

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/28/2014 2:51 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/28/2014 Time: 2:51 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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 ANDERSON HOSPITAL (140289) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-3,496	41,145	149,561	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-30,630	4		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	-34,126	41,149	149,561	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: 140289		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 9:38 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 6800 STATE ROUTE 162	PO Box:						1.00		
2.00	City: MARYVILLE	State: IL	Zip Code: 62062-1000	County: MADISON				2.00		
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ANDERSON HOSPITAL	140289	41180	1	11/22/1976	N	P	N	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	THE REHABILITATION CENTER	14T289	41180	5	01/01/2005	N	P	N	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	ANDERSON HOME HEALTH	147420	41180		05/30/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2013	12/31/2013		20.00	
21.00	Type of Control (see instructions)					2			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y		22.01	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,905	748	6	0	141	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.	114	106	0	0	0			25.00	
						Urban/Rural S	Date of Geogr			
						1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00	
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	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 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
			Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.				0.00	0.00

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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))				
	1.00	2.00	3.00	4.00	5.00				
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00			
							1.00	2.00	3.00
Inpatient Psychiatric Facility PPS									
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00			
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	0	71.00			
Inpatient Rehabilitation Facility PPS									
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00			
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	0	76.00			
							1.00		
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00			
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00			
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00			
							V	XIX	
							1.00	2.00	
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00			
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00			
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00			
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00			
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N	96.00			
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	97.00		
Rural Providers									
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N		105.00			
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N		106.00			

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		V 1.00	XIX 2.00				
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
		1.00	2.00	3.00			
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.			N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00			
118.01	List amounts of malpractice premiums and paid losses:	0	0	1,200,000			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.			N			121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			N			140.00

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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:	Contractor's Name:		Contractor's Number:			
142.00	Street:	PO Box:					
143.00	City:	State:		Zip Code:			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				Y	145.00	
				1.00	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
165.00	Multi campus Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.75	169.00	
				Beginning	Ending		
				1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			01/01/2013	12/31/2013	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/28/2014 9:38 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)		N		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		N		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		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.			Y	15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		Y	02/26/2014	Y
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/28/2014 9:38 am
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	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			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KEVIN		WELLEN	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(314) 231-5544		STLHEALTHCARE@BKD.COM	43.00

		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	02/26/2014		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		DI RECTOR	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: 140289

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 9:38 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Ti tle 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	122	44,530	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)		122	44,530	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		134	48,910	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,300		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		154				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: 140289

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 9:38 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	9,111	2,209	20,040			1.00
2.00 HMO and other (see instructions)	2,678	141				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	443	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)	9,111	2,209	20,040			7.00
8.00 INTENSIVE CARE UNIT	769	33	2,337			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		1,380	3,732			13.00
14.00 Total (see instructions)	9,880	3,622	26,109	0.00	858.96	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	3,546	114	4,721	0.00	19.63	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	3,765	0	6,655	0.00	12.33	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	890.92	27.00
28.00 Observation Bed Days		0	1,921			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	283	603			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: 140289

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 9:38 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,390	963	6,734	1.00
2.00 HMO and other (see instructions)			702			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	2,390	963	6,734	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	301	0	401	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part II Date/Time Prepared: 5/28/2014 9:38 am			
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	45,962,714	0	45,962,714	1,853,067.00	24.80	1.00
2.00	Non-physician anesthesiologist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthesiologist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		1,724,389	216	1,724,605	69,104.00	24.96	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		97,713	0	97,713	3,102.00	31.50	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		433,290	0	433,290	2,175.00	199.21	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		10,250,342	0	10,250,342			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		384,664	0	384,664			19.00
20.00	Non-physician anesthesiologist Part A		0	0	0			20.00
21.00	Non-physician anesthesiologist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	382,337	0	382,337	11,533.00	33.15	26.00
27.00	Administrative & General	5.00	6,559,300	193,018	6,752,318	280,844.00	24.04	27.00
28.00	Administrative & General under contract (see inst.)		1,501,063	0	1,501,063	29,623.70	50.67	28.00
29.00	Maintenance & Repairs	6.00	952,075	0	952,075	34,981.00	27.22	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	52,395	0	52,395	4,221.00	12.41	31.00
32.00	Housekeeping	9.00	1,007,913	0	1,007,913	74,427.00	13.54	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	801,415	-557,788	243,627	18,525.46	13.15	34.00
35.00	Dietary under contract (see instructions)		365,988	0	365,988	10,400.00	35.19	35.00
36.00	Cafeteria	11.00	0	557,788	557,788	42,413.54	13.15	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	616,833	0	616,833	14,290.00	43.17	38.00
39.00	Central Services and Supply	14.00	730,072	0	730,072	44,814.00	16.29	39.00
40.00	Pharmacy	15.00	1,277,067	-1,277,067	0	0.00	0.00	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140289

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2014 9:38 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,837,557	-605,051	1,232,506	60,195.00	20.48	41.00
42.00	Social Service	17.00	310,450	0	310,450	12,131.00	25.59	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140289

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2014 9:38 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adj uste d Sal ari es (col . 2 ± col . 3)	Pai d Hours Rel ated to Sal ari es i n 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)	47,829,765	0	47,829,765	1,893,090.70	25.27	1.00
2.00	Excluded area salaries (see instructions)	1,724,389	216	1,724,605	69,104.00	24.96	2.00
3.00	Subtotal salaries (line 1 minus line 2)	46,105,376	-216	46,105,160	1,823,986.70	25.28	3.00
4.00	Subtotal other wages & related costs (see inst.)	531,003	0	531,003	5,277.00	100.63	4.00
5.00	Subtotal wage-related costs (see inst.)	10,250,342	0	10,250,342	0.00	22.23	5.00
6.00	Total (sum of lines 3 thru 5)	56,886,721	-216	56,886,505	1,829,263.70	31.10	6.00
7.00	Total overhead cost (see instructions)	16,394,465	-1,689,100	14,705,365	638,398.70	23.03	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2014 9:38 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,473,069 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			23,601 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			4,596,165 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			198,627 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			25,442 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			2,974 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			39,780 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			10,746 14.00
15.00	'Workers' Compensation Insurance			812,895 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			3,308,225 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			130,006 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			-29,006 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			42,482 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			10,635,006 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: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part V Date/Time Prepared: 5/28/2014 9:38 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,626,106	10,635,006	1.00
2.00	Hospital	1,964,764	10,260,529	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	661,342	201,422	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	173,055	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140289 Component CCN: 147420		Period: From 01/01/2013 To 12/31/2013		Worksheet S-4 Date/Time Prepared: 5/28/2014 9:38 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County			MADISON		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	2,711	0	867	3,578	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	18.00	0.00	1.00	19.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			1.02	0.00	1.02	4.00
5.00	Other Administrative Personnel			2.06	0.00	2.06	5.00
6.00	Direct Nursing Service			4.91	0.00	4.91	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			1.75	0.00	1.75	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.72	0.00	0.72	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.15	0.00	0.15	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.72	0.00	1.72	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			41180			20.00
20.01				49740			20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	2.00	3.00	4.00	5.00
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,398	14	125	103	1,640	21.00
22.00	Skilled Nursing Visit Charges	210,615	2,212	16,906	14,694	244,427	22.00
23.00	Physical Therapy Visits	972	5	17	53	1,047	23.00
24.00	Physical Therapy Visit Charges	153,576	790	2,528	8,374	165,268	24.00
25.00	Occupational Therapy Visits	325	0	9	26	360	25.00
26.00	Occupational Therapy Visit Charges	51,350	0	1,422	4,108	56,880	26.00
27.00	Speech Pathology Visits	57	0	0	25	82	27.00
28.00	Speech Pathology Visit Charges	9,006	0	0	3,950	12,956	28.00
29.00	Medical Social Service Visits	1	0	0	0	1	29.00
30.00	Medical Social Service Visit Charges	210	0	0	0	210	30.00
31.00	Home Health Aide Visits	584	21	3	27	635	31.00
32.00	Home Health Aide Visit Charges	48,888	1,764	252	2,268	53,172	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,337	40	154	234	3,765	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	473,645	4,766	21,108	33,394	532,913	35.00
36.00	Total Number of Episodes (standard/non outlier)	203		46	11	260	36.00
37.00	Total Number of Outlier Episodes		1		1	2	37.00
38.00	Total Non-Routine Medical Supply Charges	10,802	5	1,883	295	12,985	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/28/2014 9:38 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)		0.251796		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		6,066,001		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		35,891,419		6.00	
7.00	Medicaid cost (line 1 times line 6)		9,037,316		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)		2,971,315		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)		2,971,315		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		6,950,278	0	6,950,278	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		1,750,052	0	1,750,052	21.00
22.00	Partial payment by patients approved for charity care		0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)		1,750,052	0	1,750,052	23.00
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		6,023,382		26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		462,367		27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		5,561,015		28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,400,241		29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		3,150,293		30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,121,608		31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140289

