIRATORY THERAPY	0	34,049,719	0.000000	0.000000	248,053	65.00
66.00	06600	PHYSICAL THERAPY	0	9,473,532	0.000000	0.000000	112,455	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,314,389	0.000000	0.000000	89,303	67.00
69.00	06900	ELECTROCARDIOLOGY	0	36,668,657	0.000000	0.000000	376,023	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,584,727	0.000000	0.000000	5,681	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	45,081,188	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	61,900,641	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	120,189,360	0.000000	0.000000	1,498,211	73.00
74.00	07400	RENAL DIALYSIS	0	2,832,640	0.000000	0.000000	6,846	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	46,212	0.000000	0.000000	0	90.00
90.01	09001	SPORTS MEDICINE	0	5,919,809	0.000000	0.000000	0	90.01
90.02	09002	WOUND CARE CLINIC	0	2,526,296	0.000000	0.000000	0	90.02
91.00	09100	EMERGENCY	657,129	97,937,805	0.006710	0.006710	579,609	91.00
91.01	09101	DAY HOSPITAL	0	0	0.000000	0.000000	0	91.01
91.02	09102	PAIN CLINIC	0	3,730,716	0.000000	0.000000	2,442	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	15,534,483	0.000000	0.000000	0	92.00
200.00		Total (Lines 50-199)	657,129	1,051,205,576			4,421,765	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 11:35 am
	Component CCN: 14S288	Title XVIII	Subprovider - IPF PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 OPERATING ROOM	0	0	0	50.01
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
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED 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	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 SPORTS MEDICINE	0	0	0	90.01
90.02	09002 WOUND CARE CLINIC	0	0	0	90.02
91.00	09100 EMERGENCY	3,889	0	0	91.00
91.01	09101 DAY HOSPITAL	0	0	0	91.01
91.02	09102 PAIN CLINIC	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (Lines 50-199)	3,889	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 11:35 am		
		Component CCN: 14S288	Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.221240	0	0	0	50.00
50.01	05001 OPERATING ROOM	0.000000	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.158907	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.330848	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.053126	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.130415	0	0	0	54.00
57.00	05700 CT SCAN	0.000000	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000 LABORATORY	0.148050	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.145378	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.151765	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.371472	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.384352	0	0	0	67.00
69.00	06900 ELECTROCARDIOLOGY	0.178345	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.158424	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.229762	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.564582	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.190957	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.244491	0	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	09000 CLINIC	0.772375	0	0	0	90.00
90.01	09001 SPORTS MEDICINE	0.361201	0	0	0	90.01
90.02	09002 WOUND CARE CLINIC	0.680693	0	0	0	90.02
91.00	09100 EMERGENCY	0.185232	0	0	0	91.00
91.01	09101 DAY HOSPITAL	0.000000	0	0	0	91.01
91.02	09102 PAIN CLINIC	0.491623	0	0	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.073357	0	0	0	92.00
200.00	Subtotal (see instructions)		0	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 11:35 am
	Component CCN: 14S288	Title XVIII	Subprovider - IPF