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

Worksheet A
Date/Time Prepared:
5/28/2014 9:38 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			
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT		3,121,457		3,121,457	2,712,700	5,834,157	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,730,068		3,730,068	295,118	4,025,186	2.00
3.00	00300	OTHER CAP REL COSTS		0		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	382,337	10,873,178	11,255,515	23,792	11,279,307	11,279,307	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,559,300	17,251,269	23,810,569	-490,206	23,320,363	23,320,363	5.00
6.00	00600	MAINTENANCE & REPAIRS	952,075	608,646	1,560,721	-1	1,560,720	1,560,720	6.00
7.00	00700	OPERATION OF PLANT	0	2,010,996	2,010,996	1,303	2,012,299	2,012,299	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	52,395	448,842	501,237	0	501,237	501,237	8.00
9.00	00900	HOUSEKEEPING	1,007,913	196,276	1,204,189	-8,564	1,195,625	1,195,625	9.00
10.00	01000	DIETARY	801,415	827,523	1,628,938	-1,133,747	495,191	495,191	10.00
11.00	01100	CAFETERIA	0	0	0	1,133,747	1,133,747	1,133,747	11.00
13.00	01300	NURSING ADMINISTRATION	616,833	214,103	830,936	41	830,977	830,977	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	730,072	527,908	1,257,980	-386,030	871,950	871,950	14.00
15.00	01500	PHARMACY	1,277,067	3,820,083	5,097,150	-1,529,699	3,567,451	3,567,451	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,837,557	797,150	2,634,707	-866,620	1,768,087	1,768,087	16.00
17.00	01700	SOCIAL SERVICE	310,450	8,396	318,846	0	318,846	318,846	17.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	65,668	-3,089	62,579	0	62,579	62,579	23.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	5,163,002	179,946	5,342,948	645,002	5,987,950	5,987,950	30.00
31.00	03100	INTENSIVE CARE UNIT	1,693,065	131,540	1,824,605	-14,407	1,810,198	1,810,198	31.00
41.00	04100	SUBPROVIDER - IRF	902,942	692,142	1,595,084	-3,791	1,591,293	1,591,293	41.00
43.00	04300	NURSERY	0	0	0	858,532	858,532	858,532	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	5,002,514	9,129,576	14,132,090	-6,954,611	7,177,479	7,177,479	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,040,209	463,684	4,503,893	-1,929,290	2,574,603	2,574,603	52.00
53.00	05300	ANESTHESIOLOGY	0	263,689	263,689	-16,840	246,849	246,849	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,112,830	1,024,713	3,137,543	86,087	3,223,630	3,223,630	54.00
56.00	05600	RADIOISOTOPE	165,328	294,195	459,523	-208,907	250,616	250,616	56.00
57.00	05700	CT SCAN	351,207	966,456	1,317,663	-208,911	1,108,752	1,108,752	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	207,054	305,903	512,957	-68,709	444,248	444,248	58.00
59.00	05900	CARDIAC CATHETERIZATION	659,207	1,789,563	2,448,770	-1,618,601	830,169	830,169	59.00
60.00	06000	LABORATORY	1,314,930	3,481,139	4,796,069	-131,456	4,664,613	4,664,613	60.00
65.00	06500	RESPIRATORY THERAPY	1,115,115	330,378	1,445,493	-123,649	1,321,844	1,321,844	65.00
66.00	06600	PHYSICAL THERAPY	1,348,151	225,002	1,573,153	24,717	1,597,870	1,597,870	66.00
67.00	06700	OCCUPATIONAL THERAPY	704,043	27,058	731,101	130,648	861,749	861,749	67.00
68.00	06800	SPEECH PATHOLOGY	628,751	32,750	661,501	79,867	741,368	741,368	68.00
68.01	06801	AUDIOLOGY	130,989	149,333	280,322	-124,749	155,573	155,573	68.01
69.00	06900	ELECTROCARDIOLOGY	332,307	264,799	597,106	-7,263	589,843	589,843	69.00
69.01	06901	CARDIOPULMONARY	528,035	49,226	577,261	-1,235	576,026	576,026	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	50,659	6,813	57,472	-4,606	52,866	52,866	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	10,785,044	10,785,044	10,785,044	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,271,593	1,271,593	1,271,593	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	198,273	198,273	198,273	74.00
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	4,163,515	633,163	4,796,678	-273,493	4,523,185	4,523,185	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	755,779	64,147	819,926	-9,249	810,677	810,677	101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE		2,131,830	2,131,830	-2,131,830	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	45,962,714	67,069,851	113,032,565	0	113,032,565	113,032,565	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00	07950	RENTED SPACE	0	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	45,962,714	67,069,851	113,032,565	0	113,032,565	113,032,565	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140289

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

Worksheet A
Date/Time Prepared:
5/28/2014 9:38 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,735,113	4,099,044	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-154,526	3,870,660	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-30,289	11,249,018	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-8,208,797	15,111,566	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,560,720	6.00
7.00	00700	OPERATION OF PLANT	-29,020	1,983,279	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	501,237	8.00
9.00	00900	HOUSEKEEPING	0	1,195,625	9.00
10.00	01000	DIETARY	-622	494,569	10.00
11.00	01100	CAFETERIA	0	1,133,747	11.00
13.00	01300	NURSING ADMINISTRATION	0	830,977	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	871,950	14.00
15.00	01500	PHARMACY	0	3,567,451	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-86,474	1,681,613	16.00
17.00	01700	SOCIAL SERVICE	0	318,846	17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-9,075	53,504	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,083	5,985,867	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,810,198	31.00
41.00	04100	SUBPROVIDER - IRF	0	1,591,293	41.00
43.00	04300	NURSERY	0	858,532	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	7,177,479	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-14,046	2,560,557	52.00
53.00	05300	ANESTHESIOLOGY	-89,006	157,843	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-94,082	3,129,548	54.00
56.00	05600	RADIOISOTOPE	0	250,616	56.00
57.00	05700	CT SCAN	0	1,108,752	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	444,248	58.00
59.00	05900	CARDIAC CATHETERIZATION	-12,600	817,569	59.00
60.00	06000	LABORATORY	-148,154	4,516,459	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,321,844	65.00
66.00	06600	PHYSICAL THERAPY	-49,696	1,548,174	66.00
67.00	06700	OCCUPATIONAL THERAPY	-4,813	856,936	67.00
68.00	06800	SPEECH PATHOLOGY	-36,099	705,269	68.00
68.01	06801	AUDIOLOGY	-35,803	119,770	68.01
69.00	06900	ELECTROCARDIOLOGY	-151,940	437,903	69.00
69.01	06901	CARDIOPULMONARY	-52,233	523,793	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	52,866	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,785,044	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,271,593	73.00
74.00	07400	RENAL DIALYSIS	0	198,273	74.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-136,024	4,387,161	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	810,677	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-11,080,495	101,952,070	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	RENTED SPACE	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-11,080,495	101,952,070	200.00

RECLASSIFICATIONS

Provider CCN: 140289

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

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - TO RECLASS INT EXP TO CAPITAL					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,957,499	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	174,331	2.00
	TOTALS		0	2,131,830	
B - TO RECLASS CAFETERIA EXPENSES					
1.00	CAFETERIA	11.00	557,788	575,959	1.00
	TOTALS		557,788	575,959	
C - TO RECLASS POST PARTUM & NURSERY					
1.00	ADULTS & PEDIATRICS	30.00	808,042	92,737	1.00
2.00	NURSERY	43.00	808,042	92,737	2.00
	TOTALS		1,616,084	185,474	
D - TO RECLASS EXP FOR UTILZTN REVIEW					
1.00	ADMINISTRATIVE & GENERAL	5.00	605,051	261,569	1.00
	TOTALS		605,051	261,569	
E - TO RECLASS ELECTRICITY EXPENSE					
1.00	OPERATION OF PLANT	7.00	0	1,303	1.00
	TOTALS		0	1,303	
F - TO RECLASS TELEPHONE EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,159	1.00
	TOTALS		0	1,159	
G - TO RECLASS RENAL DIALYSIS EXPENSES					
1.00	RENAL DIALYSIS	74.00	0	198,273	1.00
	TOTALS		0	198,273	
H - TO RECLASS PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	126,088	1.00
	TOTALS		0	126,088	
J - TO RECLASS MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,785,044	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	191	2.00
3.00	NURSING ADMINISTRATION	13.00	0	41	3.00
4.00		0.00	0	0	4.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
	TOTALS		0	10,785,276	
K - TO RECLASS REAL ESTATE TAXES					
1.00	OTHER CAP REL COSTS	3.00	0	304,047	1.00
	TOTALS		0	304,047	
L - TO RECLASS PHYSICIAN OFFICE LEASE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	445,853	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	445,853	
M - TO RECLASS PRO RENUMERATION					
1.00	ANESTHESIOLOGY	53.00	0	175,000	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	200,000	2.00
	TOTALS		0	375,000	
N - TO RECLASS PENSION PLAN AUDIT COSTS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	23,601	1.00
	TOTALS		0	23,601	

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	O - TO RECLASS REHAB ADMIN EXP				
1.00	PHYSICAL THERAPY	66.00	194,266	9,560	1.00
2.00	OCCUPATIONAL THERAPY	67.00	126,027	6,202	2.00
3.00	SPEECH PATHOLOGY	68.00	76,122	3,745	3.00
4.00	AUDIOLOGY	68.01	15,618	769	4.00
	TOTALS		412,033	20,276	
	P - TO RECLASS PHARMACIST				
1.00	ADULTS & PEDIATRICS	30.00	2,700	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	468	0	2.00
3.00	SUBPROVIDER - IRF	41.00	216	0	3.00
4.00	NURSERY	43.00	450	0	4.00
5.00	OPERATING ROOM	50.00	608	0	5.00
6.00	DELIVERY ROOM & LABOR ROOM	52.00	361	0	6.00
7.00	CARDIAC CATHETERIZATION	59.00	100	0	7.00
8.00	DRUGS CHARGED TO PATIENTS	73.00	1,271,593	0	8.00
9.00	EMERGENCY	91.00	571	0	9.00
	TOTALS		1,277,067	0	
500.00	Grand Total: Increases		4,468,023	15,435,708	500.00

RECLASSIFICATIONS

Provider CCN: 140289

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - TO RECLASS INT EXP TO CAPITAL							
1.00	INTEREST EXPENSE	113.00	0	2,131,830	11		1.00
2.00		0.00	0	0	11		2.00
	TOTALS		0	2,131,830			
B - TO RECLASS CAFETERIA EXPENSES							
1.00	DIETARY	10.00	557,788	575,959	0		1.00
	TOTALS		557,788	575,959			
C - TO RECLASS POST PARTUM & NURSERY							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,616,084	185,474	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,616,084	185,474			
D - TO RECLASS EXP FOR UTILZTN REVIEW							
1.00	MEDICAL RECORDS & LIBRARY	16.00	605,051	261,569	0		1.00
	TOTALS		605,051	261,569			
E - TO RECLASS ELECTRICITY EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,303	0		1.00
	TOTALS		0	1,303			
F - TO RECLASS TELEPHONE EXPENSE							
1.00	HOME HEALTH AGENCY	101.00	0	1,159	0		1.00
	TOTALS		0	1,159			
G - TO RECLASS RENAL DIALYSIS EXPENSES							
1.00	ADULTS & PEDIATRICS	30.00	0	198,273	0		1.00
	TOTALS		0	198,273			
H - TO RECLASS PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	126,088	12		1.00
	TOTALS		0	126,088			
J - TO RECLASS MEDICAL SUPPLIES							
1.00		0.00	0	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	95	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	1	0		3.00
4.00	HOUSEKEEPING	9.00	0	8,564	0		4.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	386,030	0		6.00
7.00	PHARMACY	15.00	0	252,632	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	60,204	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	14,875	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	4,007	0		10.00
11.00	NURSERY	43.00	0	42,697	0		11.00
12.00	OPERATING ROOM	50.00	0	6,955,219	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	128,093	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	191,840	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	113,913	0		15.00
16.00	RADIOISOTOPE	56.00	0	208,907	0		16.00
17.00	CT SCAN	57.00	0	208,911	0		17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	68,709	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	1,618,701	0		19.00
20.00	LABORATORY	60.00	0	131,456	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	123,649	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	4,581	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	1,581	0		23.00
24.00	AUDIOLOGY	68.01	0	141,136	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	7,263	0		25.00
26.00	CARDIOPULMONARY	69.01	0	1,235	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,606	0		27.00
28.00	EMERGENCY	91.00	0	98,281	0		28.00
29.00	HOME HEALTH AGENCY	101.00	0	8,090	0		29.00
	TOTALS		0	10,785,276			
K - TO RECLASS REAL ESTATE TAXES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	304,047	0		1.00
	TOTALS		0	304,047			
L - TO RECLASS PHYSICIAN OFFICE LEASE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	17,100	10		1.00
2.00	PHYSICAL THERAPY	66.00	0	174,528	10		2.00
3.00	EMERGENCY	91.00	0	175,783	10		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	78,442	0		4.00
	TOTALS		0	445,853			
M - TO RECLASS PRO RENUMERATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	375,000	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	375,000			
N - TO RECLASS PENSION PLAN AUDIT COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	23,601	0		1.00
	TOTALS		0	23,601			