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 OPERATING ROOM	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 SPORTS MEDICINE	0	0	90.01
90.02 09002 WOUND CARE CLINIC	0	0	90.02
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 DAY HOSPITAL	0	0	91.01
91.02 09102 PAIN CLINIC	0	0	91.02
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 11:35 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.221240	0	2,220,068	0	0
50.01 05001 OPERATING ROOM	0.000000	0	0	0	0
51.00 05100 RECOVERY ROOM	0.158907	0	498,691	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.330848	0	1,035,167	0	0
53.00 05300 ANESTHESIOLOGY	0.053126	0	557,780	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.130415	0	8,419,903	0	0
57.00 05700 CT SCAN	0.000000	0	0	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0
60.00 06000 LABORATORY	0.148050	0	3,396,148	0	0
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.145378	0	59,475	0	0
65.00 06500 RESPIRATORY THERAPY	0.151765	0	208,997	0	0
66.00 06600 PHYSICAL THERAPY	0.371472	0	257,038	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.384352	0	476,838	0	0
69.00 06900 ELECTROCARDIOLOGY	0.178345	0	680,607	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.158424	0	18,567	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.229762	0	356,148	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.564582	0	300,429	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.190957	0	1,142,483	0	0
74.00 07400 RENAL DIALYSIS	0.244491	0	0	0	0
76.00 03020 OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	0.772375	0	0	0	0
90.01 09001 SPORTS MEDICINE	0.361201	0	425,895	0	0
90.02 09002 WOUND CARE CLINIC	0.680693	0	35,458	0	0
91.00 09100 EMERGENCY	0.185232	0	7,919,786	0	0
91.01 09101 DAY HOSPITAL	0.000000	0	0	0	0
91.02 09102 PAIN CLINIC	0.491623	0	66,022	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.073357	0	756,045	0	0
200.00 Subtotal (see instructions)		0	28,831,545	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	28,831,545	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 11:35 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	491,168	0	50.00
50.01	05001 OPERATING ROOM	0	0	50.01
51.00	05100 RECOVERY ROOM	79,245	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	342,483	0	52.00
53.00	05300 ANESTHESIOLOGY	29,633	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,098,082	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	502,800	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	8,646	0	62.00
65.00	06500 RESPIRATORY THERAPY	31,718	0	65.00
66.00	06600 PHYSICAL THERAPY	95,482	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	183,274	0	67.00
69.00	06900 ELECTROCARDIOLOGY	121,383	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,941	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	81,829	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	169,617	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	218,165	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 SPORTS MEDICINE	153,834	0	90.01
90.02	09002 WOUND CARE CLINIC	24,136	0	90.02
91.00	09100 EMERGENCY	1,466,998	0	91.00
91.01	09101 DAY HOSPITAL	0	0	91.01
91.02	09102 PAIN CLINIC	32,458	0	91.02
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	55,461	0	92.00
200.00	Subtotal (see instructions)	5,189,353	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (Line 200 +/- Line 201)	5,189,353	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/27/2014 11:35 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		43,144	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		43,144	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)		42,125	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)		17,711	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)		48,248,591	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)		48,248,591	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)		48,248,591	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,118.32	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,806,566	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)		19,806,566	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/27/2014 11:35 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	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	24,622,257	17,828	1,381.10	11,182	15,443,460	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					52,801,519	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					88,051,545	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)					2,972,262	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,939,814	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,912,076	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					82,139,469	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,019	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,118.32	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,139,568	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140288		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 11:35 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	4,064,474	48,248,591	0.084240	1,139,568	95,997	90.00
91.00	Nursing School cost	0	48,248,591	0.000000	1,139,568	0	91.00
92.00	Allied health cost	0	48,248,591	0.000000	1,139,568	0	92.00
93.00	All other Medical Education	0	48,248,591	0.000000	1,139,568	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 14S288		Date/Time Prepared: 5/27/2014 11:35 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,507	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,507	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		10,507	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)		5,431	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)		14,032,783	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)		14,032,783	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)		14,032,783	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,335.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,253,481	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)		7,253,481	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140288		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 14S288				Date/Time Prepared: 5/27/2014 11:35 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					802,996		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					8,056,477		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)					550,269		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					44,833		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					595,102		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					7,461,375		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: 140288 Component CCN: 14S288		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 11:35 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,064,519	14,032,783	0.075859	0	0	90.00
91.00	Nursing School cost	0	14,032,783	0.000000	0	0	91.00
92.00	Allied health cost	0	14,032,783	0.000000	0	0	92.00
93.00	All other Medical Education	0	14,032,783	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/27/2014 11:35 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		44,103,387	30.00
31.00	03100	INTENSIVE CARE UNIT		19,972,294	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.221240	29,891,955	50.00
50.01	05001	OPERATING ROOM	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.158907	3,712,478	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.368604	24,159	52.00