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
O - TO RECLASS REHAB ADMIN EXP						
1.00	ADMINISTRATIVE & GENERAL	5.00	412,033	20,276	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
TOTALS			412,033	20,276		
P - TO RECLASS PHARMACIST						
1.00	PHARMACY	15.00	1,277,067	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
TOTALS			1,277,067	0		
500.00	Grand Total: Decreases		4,468,023	15,435,708		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140289

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

Worksheet A-7
Part I
Date/Time Prepared:
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	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	673,013	0	0	0	1.00
2.00	Land Improvements	2,569,752	168,950	0	168,950	2.00
3.00	Buildings and Fixtures	96,702,770	2,218,063	0	2,218,063	3.00
4.00	Building Improvements	24,000	0	0	0	4.00
5.00	Fixed Equipment	5,190,243	67,599	0	67,599	5.00
6.00	Movable Equipment	35,100,018	887,180	0	887,180	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	140,259,796	3,341,792	0	3,341,792	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	140,259,796	3,341,792	0	3,341,792	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	673,013	0			1.00
2.00	Land Improvements	2,738,702	0			2.00
3.00	Buildings and Fixtures	98,313,351	0			3.00
4.00	Building Improvements	24,000	0			4.00
5.00	Fixed Equipment	5,207,068	0			5.00
6.00	Movable Equipment	34,521,446	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	141,477,580	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	141,477,580	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140289

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	3,121,457	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,679,811	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,801,268	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	3,121,457				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	50,257	3,730,068				2.00
3.00	Total (sum of lines 1-2)	50,257	6,851,525				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140289

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

Worksheet A-7
Part III
Date/Time Prepared:
5/28/2014 9:38 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	101,749,066	0	101,749,066	0.719189	90,681	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	39,728,514	0	39,728,514	0.280811	35,407	2.00
3.00	Total (sum of lines 1-2)	141,477,580	0	141,477,580	1.000000	126,088	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	218,667	0	309,348	3,121,457	445,853	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	85,380	0	120,787	3,679,811	0	2.00
3.00	Total (sum of lines 1-2)	304,047	0	430,135	6,801,268	445,853	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	222,386	90,681	218,667	0	4,099,044	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	19,805	35,407	85,380	50,257	3,870,660	2.00
3.00	Total (sum of lines 1-2)	242,191	126,088	304,047	50,257	7,969,704	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,735,113	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-154,526	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-102	ADMINISTRATIVE & GENERAL	5.00	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	-15,405	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-29,020	OPERATION OF PLANT	7.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,677,600			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	0			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 employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-86,474	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		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		OSPEECH PATHOLOGY	68.00		31.00

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	
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 OTHER REVENUE CANCER CENTER STUDIES	B	-7,707	RADIOLOGY-DIAGNOSTIC	54.00	0	33.00
33.01 OTHER MISC INCOME	B	-44,941	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02 AH OTHER REVENUE CR CARD SHARING REV	B	-42,655	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03 MANAGEMENT FEES	B	-264,000	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04 EDUCATION CLASSES- VARIOUS	B	-594	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05 OB LACTATION REVENUE	B	-14,046	DELIVERY ROOM & LABOR ROOM	52.00	0	33.05
33.06 AH OTHER REVENUE HEALTH MGM	B	-33,648	CARDIOPULMONARY	69.01	0	33.06
33.07 EMT CLASS REVENUE	B	-9,075	PARAMED ED PRGM-(SPECIFY)	23.00	0	33.07
33.08 OTHER REVENUE EDUCATION REIMB	B	-178	ADMINISTRATIVE & GENERAL	5.00	0	33.08
33.09 DONATION EXPENSE	A	-18,851	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10 SISHA EMPLOYEE BENEFITS	A	-9,430	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
33.11 SISHA EMPLOYEE BENEFITS	A	-8,054	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.11
33.12 SISHA EMPLOYEE BENEFITS	A	-8,218	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.12
33.13 SISHA EMPLOYEE BENEFITS	A	-874	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.13
33.14 SISHA EMPLOYEE BENEFITS	A	-3,339	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.14
33.15 PROVIDER TAX OFFSET	A	-6,410,505	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16 PHYSICIAN RECRUITMENT	A	-29,700	ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.17 LIQUIDITY EXPENSE	A	-21,395	ADMINISTRATIVE & GENERAL	5.00	0	33.17
33.18 LOBBYING PORTION OF DUES	A	-35,196	ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19 ALCOHOL EXPENSE	A	-2,113	ADMINISTRATIVE & GENERAL	5.00	0	33.19
33.20 ALCOHOL EXPENSE	A	-622	DIETARY	10.00	0	33.20
33.21 PROMOTIONAL ITEMS	A	-8,602	ADMINISTRATIVE & GENERAL	5.00	0	33.21
33.22 PUBLICITY SALARIES	A	-63,201	ADMINISTRATIVE & GENERAL	5.00	0	33.22
33.23 PUBLICITY EXPENSES	A	-168,018	ADMINISTRATIVE & GENERAL	5.00	0	33.23
33.24 PUBLICITY EMPLOYEE BENEFITS	A	-14,643	ADMINISTRATIVE & GENERAL	5.00	0	33.24
33.25 SISHA PT SALARIES	A	-40,704	PHYSICAL THERAPY	66.00	0	33.25
33.26 SISHA OT SALARIES	A	-3,774	OCCUPATIONAL THERAPY	67.00	0	33.26
33.27 SISHA ST SALARIES	A	-34,763	SPEECH PATHOLOGY	68.00	0	33.27
33.28 SISHA AUDIOLOGY SALARIES	A	-35,469	AUDIOLOGY	68.01	0	33.28
33.29 SISHA DIRECTOR SALARIES	A	-14,411	ADMINISTRATIVE & GENERAL	5.00	0	33.29
33.30 SISHA OTHER EXPENSES	A	-8,992	PHYSICAL THERAPY	66.00	0	33.30
33.31 SISHA OTHER EXPENSES	A	-1,336	SPEECH PATHOLOGY	68.00	0	33.31
33.32 SISHA OTHER EXPENSES	A	-334	AUDIOLOGY	68.01	0	33.32
33.33 SISHA OTHER EXPENSES	A	-1,039	OCCUPATIONAL THERAPY	67.00	0	33.33
33.34 SISHA OTHER EXPENSES	A	-1,435	ADMINISTRATIVE & GENERAL	5.00	0	33.34
33.35 DONATION EXPENSE	A	-374	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.35
33.36 DONATION EXPENSE	A	-20,030	ADMINISTRATIVE & GENERAL	5.00	0	33.36
33.37 SALES TAX EXPENSE	A	11	ADMINISTRATIVE & GENERAL	5.00	0	33.37
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,080,495				50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140289

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2014 9:38 am

1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00
1.00	5.00	1,032,833	1,032,833	0	0	0	1.00
2.00	30.00	2,083	2,083	0	0	0	2.00
3.00	53.00	175,000	0	175,000	200,300	893	3.00
4.00	54.00	200,000	0	200,000	225,300	1,049	4.00
5.00	59.00	25,000	0	25,000	208,000	124	5.00
6.00	60.00	151,161	143,271	7,890	215,700	29	6.00
7.00	69.00	151,940	151,940	0	0	0	7.00
8.00	69.01	25,400	0	25,400	177,200	80	8.00
9.00	91.00	136,024	136,024	0	0	0	9.00
10.00	0.00	0	0	0	0	0	10.00
200.00		1,899,441	1,466,151	433,290		2,175	200.00

1.00	2.00	8.00	9.00	12.00	13.00	14.00	15.00
1.00	5.00	0	0	0	0	0	1.00
2.00	30.00	0	0	0	0	0	2.00
3.00	53.00	85,994	4,300	0	0	0	3.00
4.00	54.00	113,625	5,681	0	0	0	4.00
5.00	59.00	12,400	620	0	0	0	5.00
6.00	60.00	3,007	150	0	0	0	6.00
7.00	69.00	0	0	0	0	0	7.00
8.00	69.01	6,815	341	0	0	0	8.00
9.00	91.00	0	0	0	0	0	9.00
10.00	0.00	0	0	0	0	0	10.00
200.00		221,841	11,092	0	0	0	200.00

1.00	2.00	15.00	16.00	17.00	18.00	19.00
1.00	5.00	0	0	0	1,032,833	1.00
2.00	30.00	0	0	0	2,083	2.00
3.00	53.00	0	85,994	89,006	89,006	3.00
4.00	54.00	0	113,625	86,375	86,375	4.00
5.00	59.00	0	12,400	12,600	12,600	5.00
6.00	60.00	0	3,007	4,883	148,154	6.00
7.00	69.00	0	0	0	151,940	7.00
8.00	69.01	0	6,815	18,585	18,585	8.00
9.00	91.00	0	0	0	136,024	9.00
10.00	0.00	0	0	0	0	10.00
200.00		0	221,841	211,449	1,677,600	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140289

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

Worksheet B Part I Date/Time Prepared: 5/28/2014 9:38 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,099,044	4,099,044			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,870,660		3,870,660		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	11,249,018	6,467	97,756	11,353,241	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	15,111,566	320,414	1,772,195	1,669,601	18,873,776
6.00 00600	MAINTENANCE & REPAIRS	1,560,720	26,592	42,367	238,149	1,867,828
7.00 00700	OPERATION OF PLANT	1,983,279	357,091	198,098	0	2,538,468
8.00 00800	LAUNDRY & LINEN SERVICE	501,237	3,931	22	13,106	518,296
9.00 00900	HOUSEKEEPING	1,195,625	23,919	12,367	252,116	1,484,027
10.00 01000	DIETARY	494,569	94,288	1,771	60,940	651,568
11.00 01100	CAFETERIA	1,133,747	0	4,054	139,523	1,277,324
13.00 01300	NURSING ADMINISTRATION	830,977	25,499	379	154,293	1,011,148
14.00 01400	CENTRAL SERVICES & SUPPLY	871,950	98,798	28,596	182,618	1,181,962
15.00 01500	PHARMACY	3,567,451	22,559	134,567	0	3,724,577
16.00 01600	MEDICAL RECORDS & LIBRARY	1,681,613	81,107	12,552	308,295	2,083,567
17.00 01700	SOCIAL SERVICE	318,846	6,274	432	77,655	403,207
23.00 02300	PARAMED PRGM- (SPECIFY)	53,504	0	0	16,426	69,930
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	5,985,867	241,824	51,873	1,494,254	7,773,818
31.00 03100	INTENSIVE CARE UNIT	1,810,198	81,052	35,336	423,615	2,350,201
41.00 04100	SUBPROVIDER - IRF	1,591,293	65,078	4,427	225,913	1,886,711
43.00 04300	NURSERY	858,532	9,387	11,488	202,234	1,081,641
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	7,177,479	283,388	732,328	1,251,466	9,444,661
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,560,557	290,552	34,464	606,454	3,492,027
53.00 05300	ANESTHESIOLOGY	157,843	0	32,846	0	190,689
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,129,548	75,063	331,740	528,497	4,064,848
56.00 05600	RADIOISOTOPE	250,616	10,600	1,037	41,355	303,608
57.00 05700	CT SCAN	1,108,752	85,048	3,437	87,850	1,285,087
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	444,248	25,756	7,455	51,792	529,251
59.00 05900	CARDIAC CATHETERIZATION	817,569	0	25,417	164,917	1,007,903
60.00 06000	LABORATORY	4,516,459	87,941	68,144	328,913	5,001,457
65.00 06500	RESPIRATORY THERAPY	1,321,844	59,384	49,670	278,932	1,709,830
66.00 06600	PHYSICAL THERAPY	1,548,174	268,314	14,010	375,634	2,206,132
67.00 06700	OCCUPATIONAL THERAPY	856,936	177,186	4,603	206,687	1,245,412
68.00 06800	SPEECH PATHOLOGY	705,269	60,752	778	167,619	934,418
68.01 06801	AUDIOLOGY	119,770	4,234	4,410	27,800	156,214
69.00 06900	ELECTROCARDIOLOGY	437,903	0	77,091	83,122	598,116
69.01 06901	CARDIOPULMONARY	523,793	31,543	4,343	132,081	691,760
70.00 07000	ELECTROENCEPHALOGRAPHY	52,866	0	5,466	12,672	71,004
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,785,044	0	0	0	10,785,044
73.00 07300	DRUGS CHARGED TO PATIENTS	1,271,593	0	0	318,072	1,589,665
74.00 07400	RENAL DIALYSIS	198,273	0	0	0	198,273
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	4,387,161	269,949	61,209	1,041,592	5,759,911
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	810,677	16,975	3,932	189,048	1,020,632
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	101,952,070	3,210,965	3,870,660	11,353,241	101,063,991
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	37,734	0	0	37,734
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	471,007	0	0	471,007
193.00 19300	NONPAID WORKERS	0	0	0	0	0
194.00 07950	RENTED SPACE	0	379,338	0	0	379,338
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers					0
202.00	TOTAL (sum lines 118-201)	101,952,070	4,099,044	3,870,660	11,353,241	101,952,070

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140289

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

Worksheet B Part I Date/Time Prepared: 5/28/2014 9:38 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	18,873,776				5.00
6.00	00600	MAINTENANCE & REPAIRS	424,335	2,292,163			6.00
7.00	00700	OPERATION OF PLANT	576,692	218,528	3,333,688		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	117,747	2,406	3,868	642,317	8.00
9.00	00900	HOUSEKEEPING	337,143	14,637	23,532	0	1,859,339
10.00	01000	DIETARY	148,024	57,701	92,763	0	1,776
11.00	01100	CAFETERIA	290,184	0	0	0	4,198
13.00	01300	NURSING ADMINISTRATION	229,714	15,604	25,086	0	5,005
14.00	01400	CENTRAL SERVICES & SUPPLY	268,519	60,461	97,200	16,352	5,812
15.00	01500	PHARMACY	846,153	13,806	22,195	0	11,786
16.00	01600	MEDICAL RECORDS & LIBRARY	473,347	49,635	79,795	0	8,396
17.00	01700	SOCIAL SERVICE	91,601	3,839	6,172	0	7,104
23.00	02300	PARAMED PRGM - (SPECIFY)	15,887	0	0	1,899	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,766,064	147,988	237,913	178,055	473,878
31.00	03100	INTENSIVE CARE UNIT	533,921	49,601	79,741	31,140	208,925
41.00	04100	SUBPROVIDER - IRF	428,625	39,826	64,026	36,261	115,280
43.00	04300	NURSERY	245,728	5,745	9,236	10,470	40,849
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,145,648	173,424	278,805	123,587	21,797
52.00	05200	DELIVERY ROOM & LABOR ROOM	793,322	177,808	285,854	74,103	122,384
53.00	05300	ANESTHESIOLOGY	43,321	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	923,456	45,936	73,849	20,410	53,765
56.00	05600	RADIOISOTOPE	68,974	6,487	10,429	2,884	7,588
57.00	05700	CT SCAN	291,947	52,046	83,672	23,129	61,031
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	120,236	15,762	25,339	7,006	18,406
59.00	05900	CARDIAC CATHETERIZATION	228,976	0	0	8,891	0
60.00	06000	LABORATORY	1,136,236	53,817	86,519	0	26,640
65.00	06500	RESPIRATORY THERAPY	388,441	36,341	58,423	0	59,093
66.00	06600	PHYSICAL THERAPY	501,191	164,199	263,976	7,152	34,229
67.00	06700	OCCUPATIONAL THERAPY	282,934	108,432	174,321	4,640	22,281
68.00	06800	SPEECH PATHOLOGY	212,282	37,178	59,770	2,802	13,401
68.01	06801	AUDIOLOGY	35,489	2,591	4,166	575	2,745
69.00	06900	ELECTROCARDIOLOGY	135,881	0	0	0	40,687
69.01	06901	CARDIOPULMONARY	157,155	19,303	31,033	1,702	7,750
70.00	07000	ELECTROENCEPHALOGRAPHY	16,131	0	0	836	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,450,122	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	361,142	0	0	0	0
74.00	07400	RENAL DIALYSIS	45,044	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	1,308,542	165,200	265,584	90,423	316,456
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	231,868	10,388	16,700	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,672,022	1,748,689	2,459,967	642,317	1,691,262
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,572	23,092	37,123	0	7,104
192.00	19200	PHYSICIANS' PRIVATE OFFICES	107,004	288,240	463,394	0	160,973
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	RENTED SPACE	86,178	232,142	373,204	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	18,873,776	2,292,163	3,333,688	642,317	1,859,339

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140289

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 9:38 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	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
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	951,832					10.00
11.00	01100	0	1,571,706				11.00
13.00	01300	0	103,407	1,389,964			13.00
14.00	01400	0	83,689	0	1,713,995		14.00
15.00	01500	0	46,774	0	2,091	4,667,382	15.00
16.00	01600	0	49,072	0	4	0	16.00
17.00	01700	0	25,648	0	8	0	17.00
23.00	02300	0	130,389	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	725,041	279,902	452,201	13,973	9,871	30.00
31.00	03100	75,096	38,249	100,089	6,142	1,711	31.00
41.00	04100	151,695	48,034	0	0	789	41.00
43.00	04300	0	5,337	53,108	3,109	1,648	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	45,440	328,961	80,966	2,221	50.00
52.00	05200	0	16,085	159,520	9,326	1,318	52.00
53.00	05300	0	8,895	0	4,675	0	53.00
54.00	05400	0	59,375	0	1,716	0	54.00
56.00	05600	0	8,376	0	255	0	56.00
57.00	05700	0	67,307	0	5,746	0	57.00
58.00	05800	0	20,385	0	285	0	58.00
59.00	05900	0	0	35,017	403	365	59.00
60.00	06000	0	56,262	0	136,040	0	60.00
65.00	06500	0	24,758	0	9,141	0	65.00
66.00	06600	0	16,456	0	1,347	0	66.00
67.00	06700	0	10,674	0	207	0	67.00
68.00	06800	0	1,334	0	151	0	68.00
68.01	06801	0	6,449	0	350	0	68.01
69.00	06900	0	106,965	0	686	0	69.00
69.01	06901	0	134,985	0	685	0	69.01
70.00	07000	0	0	0	34	0	70.00
71.00	07100	0	0	0	1,422,250	0	71.00
73.00	07300	0	0	0	0	4,647,372	73.00
74.00	07400	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	0	109,559	261,068	14,181	2,087	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	224	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		951,832	1,503,806	1,389,964	1,713,995	4,667,382	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	30,095	0	0	0	190.00
192.00	19200	0	37,805	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		951,832	1,571,706	1,389,964	1,713,995	4,667,382	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140289