53.00	05300	ANESTHESIOLOGY	0.088824	5,291,263	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.131547	54,911,300	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.148050	32,054,624	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.145378	2,649,276	62.00
65.00	06500	RESPIRATORY THERAPY	0.151765	17,051,246	65.00
66.00	06600	PHYSICAL THERAPY	0.374389	4,148,071	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.384352	2,008,367	67.00
69.00	06900	ELECTROCARDIOLOGY	0.178345	7,838,911	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.160649	677,193	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.229762	15,551,058	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.564582	18,808,588	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190957	42,053,621	73.00
74.00	07400	RENAL DIALYSIS	0.244491	1,949,659	74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.772375	0	90.00
90.01	09001	SPORTS MEDICINE	0.361201	2,179	90.01
90.02	09002	WOUND CARE CLINIC	0.680693	14,066	90.02
91.00	09100	EMERGENCY	0.213691	16,163,045	91.00
91.01	09101	DAY HOSPITAL	0.000000	0	91.01
91.02	09102	PAIN CLINIC	0.491623	67,788	91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.073357	2,029,787	92.00
200.00		Total (sum of lines 50-94 and 96-98)		256,898,634	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)		256,898,634	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 14S288		Date/Time Prepared: 5/27/2014 11:35 am	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		12,310,362	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.221240	26,456	5,853 50.00
50.01	05001	OPERATING ROOM	0.000000	0	0 50.01
51.00	05100	RECOVERY ROOM	0.158907	3,378	537 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.368604	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.088824	148,737	13,211 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.131547	459,307	60,420 54.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.148050	865,006	128,064 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.145378	258	38 62.00
65.00	06500	RESPIRATORY THERAPY	0.151765	248,053	37,646 65.00
66.00	06600	PHYSICAL THERAPY	0.374389	112,455	42,102 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.384352	89,303	34,324 67.00
69.00	06900	ELECTROCARDIOLOGY	0.178345	376,023	67,062 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.160649	5,681	913 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.229762	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.564582	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.190957	1,498,211	286,094 73.00
74.00	07400	RENAL DIALYSIS	0.244491	6,846	1,674 74.00
76.00	03020	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0 76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.772375	0	0 90.00
90.01	09001	SPORTS MEDICINE	0.361201	0	0 90.01
90.02	09002	WOUND CARE CLINIC	0.680693	0	0 90.02
91.00	09100	EMERGENCY	0.213691	579,609	123,857 91.00
91.01	09101	DAY HOSPITAL	0.000000	0	0 91.01
91.02	09102	PAIN CLINIC	0.491623	2,442	1,201 91.02
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.073357	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		4,421,765	802,996 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		4,421,765	802,996 202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 11:35 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)		42,043,014	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		14,014,338	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)		3,756,345	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)		287.21	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)		1.91	30.00
31.00	Percentage of Medicaid patient days (see instructions)		11.69	31.00
32.00	Sum of lines 30 and 31		13.60	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 11:35 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)			0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)			0	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)			435.60	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			0	46.00
47.00	Subtotal (see instructions)			59,813,697	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)			59,813,697	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)			4,794,308	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			300	53.00
54.00	Special add-on payments for new technologies			0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)			0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)			0	56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			108,454	58.00
59.00	Total (sum of amounts on lines 49 through 58)			64,716,759	59.00
60.00	Primary payer payments			41,546	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			64,675,213	61.00
62.00	Deductibles billed to program beneficiaries			5,529,380	62.00
63.00	Coinurance billed to program beneficiaries			235,236	63.00
64.00	Allowable bad debts (see instructions)			787,058	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			511,588	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			450,463	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			59,422,185	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)			93,691	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-99,994	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: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 11:35 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)		59,415,882		71.00
71.01	Sequestration adjustment (see instructions)		897,180		71.01
72.00	Interim payments		59,523,080		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) line 71 minus lines 71.01, 72 and 73		-1,004,378		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		3,807,733		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		2,874,943		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/27/2014 11:35 am
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		21,002	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		29,212,477	2.00
3.00	PPS payments		22,195,438	3.00
4.00	Outlier payment (see instructions)		151,473	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		90,261	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		21,002	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		112,437	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)		112,437	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)		112,437	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		91,435	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)		21,002	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)		22,437,172	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,661,938	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)		17,796,236	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)		17,796,236	30.00
31.00	Primary payer payments		1,922	31.00
32.00	Subtotal (line 30 minus line 31)		17,794,314	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)		471,618	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		306,552	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		289,899	36.00
37.00	Subtotal (see instructions)		18,100,866	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		18,100,866	40.00
40.01	Sequestration adjustment (see instructions)		273,323	40.01
41.00	Interim payments		17,717,733	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		109,810	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)		74,560	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/27/2014 11:35 am
		Component CCN: 14S288	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140288

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2014 11:35 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		58,657,499		17,717,725	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	07/15/2013	293,414		0	3.01
3.02		12/17/2013	572,167	12/17/2013	8	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)		865,581		8	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)		59,523,080		17,717,733	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		109,810	6.01
6.02	SETTLEMENT TO PROGRAM		1,004,378		0	6.02
7.00	Total Medicare program liability (see instructions)		58,518,702		17,827,543	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	Stephen Booth		00130		8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140288
Component CCN: 14S288

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2014 11:35 am
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,927,481		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)		4,927,481		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		21,317		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,948,798		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor	Stephen Booth		00130		8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part II Date/Time Prepared: 5/27/2014 11:35 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			15,481 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			28,893 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			2,748 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			59,953 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,217,960,804 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			42,782,169 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,330,961 8.00
9.00	Sequestration adjustment amount (see instructions)			26,619 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,304,342 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,365,518 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)			-61,176 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part II Date/Time Prepared: 5/27/2014 11:35 am
		Component CCN: 14S288	Title XVII	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		4,654,647	1.00
2.00	Net IPF PPS Outlier Payments		656,952	2.00
3.00	Net IPF PPS ECT Payments		30,767	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		28,786,301	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		5,342,366	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of teaching physicians (From Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		5,342,366	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		5,342,366	18.00
19.00	Deductibles		236,632	19.00
20.00	Subtotal (line 18 minus line 19)		5,105,734	20.00
21.00	Coinsurance		84,952	21.00
22.00	Subtotal (line 20 minus line 21)		5,020,782	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		5,020,782	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		3,889	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		5,024,671	31.00
31.01	Sequestration adjustment (see instructions)		75,873	31.01
32.00	Interim payments		4,927,481	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		21,317	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		656,952	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

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

Provider CCN: 140288

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

Worksheet G
Date/Time Prepared:
5/27/2014 11:35 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	384,503,000	0	0	0	1.00
2.00	Temporary investments	76,933,000	1,080,000	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	460,505,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	150,190,000	0	0	0	9.00
10.00	Due from other funds	38,095,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	1,110,226,000	1,080,000	0	0	11.00
FIXED ASSETS						
12.00	Land	107,227,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	2,091,880,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,135,113,000	0	0	0	23.00
24.00	Accumulated depreciation	-1,865,835,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,468,385,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	3,904,368,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	224,170,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,128,538,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	6,707,149,000	1,080,000	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	231,202,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	434,930,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	35,980,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	415,573,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,117,685,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	1,238,432,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	788,973,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,027,405,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,145,090,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	3,562,059,000	0	0	0	52.00
53.00	Specific purpose fund	0	1,080,000	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	3,562,059,000	1,080,000	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	6,707,149,000	1,080,000	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140288

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

Worksheet G-1

Date/Time Prepared:
5/27/2014 11:35 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		3,510,922,737		1,073,000	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		51,136,263			2.00
3.00	Total (sum of line 1 and line 2)		3,562,059,000		1,073,000	3.00
4.00	FUNDING RECEIVED	0		7,000		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		7,000	10.00
11.00	Subtotal (line 3 plus line 10)		3,562,059,000		1,080,000	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		3,562,059,000		1,080,000	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	FUNDING RECEIVED		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140288

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/27/2014 11:35 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	82,705,417		82,705,417	1.00
2.00	SUBPROVIDER - IPF	27,733,367		27,733,367	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	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)	110,438,784		110,438,784	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	33,747,971		33,747,971	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	33,747,971		33,747,971	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	144,186,755		144,186,755	17.00
18.00	Ancillary services	531,464,822	431,695,294	963,160,116	18.00
19.00	Outpatient services	34,831,875	75,782,058	110,613,933	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	710,483,452	507,477,352	1,217,960,804	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		338,893,922		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)		338,893,922		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140288

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

Worksheet G-3

Date/Time Prepared:
5/27/2014 11:35 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,217,960,804	1.00
2.00	Less contractual allowances and discounts on patients' accounts	832,953,264	2.00
3.00	Net patient revenues (line 1 minus line 2)	385,007,540	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	338,893,922	4.00
5.00	Net income from service to patients (line 3 minus line 4)	46,113,618	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	5,022,645	24.00
25.00	Total other income (sum of lines 6-24)	5,022,645	25.00
26.00	Total (line 5 plus line 25)	51,136,263	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)	51,136,263	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet I-5 Date/Time Prepared: 5/27/2014 11:35 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)	0	0	2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014			5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140288	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/27/2014 11:35 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,463,216	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		206,568	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)		164.25	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)		1.91	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		11.69	8.00
9.00	Sum of lines 7 and 8		13.60	9.00
10.00	Allowable disproportionate share percentage (see instructions)		2.79	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		124,524	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		4,794,308	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