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

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,743,816				16.00
17.00	01700	SOCIAL SERVICE	0	537,579			17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	218,105		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	135,014	275,404	0	12,469,122	0 30.00
31.00	03100	INTENSIVE CARE UNIT	20,284	107,705	0	3,602,805	0 31.00
41.00	04100	SUBPROVIDER - IRF	37,514	106,900	0	2,915,661	0 41.00
43.00	04300	NURSERY	28,170	2,855	0	1,487,896	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	501,679	0	0	13,147,189	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	104,930	8,568	0	5,245,245	0 52.00
53.00	05300	ANESTHESIOLOGY	61,718	0	0	309,298	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	224,583	0	0	5,467,938	0 54.00
56.00	05600	RADIOISOTOPE	32,500	0	0	441,101	0 56.00
57.00	05700	CT SCAN	260,775	0	0	2,130,740	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	78,994	0	0	815,664	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	109,944	0	0	1,391,499	0 59.00
60.00	06000	LABORATORY	370,719	0	0	6,867,690	0 60.00
65.00	06500	RESPIRATORY THERAPY	116,462	0	0	2,402,489	0 65.00
66.00	06600	PHYSICAL THERAPY	71,154	0	0	3,265,836	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	47,451	0	0	1,896,352	0 67.00
68.00	06800	SPEECH PATHOLOGY	16,273	0	0	1,277,609	0 68.00
68.01	06801	AUDIOLOGY	5,515	0	0	214,094	0 68.01
69.00	06900	ELECTROCARDIOLOGY	72,202	0	0	954,537	0 69.00
69.01	06901	CARDIOPULMONARY	13,036	0	0	1,057,409	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	9,253	0	0	97,258	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,284	0	0	14,677,700	0 71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	107,255	0	0	6,705,434	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	243,317	0 74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	291,042	36,147	218,105	8,838,305	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	7,065	0	0	1,286,877	0 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,743,816	537,579	218,105	99,209,065	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	143,720	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,528,423	0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00	07950	RENTED SPACE	0	0	0	1,070,862	0 194.00
200.00		Cross Foot Adjustments				0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	2,743,816	537,579	218,105	101,952,070	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140289

Period:
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
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
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
68.01	06801	AUDIOLOGY	68.01
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	06901	CARDIOPULMONARY	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
193.00	19300	NONPAID WORKERS	193.00
194.00	07950	RENTED SPACE	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118-201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140289

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	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	6,467	97,756	104,223	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	96,581	320,414	1,772,195	2,189,190	5.00
6.00 00600	MAINTENANCE & REPAIRS	855	26,592	42,367	69,814	6.00
7.00 00700	OPERATION OF PLANT	0	357,091	198,098	555,189	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	3,931	22	3,953	8.00
9.00 00900	HOUSEKEEPING	0	23,919	12,367	36,286	9.00
10.00 01000	DIETARY	0	94,288	1,771	96,059	10.00
11.00 01100	CAFETERIA	0	0	4,054	4,054	11.00
13.00 01300	NURSING ADMINISTRATION	0	25,499	379	25,878	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	67,413	98,798	28,596	194,807	14.00
15.00 01500	PHARMACY	3,339	22,559	134,567	160,465	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	81,107	12,552	93,659	16.00
17.00 01700	SOCIAL SERVICE	0	6,274	432	6,706	17.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	241,824	51,873	293,697	30.00
31.00 03100	INTENSIVE CARE UNIT	0	81,052	35,336	116,388	31.00
41.00 04100	SUBPROVIDER - IRF	0	65,078	4,427	69,505	41.00
43.00 04300	NURSERY	0	9,387	11,488	20,875	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	137,756	283,388	732,328	1,153,472	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	290,552	34,464	325,016	52.00
53.00 05300	ANESTHESIOLOGY	12,743	0	32,846	45,589	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	82,620	75,063	331,740	489,423	54.00
56.00 05600	RADIOISOTOPE	0	10,600	1,037	11,637	56.00
57.00 05700	CT SCAN	0	85,048	3,437	88,485	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	268,528	25,756	7,455	301,739	58.00
59.00 05900	CARDIAC CATHETERIZATION	383,995	0	25,417	409,412	59.00
60.00 06000	LABORATORY	45,832	87,941	68,144	201,917	60.00
65.00 06500	RESPIRATORY THERAPY	26,482	59,384	49,670	135,536	65.00
66.00 06600	PHYSICAL THERAPY	0	268,314	14,010	282,324	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	177,186	4,603	181,789	67.00
68.00 06800	SPEECH PATHOLOGY	0	60,752	778	61,530	68.00
68.01 06801	AUDIOLOGY	0	4,234	4,410	8,644	68.01
69.00 06900	ELECTROCARDIOLOGY	26,915	0	77,091	104,006	69.00
69.01 06901	CARDIOPULMONARY	0	31,543	4,343	35,886	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	5,466	5,466	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	0	269,949	61,209	331,158	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	16,975	3,932	20,907	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,153,059	3,210,965	3,870,660	8,234,684	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	37,734	0	37,734	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	471,007	0	471,007	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
194.00 07950	RENTED SPACE	0	379,338	0	379,338	194.00
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,153,059	4,099,044	3,870,660	9,122,763	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 9:38 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	2,204,528			5.00		
6.00	00600	MAINTENANCE & REPAIRS	49,565	121,565		6.00		
7.00	00700	OPERATION OF PLANT	67,361	11,590	634,140	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	13,754	128	736	18,691	8.00	
9.00	00900	HOUSEKEEPING	39,380	776	4,476	0	83,232	9.00
10.00	01000	DIETARY	17,290	3,060	17,646	0	80	10.00
11.00	01100	CAFETERIA	33,895	0	0	0	188	11.00
13.00	01300	NURSING ADMINISTRATION	26,832	828	4,772	0	224	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	31,365	3,207	18,490	476	260	14.00
15.00	01500	PHARMACY	98,835	732	4,222	0	528	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	55,290	2,632	15,179	0	376	16.00
17.00	01700	SOCIAL SERVICE	10,700	204	1,174	0	318	17.00
23.00	02300	PARAMED PRGM - (SPECIFY)	1,856	0	0	55	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	206,286	7,849	45,256	5,181	21,212	30.00
31.00	03100	INTENSIVE CARE UNIT	62,365	2,631	15,169	906	9,352	31.00
41.00	04100	SUBPROVIDER - IRF	50,066	2,112	12,179	1,055	5,160	41.00
43.00	04300	NURSERY	28,702	305	1,757	305	1,829	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	250,624	9,198	53,035	3,596	976	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	92,664	9,430	54,376	2,156	5,478	52.00
53.00	05300	ANESTHESIOLOGY	5,060	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	107,865	2,436	14,048	594	2,407	54.00
56.00	05600	RADIOISOTOPE	8,057	344	1,984	84	340	56.00
57.00	05700	CT SCAN	34,101	2,760	15,916	673	2,732	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	14,044	836	4,820	204	824	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,746	0	0	259	0	59.00
60.00	06000	LABORATORY	132,719	2,854	16,458	0	1,193	60.00
65.00	06500	RESPIRATORY THERAPY	45,372	1,927	11,113	0	2,645	65.00
66.00	06600	PHYSICAL THERAPY	58,542	8,708	50,214	208	1,532	66.00
67.00	06700	OCCUPATIONAL THERAPY	33,048	5,751	33,160	135	997	67.00
68.00	06800	SPEECH PATHOLOGY	24,796	1,972	11,370	82	600	68.00
68.01	06801	AUDIOLOGY	4,145	137	792	17	123	68.01
69.00	06900	ELECTROCARDIOLOGY	15,872	0	0	0	1,821	69.00
69.01	06901	CARDIOPULMONARY	18,357	1,024	5,903	50	347	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,884	0	0	24	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	286,152	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	42,183	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	5,261	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	152,845	8,761	50,520	2,631	14,166	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	27,083	551	3,177	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,180,962	92,743	467,942	18,691	75,708	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,001	1,225	7,062	0	318	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,499	15,285	88,144	0	7,206	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	RENTED SPACE	10,066	12,312	70,992	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,204,528	121,565	634,140	18,691	83,232	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 9:38 am		
Cost Center	Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
		10.00	11.00	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
5.00	00500					5.00
6.00	00600					6.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000	134,694				10.00
11.00	01100	0	39,418			11.00
13.00	01300	0	2,593	62,543		13.00
14.00	01400	0	2,099	0	252,380	14.00
15.00	01500	0	1,173	0	308	266,263
16.00	01600	0	1,231	0	1	0
17.00	01700	0	643	0	1	0
23.00	02300	0	3,270	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	102,601	7,020	20,346	2,057	563
31.00	03100	10,627	959	4,504	904	98
41.00	04100	21,466	1,205	0	0	45
43.00	04300	0	134	2,390	458	94
ANCILLARY SERVICE COST CENTERS						
50.00	05000	0	1,140	14,802	11,922	127
52.00	05200	0	403	7,178	1,373	75
53.00	05300	0	223	0	688	0
54.00	05400	0	1,489	0	253	0
56.00	05600	0	210	0	38	0
57.00	05700	0	1,688	0	846	0
58.00	05800	0	511	0	42	0
59.00	05900	0	0	1,576	59	21
60.00	06000	0	1,411	0	20,032	0
65.00	06500	0	621	0	1,346	0
66.00	06600	0	413	0	198	0
67.00	06700	0	268	0	30	0
68.00	06800	0	33	0	22	0
68.01	06801	0	162	0	52	0
69.00	06900	0	2,683	0	101	0
69.01	06901	0	3,385	0	101	0
70.00	07000	0	0	0	5	0
71.00	07100	0	0	0	209,422	0
73.00	07300	0	0	0	0	265,121
74.00	07400	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	0	2,748	11,747	2,088	119
92.00	09200	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	0	0	0	33	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	0	0	0	0	0
118.00		134,694	37,715	62,543	252,380	266,263
NONREIMBURSABLE COST CENTERS						
190.00	19000	0	755	0	0	0
192.00	19200	0	948	0	0	0
193.00	19300	0	0	0	0	0
194.00	07950	0	0	0	0	0
200.00		0	0	0	0	0
201.00		0	0	0	0	0
202.00		134,694	39,418	62,543	252,380	266,263

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140289

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2014 9:38 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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
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	171,198				16.00
17.00	01700	SOCIAL SERVICE	0	20,459			17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	5,332		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,424	10,481		744,689	0 30.00
31.00	03100	INTENSIVE CARE UNIT	1,266	4,099		233,156	0 31.00
41.00	04100	SUBPROVIDER - IRF	2,341	4,068		171,276	0 41.00
43.00	04300	NURSERY	1,758	109		60,572	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	31,299	0		1,541,678	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,547	326		510,589	0 52.00
53.00	05300	ANESTHESIOLOGY	3,851	0		55,411	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,013	0		637,379	0 54.00
56.00	05600	RADIOISOTOPE	2,028	0		25,102	0 56.00
57.00	05700	CT SCAN	16,271	0		164,278	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,929	0		328,424	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	6,860	0		446,447	0 59.00
60.00	06000	LABORATORY	23,131	0		402,734	0 60.00
65.00	06500	RESPIRATORY THERAPY	7,267	0		208,387	0 65.00
66.00	06600	PHYSICAL THERAPY	4,440	0		410,027	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	2,961	0		260,036	0 67.00
68.00	06800	SPEECH PATHOLOGY	1,015	0		102,959	0 68.00
68.01	06801	AUDIOLOGY	344	0		14,671	0 68.01
69.00	06900	ELECTROCARDIOLOGY	4,505	0		129,751	0 69.00
69.01	06901	CARDIOPULMONARY	813	0		67,078	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	577	0		8,072	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,266	0		496,840	0 71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,692	0		316,916	0 73.00
74.00	07400	RENAL DIALYSIS	0	0		5,261	0 74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	18,159	1,376		605,879	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	441	0		53,927	0 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	171,198	20,459	0	8,001,539	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		48,095	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		595,089	0 192.00
193.00	19300	NONPAID WORKERS	0	0		0	0 193.00
194.00	07950	RENTED SPACE	0	0		472,708	0 194.00
200.00		Cross Foot Adjustments			5,332	5,332	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	171,198	20,459	5,332	9,122,763	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 9:38 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
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
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	744,689	30.00
31.00	03100 INTENSIVE CARE UNIT	233,156	31.00
41.00	04100 SUBPROVIDER - IRF	171,276	41.00
43.00	04300 NURSERY	60,572	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	1,541,678	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	510,589	52.00
53.00	05300 ANESTHESIOLOGY	55,411	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	637,379	54.00
56.00	05600 RADIOISOTOPE	25,102	56.00
57.00	05700 CT SCAN	164,278	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	328,424	58.00
59.00	05900 CARDIAC CATHETERIZATION	446,447	59.00
60.00	06000 LABORATORY	402,734	60.00
65.00	06500 RESPIRATORY THERAPY	208,387	65.00
66.00	06600 PHYSICAL THERAPY	410,027	66.00
67.00	06700 OCCUPATIONAL THERAPY	260,036	67.00
68.00	06800 SPEECH PATHOLOGY	102,959	68.00
68.01	06801 AUDIOLOGY	14,671	68.01
69.00	06900 ELECTROCARDIOLOGY	129,751	69.00
69.01	06901 CARDIOPULMONARY	67,078	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	8,072	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	496,840	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	316,916	73.00
74.00	07400 RENAL DIALYSIS	5,261	74.00
OUTPATIENT SERVICE COST CENTERS			
91.00	09100 EMERGENCY	605,879	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100 HOME HEALTH AGENCY	53,927	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,001,539	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	48,095	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	595,089	192.00
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 RENTED SPACE	472,708	194.00
200.00	Cross Foot Adjustments	5,332	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	9,122,763	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140289

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 9:38 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	446,257				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		3,639,597			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	704	91,920	45,388,055		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	34,883	1,666,401	6,674,706	-18,873,776	5.00
6.00 00600	MAINTENANCE & REPAIRS	2,895	39,838	952,075	0	6.00
7.00 00700	OPERATION OF PLANT	38,876	186,272	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	428	21	52,395	0	8.00
9.00 00900	HOUSEKEEPING	2,604	11,629	1,007,913	0	9.00
10.00 01000	DIETARY	10,265	1,665	243,627	0	10.00
11.00 01100	CAFETERIA	0	3,812	557,788	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,776	356	616,833	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	10,756	26,889	730,072	0	14.00
15.00 01500	PHARMACY	2,456	126,534	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	8,830	11,803	1,232,506	0	16.00
17.00 01700	SOCIAL SERVICE	683	406	310,450	0	17.00
23.00 02300	PARAMED PRGM- (SPECIFY)	0	0	65,668	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	26,327	48,776	5,973,744	0	30.00
31.00 03100	INTENSIVE CARE UNIT	8,824	33,227	1,693,533	0	31.00
41.00 04100	SUBPROVIDER - IRF	7,085	4,163	903,158	0	41.00
43.00 04300	NURSERY	1,022	10,802	808,492	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	30,852	688,611	5,003,122	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	31,632	32,407	2,424,486	0	52.00
53.00 05300	ANESTHESIOLOGY	0	30,885	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,172	311,936	2,112,830	0	54.00
56.00 05600	RADIOISOTOPE	1,154	975	165,328	0	56.00
57.00 05700	CT SCAN	9,259	3,232	351,207	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,804	7,010	207,054	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	23,900	659,307	0	59.00
60.00 06000	LABORATORY	9,574	64,076	1,314,930	0	60.00
65.00 06500	RESPIRATORY THERAPY	6,465	46,705	1,115,115	0	65.00
66.00 06600	PHYSICAL THERAPY	29,211	13,174	1,501,713	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	19,290	4,328	826,296	0	67.00
68.00 06800	SPEECH PATHOLOGY	6,614	732	670,110	0	68.00
68.01 06801	AUDIOLOGY	461	4,147	111,138	0	68.01
69.00 06900	ELECTROCARDIOLOGY	0	72,489	332,307	0	69.00
69.01 06901	CARDIOPULMONARY	3,434	4,084	528,035	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	5,140	50,659	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	1,271,593	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	29,389	57,555	4,164,086	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	1,848	3,697	755,779	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	349,573	3,639,597	45,388,055	-18,873,776	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,108	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	51,278	0	0	0	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
194.00 07950	RENTED SPACE	41,298	0	0	0	194.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,099,044	3,870,660	11,353,241		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	9.185389	1.063486	0.250137		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			104,223		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.002296		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140289

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 9:38 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	407,775					6.00
7.00	00700	38,876	368,899				7.00
8.00	00800	428	428	1,011,301			8.00
9.00	00900	2,604	2,604	0	11,516		9.00
10.00	01000	10,265	10,265	0	11	94,314	10.00
11.00	01100	0	0	0	26	0	11.00
13.00	01300	2,776	2,776	0	31	0	13.00
14.00	01400	10,756	10,756	25,746	36	0	14.00
15.00	01500	2,456	2,456	0	73	0	15.00
16.00	01600	8,830	8,830	0	52	0	16.00
17.00	01700	683	683	0	44	0	17.00
23.00	02300	0	0	2,990	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	26,327	26,327	280,344	2,935	71,842	30.00
31.00	03100	8,824	8,824	49,028	1,294	7,441	31.00
41.00	04100	7,085	7,085	57,092	714	15,031	41.00
43.00	04300	1,022	1,022	16,485	253	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	30,852	30,852	194,582	135	0	50.00
52.00	05200	31,632	31,632	116,672	758	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	8,172	8,172	32,134	333	0	54.00
56.00	05600	1,154	1,154	4,540	47	0	56.00
57.00	05700	9,259	9,259	36,415	378	0	57.00
58.00	05800	2,804	2,804	11,030	114	0	58.00
59.00	05900	0	0	13,998	0	0	59.00
60.00	06000	9,574	9,574	0	165	0	60.00
65.00	06500	6,465	6,465	0	366	0	65.00
66.00	06600	29,211	29,211	11,260	212	0	66.00
67.00	06700	19,290	19,290	7,305	138	0	67.00
68.00	06800	6,614	6,614	4,411	83	0	68.00
68.01	06801	461	461	905	17	0	68.01
69.00	06900	0	0	0	252	0	69.00
69.01	06901	3,434	3,434	2,680	48	0	69.01
70.00	07000	0	0	1,316	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	29,389	29,389	142,368	1,960	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	1,848	1,848	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		311,091	272,215	1,011,301	10,475	94,314	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	4,108	4,108	0	44	0	190.00
192.00	19200	51,278	51,278	0	997	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	41,298	41,298	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		2,292,163	3,333,688	642,317	1,859,339	951,832	202.00
203.00		5.621146	9.036858	0.635139	161.457016	10.092160	203.00
204.00		121,565	634,140	18,691	83,232	134,694	204.00
205.00		0.298118	1.719007	0.018482	7.227510	1.428144	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140289

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 9:38 am

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATIVE (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
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	21,203					11.00
13.00	01300	1,395	14,290				13.00
14.00	01400	1,129	0	12,997,371			14.00
15.00	01500	631	0	15,854	1,189,663		15.00
16.00	01600	662	0	32	0	60,195	16.00
17.00	01700	346	0	62	0	0	17.00
23.00	02300	1,759	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	3,776	4,649	105,957	2,516	2,962	30.00
31.00	03100	516	1,029	46,577	436	445	31.00
41.00	04100	648	0	0	201	823	41.00
43.00	04300	72	546	23,574	420	618	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	613	3,382	613,974	566	11,006	50.00
52.00	05200	217	1,640	70,723	336	2,302	52.00
53.00	05300	120	0	35,448	0	1,354	53.00
54.00	05400	801	0	13,015	0	4,927	54.00
56.00	05600	113	0	1,932	0	713	56.00
57.00	05700	908	0	43,576	0	5,721	57.00
58.00	05800	275	0	2,164	0	1,733	58.00
59.00	05900	0	360	3,054	93	2,412	59.00
60.00	06000	759	0	1,031,603	0	8,133	60.00
65.00	06500	334	0	69,315	0	2,555	65.00
66.00	06600	222	0	10,216	0	1,561	66.00
67.00	06700	144	0	1,567	0	1,041	67.00
68.00	06800	18	0	1,146	0	357	68.00
68.01	06801	87	0	2,654	0	121	68.01
69.00	06900	1,443	0	5,202	0	1,584	69.00
69.01	06901	1,821	0	5,192	0	286	69.01
70.00	07000	0	0	257	0	203	70.00
71.00	07100	0	0	10,785,044	0	445	71.00
73.00	07300	0	0	0	1,184,563	2,353	73.00
74.00	07400	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	1,478	2,684	107,537	532	6,385	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	1,696	0	155	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		20,287	14,290	12,997,371	1,189,663	60,195	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	406	0	0	0	0	190.00
192.00	19200	510	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		1,571,706	1,389,964	1,713,995	4,667,382	2,743,816	202.00
203.00		74.126586	97.268300	0.131872	3.923281	45.582125	203.00
204.00		39,418	62,543	252,380	266,263	171,198	204.00
205.00		1.859077	4.376697	0.019418	0.223814	2.844057	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140289

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

Worksheet B-1
Date/Time Prepared:
5/28/2014 9:38 am

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	PARAMED PRGM (ASSIGNED TIME)	
		17.00	23.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
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
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	148,199	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	75,923	30.00
31.00	03100	INTENSIVE CARE UNIT	29,692	31.00
41.00	04100	SUBPROVIDER - IRF	29,470	41.00
43.00	04300	NURSERY	787	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,362	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
68.01	06801	AUDIOLOGY	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	06901	CARDIOPULMONARY	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	9,965	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	148,199	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	RENTED SPACE	0	194.00
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	537,579	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.627413	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	20,459	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.138051	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140289

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2014 9:38 am

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	12,469,122		12,469,122	0	12,469,122	30.00
31.00	03100	INTENSIVE CARE UNIT	3,602,805		3,602,805	0	3,602,805	31.00
41.00	04100	SUBPROVIDER - IRF	2,915,661		2,915,661	0	2,915,661	41.00
43.00	04300	NURSERY	1,487,896		1,487,896	0	1,487,896	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,147,189		13,147,189	0	13,147,189	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,245,245		5,245,245	0	5,245,245	52.00
53.00	05300	ANESTHESIOLOGY	309,298		309,298	89,006	398,304	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,467,938		5,467,938	86,375	5,554,313	54.00
56.00	05600	RADIOISOTOPE	441,101		441,101	0	441,101	56.00
57.00	05700	CT SCAN	2,130,740		2,130,740	0	2,130,740	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	815,664		815,664	0	815,664	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,391,499		1,391,499	12,600	1,404,099	59.00
60.00	06000	LABORATORY	6,867,690		6,867,690	4,883	6,872,573	60.00
65.00	06500	RESPIRATORY THERAPY	2,402,489	0	2,402,489	0	2,402,489	65.00
66.00	06600	PHYSICAL THERAPY	3,265,836	0	3,265,836	0	3,265,836	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,896,352	0	1,896,352	0	1,896,352	67.00
68.00	06800	SPEECH PATHOLOGY	1,277,609	0	1,277,609	0	1,277,609	68.00
68.01	06801	AUDIOLOGY	214,094	0	214,094	0	214,094	68.01
69.00	06900	ELECTROCARDIOLOGY	954,537		954,537	0	954,537	69.00
69.01	06901	CARDIOPULMONARY	1,057,409		1,057,409	18,585	1,075,994	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	97,258		97,258	0	97,258	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,677,700		14,677,700	0	14,677,700	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,705,434		6,705,434	0	6,705,434	73.00
74.00	07400	RENAL DIALYSIS	243,317		243,317	0	243,317	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	8,838,305		8,838,305	0	8,838,305	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,090,705		1,090,705		1,090,705	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,286,877		1,286,877		1,286,877	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	100,299,770	0	100,299,770	211,449	100,511,219	200.00
201.00		Less Observation Beds	1,090,705		1,090,705		1,090,705	201.00
202.00		Total (see instructions)	99,209,065	0	99,209,065	211,449	99,420,514	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140289

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2014 9:38 am

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
		Hospital			PPS		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,851,850		16,851,850		30.00
31.00	03100	INTENSIVE CARE UNIT	2,914,699		2,914,699		31.00
41.00	04100	SUBPROVIDER - IRF	5,387,133		5,387,133		41.00
43.00	04300	NURSERY	4,043,905		4,043,905		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,223,212	43,648,690	57,871,902	0.227177	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,792,859	1,958,849	14,751,708	0.355569	52.00
53.00	05300	ANESTHESIOLOGY	2,535,758	6,329,461	8,865,219	0.034889	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,568,147	28,475,361	33,043,508	0.165477	54.00
56.00	05600	RADIOISOTOPE	1,031,546	3,637,229	4,668,775	0.094479	56.00
57.00	05700	CT SCAN	3,390,014	34,056,062	37,446,076	0.056902	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,545,311	9,796,367	11,341,678	0.071917	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,911,374	7,875,350	15,786,724	0.088144	59.00
60.00	06000	LABORATORY	19,463,457	33,772,267	53,235,724	0.129005	60.00
65.00	06500	RESPIRATORY THERAPY	9,434,776	5,533,806	14,968,582	0.160502	65.00
66.00	06600	PHYSICAL THERAPY	5,051,908	5,164,252	10,216,160	0.319674	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,187,726	2,629,279	6,817,005	0.278180	67.00
68.00	06800	SPEECH PATHOLOGY	631,452	1,708,091	2,339,543	0.546093	68.00
68.01	06801	AUDIOLOGY	2,658	792,594	795,252	0.269215	68.01
69.00	06900	ELECTROCARDIOLOGY	3,797,619	6,317,808	10,115,427	0.094364	69.00
69.01	06901	CARDIOPULMONARY	248,255	1,620,864	1,869,119	0.565726	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	66,140	1,264,749	1,330,889	0.073077	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,864,137	7,505,742	18,369,879	0.799009	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,447,313	3,953,989	15,401,302	0.435381	73.00
74.00	07400	RENAL DIALYSIS	634,351	46,030	680,381	0.357619	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	7,021,660	34,767,698	41,789,358	0.211497	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	334,735	1,752,865	2,087,600	0.522468	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	1,016,797	1,016,797		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	150,381,995	243,624,200	394,006,195		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	150,381,995	243,624,200	394,006,195		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 9:38 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.227177		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.355569		52.00
53.00	05300 ANESTHESIOLOGY	0.044929		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.168091		54.00
56.00	05600 RADIOISOTOPE	0.094479		56.00
57.00	05700 CT SCAN	0.056902		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.071917		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.088942		59.00
60.00	06000 LABORATORY	0.129097		60.00
65.00	06500 RESPIRATORY THERAPY	0.160502		65.00
66.00	06600 PHYSICAL THERAPY	0.319674		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.278180		67.00
68.00	06800 SPEECH PATHOLOGY	0.546093		68.00
68.01	06801 AUDIOLOGY	0.269215		68.01
69.00	06900 ELECTROCARDIOLOGY	0.094364		69.00
69.01	06901 CARDIOPULMONARY	0.575669		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.073077		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.799009		71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.435381		73.00
74.00	07400 RENAL DIALYSIS	0.357619		74.00
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.211497		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.522468		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
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: 140289		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part I Date/Time Prepared: 5/28/2014 9:38 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	744,689	0	744,689	21,961	33.91	30.00
31.00	INTENSIVE CARE UNIT	233,156		233,156	2,337	99.77	31.00
41.00	SUBPROVIDER - IRF	171,276	0	171,276	4,721	36.28	41.00
43.00	NURSERY	60,572		60,572	3,732	16.23	43.00
200.00	Total (Lines 30-199)	1,209,693		1,209,693	32,751		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	9,111	308,954				
31.00	INTENSIVE CARE UNIT	769	76,723				
41.00	SUBPROVIDER - IRF	3,546	128,649				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	13,426	514,326				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/28/2014 9:38 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,541,678	57,871,902	0.026639	6,256,677	166,672	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	510,589	14,751,708	0.034612	20,562	712	52.00
53.00	05300 ANESTHESIOLOGY	55,411	8,865,219	0.006250	905,791	5,661	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	637,379	33,043,508	0.019289	3,006,863	57,999	54.00
56.00	05600 RADIOISOTOPE	25,102	4,668,775	0.005377	647,758	3,483	56.00
57.00	05700 CT SCAN	164,278	37,446,076	0.004387	3,276,849	14,376	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	328,424	11,341,678	0.028957	768,674	22,258	58.00
59.00	05900 CARDIAC CATHETERIZATION	446,447	15,786,724	0.028280	2,226,138	62,955	59.00
60.00	06000 LABORATORY	402,734	53,235,724	0.007565	10,455,045	79,092	60.00
65.00	06500 RESPIRATORY THERAPY	208,387	14,968,582	0.013922	4,464,525	62,155	65.00
66.00	06600 PHYSICAL THERAPY	410,027	10,216,160	0.040135	1,447,648	58,101	66.00
67.00	06700 OCCUPATIONAL THERAPY	260,036	6,817,005	0.038145	777,245	29,648	67.00
68.00	06800 SPEECH PATHOLOGY	102,959	2,339,543	0.044008	190,585	8,387	68.00
68.01	06801 AUDIOLOGY	14,671	795,252	0.018448	379	7	68.01
69.00	06900 ELECTROCARDIOLOGY	129,751	10,115,427	0.012827	1,626,229	20,860	69.00
69.01	06901 CARDIOPULMONARY	67,078	1,869,119	0.035887	591	21	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	8,072	1,330,889	0.006065	34,696	210	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	496,840	18,369,879	0.027046	5,791,692	156,642	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	316,916	15,401,302	0.020577	5,346,716	110,019	73.00
74.00	07400 RENAL DIALYSIS	5,261	680,381	0.007732	446,271	3,451	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	605,879	41,789,358	0.014498	3,383,522	49,054	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	65,140	2,087,600	0.031203	250,631	7,820	92.00
200.00	Total (lines 50-199)	6,803,059	363,791,811		51,325,087	919,583	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140289		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part III Date/Time Prepared: 5/28/2014 9:38 am	
Title XVIII			Hospital		PPS			
Cost Center Description			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
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
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	21,961	0.00	9,111	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,337	0.00	769	0		31.00
41.00	04100	SUBPROVIDER - IRF	4,721	0.00	3,546	0		41.00
43.00	04300	NURSERY	3,732	0.00	0	0		43.00
200.00		Total (lines 30-199)	32,751		13,426	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140289

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2014 9:38 am

Cost Center Description		Title XVIII				Hospital	PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
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
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIOPULMONARY	0	0	0	0	0	69.01
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
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	218,105	0	218,105	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	218,105	0	218,105	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 9:38 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	57,871,902	0.000000	0.000000	6,256,677	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	14,751,708	0.000000	0.000000	20,562	52.00
53.00	05300 ANESTHESIOLOGY	0	8,865,219	0.000000	0.000000	905,791	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	33,043,508	0.000000	0.000000	3,006,863	54.00
56.00	05600 RADIOISOTOPE	0	4,668,775	0.000000	0.000000	647,758	56.00
57.00	05700 CT SCAN	0	37,446,076	0.000000	0.000000	3,276,849	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	11,341,678	0.000000	0.000000	768,674	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	15,786,724	0.000000	0.000000	2,226,138	59.00
60.00	06000 LABORATORY	0	53,235,724	0.000000	0.000000	10,455,045	60.00
65.00	06500 RESPIRATORY THERAPY	0	14,968,582	0.000000	0.000000	4,464,525	65.00
66.00	06600 PHYSICAL THERAPY	0	10,216,160	0.000000	0.000000	1,447,648	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	6,817,005	0.000000	0.000000	777,245	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,339,543	0.000000	0.000000	190,585	68.00
68.01	06801 AUDIOLOGY	0	795,252	0.000000	0.000000	379	68.01
69.00	06900 ELECTROCARDIOLOGY	0	10,115,427	0.000000	0.000000	1,626,229	69.00
69.01	06901 CARDIOPULMONARY	0	1,869,119	0.000000	0.000000	591	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,330,889	0.000000	0.000000	34,696	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,369,879	0.000000	0.000000	5,791,692	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	15,401,302	0.000000	0.000000	5,346,716	73.00
74.00	07400 RENAL DIALYSIS	0	680,381	0.000000	0.000000	446,271	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	218,105	41,789,358	0.005219	0.005219	3,383,522	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,087,600	0.000000	0.000000	250,631	92.00
200.00	Total (lines 50-199)	218,105	363,791,811			51,325,087	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 9:38 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)	
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00	
50.00	05000 OPERATING ROOM	0	10,057,547	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,443,900	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	5,027,729	0	54.00
56.00	05600 RADIOISOTOPE	0	1,317,496	0	56.00
57.00	05700 CT SCAN	0	8,666,899	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,661,668	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,544,555	0	59.00
60.00	06000 LABORATORY	0	1,695,078	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	770,331	0	65.00
66.00	06600 PHYSICAL THERAPY	0	1,125	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801 AUDIOLOGY	0	111,290	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	1,681,832	0	69.00
69.01	06901 CARDIOPULMONARY	0	538,835	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,202,152	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,252,431	0	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,642,596	0	73.00
74.00	07400 RENAL DIALYSIS	0	20,939	0	74.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	17,659	5,059,481	26,405	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	703,448	0	92.00
200.00	Total (lines 50-199)	17,659	47,399,332	26,405	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 9:38 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	0.227177	10,057,547	0	0	2,284,843	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.355569	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.034889	1,443,900	0	0	50,376	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.165477	5,027,729	0	0	831,974	54.00
56.00	05600	RADIOISOTOPE	0.094479	1,317,496	0	0	124,476	56.00
57.00	05700	CT SCAN	0.056902	8,666,899	0	0	493,164	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.071917	2,661,668	0	0	191,419	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.088144	1,544,555	0	0	136,143	59.00
60.00	06000	LABORATORY	0.129005	1,695,078	1,525	0	218,674	60.00
65.00	06500	RESPIRATORY THERAPY	0.160502	770,331	0	0	123,640	65.00
66.00	06600	PHYSICAL THERAPY	0.319674	1,125	0	0	360	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.278180	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.546093	0	0	0	0	68.00
68.01	06801	AUDIOLOGY	0.269215	111,290	0	0	29,961	68.01
69.00	06900	ELECTROCARDIOLOGY	0.094364	1,681,832	0	0	158,704	69.00
69.01	06901	CARDIOPULMONARY	0.565726	538,835	0	0	304,833	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.073077	1,202,152	0	0	87,850	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.799009	3,252,431	0	0	2,598,722	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.435381	1,642,596	0	34,863	715,155	73.00
74.00	07400	RENAL DIALYSIS	0.357619	20,939	0	0	7,488	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.211497	5,059,481	0	0	1,070,065	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.522468	703,448	0	0	367,529	92.00
200.00		Subtotal (see instructions)		47,399,332	1,525	34,863	9,795,376	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		47,399,332	1,525	34,863	9,795,376	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 9:38 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
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
56.00	05600 RADIOISOTOPE	0	0	56.00
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	197	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
68.01	06801 AUDIOLOGY	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
69.01	06901 CARDIOPULMONARY	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	15,179	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	197	15,179	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	197	15,179	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140289 Component CCN: 14T289		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/28/2014 9:38 am		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,541,678	57,871,902	0.026639	104,467	2,783	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	510,589	14,751,708	0.034612	0	0	52.00
53.00	05300	ANESTHESIOLOGY	55,411	8,865,219	0.006250	17,438	109	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	637,379	33,043,508	0.019289	139,695	2,695	54.00
56.00	05600	RADIOISOTOPE	25,102	4,668,775	0.005377	14,750	79	56.00
57.00	05700	CT SCAN	164,278	37,446,076	0.004387	90,977	399	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	328,424	11,341,678	0.028957	41,037	1,188	58.00
59.00	05900	CARDIAC CATHETERIZATION	446,447	15,786,724	0.028280	0	0	59.00
60.00	06000	LABORATORY	402,734	53,235,724	0.007565	603,991	4,569	60.00
65.00	06500	RESPIRATORY THERAPY	208,387	14,968,582	0.013922	401,330	5,587	65.00
66.00	06600	PHYSICAL THERAPY	410,027	10,216,160	0.040135	2,016,788	80,944	66.00
67.00	06700	OCCUPATIONAL THERAPY	260,036	6,817,005	0.038145	2,204,300	84,083	67.00
68.00	06800	SPEECH PATHOLOGY	102,959	2,339,543	0.044008	226,113	9,951	68.00
68.01	06801	AUDIOLOGY	14,671	795,252	0.018448	379	7	68.01
69.00	06900	ELECTROCARDIOLOGY	129,751	10,115,427	0.012827	16,383	210	69.00
69.01	06901	CARDIOPULMONARY	67,078	1,869,119	0.035887	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	8,072	1,330,889	0.006065	4,551	28	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	496,840	18,369,879	0.027046	189,389	5,122	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	316,916	15,401,302	0.020577	514,529	10,587	73.00
74.00	07400	RENAL DIALYSIS	5,261	680,381	0.007732	94,079	727	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	605,879	41,789,358	0.014498	29,059	421	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,087,600	0.000000	0	0	92.00
200.00		Total (lines 50-199)	6,737,919	363,791,811		6,709,255	209,489	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140289 Component CCN: 14T289	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 9:38 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
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
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
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
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 06901 CARDIOPULMONARY	0	0	0	0	0	69.01
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
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	218,105	0	218,105	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	218,105	0	218,105	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140289 Component CCN: 14T289	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 9:38 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	57,871,902	0.000000	0.000000	104,467	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	14,751,708	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	8,865,219	0.000000	0.000000	17,438	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	33,043,508	0.000000	0.000000	139,695	54.00
56.00	05600 RADIOISOTOPE	0	4,668,775	0.000000	0.000000	14,750	56.00
57.00	05700 CT SCAN	0	37,446,076	0.000000	0.000000	90,977	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	11,341,678	0.000000	0.000000	41,037	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	15,786,724	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	53,235,724	0.000000	0.000000	603,991	60.00
65.00	06500 RESPIRATORY THERAPY	0	14,968,582	0.000000	0.000000	401,330	65.00
66.00	06600 PHYSICAL THERAPY	0	10,216,160	0.000000	0.000000	2,016,788	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	6,817,005	0.000000	0.000000	2,204,300	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,339,543	0.000000	0.000000	226,113	68.00
68.01	06801 AUDIOLOGY	0	795,252	0.000000	0.000000	379	68.01
69.00	06900 ELECTROCARDIOLOGY	0	10,115,427	0.000000	0.000000	16,383	69.00
69.01	06901 CARDIOPULMONARY	0	1,869,119	0.000000	0.000000	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,330,889	0.000000	0.000000	4,551	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,369,879	0.000000	0.000000	189,389	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	15,401,302	0.000000	0.000000	514,529	73.00
74.00	07400 RENAL DIALYSIS	0	680,381	0.000000	0.000000	94,079	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	218,105	41,789,358	0.005219	0.005219	29,059	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,087,600	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	218,105	363,791,811			6,709,255	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140289 Component CCN: 14T289	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 9:38 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
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
56.00	05600 RADIOISOTOPE	0	0	0	56.00
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
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
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801 AUDIOLOGY	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	06901 CARDIOPULMONARY	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,252	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	152	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	152	1,252	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 9:38 am
		Component CCN: 14T289	Title XVIII	Subprovider - IRF
				PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
		1.00	2.00	3.00	4.00		5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.227177	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.355569	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.034889	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.165477	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.094479	0	0	0	0	56.00
57.00	05700	CT SCAN	0.056902	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.071917	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.088144	0	0	0	0	59.00
60.00	06000	LABORATORY	0.129005	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.160502	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.319674	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.278180	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.546093	0	0	0	0	68.00
68.01	06801	AUDIOLOGY	0.269215	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.094364	0	0	0	0	69.00
69.01	06901	CARDIOPULMONARY	0.565726	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.073077	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.799009	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.435381	1,252	0	772	545	73.00
74.00	07400	RENAL DIALYSIS	0.357619	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.211497	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.522468	0	0	0	0	92.00
200.00		Subtotal (see instructions)		1,252	0	772	545	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		1,252	0	772	545	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140289 Component CCN: 14T289	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 9:38 am
	Title XVII	Subprovider - IRF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
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
56.00 05600 RADIOISOTOPE	0	0		56.00
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
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 AUDIOLOGY	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 CARDIOPULMONARY	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	336		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	336		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	336		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2014 9:38 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,961	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,961	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)		20,040	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		9,111	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		12,469,122	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		12,469,122	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		12,469,122	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)		567.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,173,044	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)		5,173,044	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140289		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,602,805	2,337	1,541.64	769	1,185,521	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					13,443,144	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					19,801,709	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)					385,677	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					937,242	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,322,919	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					18,478,790	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)					1,921	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					567.78	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,090,705	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140289		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 9:38 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	744,689	12,469,122	0.059723	1,090,705	65,140	90.00
91.00	Nursing School cost	0	12,469,122	0.000000	1,090,705	0	91.00
92.00	Allied health cost	0	12,469,122	0.000000	1,090,705	0	92.00
93.00	All other Medical Education	0	12,469,122	0.000000	1,090,705	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 14T289		Date/Time Prepared: 5/28/2014 9:38 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,721	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,721	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,721	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,546	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,915,661	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,915,661	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,915,661	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)		617.59	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,189,974	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)		2,189,974	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140289		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 14T289				Date/Time Prepared: 5/28/2014 9:38 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,998,402		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,188,376		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)					128,649		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					209,641		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					338,290		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					3,850,086		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: 140289 Component CCN: 14T289		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 9:38 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	171,276	2,915,661	0.058743	0	0	90.00
91.00	Nursing School cost	0	2,915,661	0.000000	0	0	91.00
92.00	Allied health cost	0	2,915,661	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,915,661	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/28/2014 9:38 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		7,730,246	30.00
31.00	03100	INTENSIVE CARE UNIT		1,391,948	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.227177	6,256,677	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.355569	20,562	52.00
53.00	05300	ANESTHESIOLOGY	0.044929	905,791	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.168091	3,006,863	54.00
56.00	05600	RADIOISOTOPE	0.094479	647,758	56.00
57.00	05700	CT SCAN	0.056902	3,276,849	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.071917	768,674	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.088942	2,226,138	59.00
60.00	06000	LABORATORY	0.129097	10,455,045	60.00
65.00	06500	RESPIRATORY THERAPY	0.160502	4,464,525	65.00
66.00	06600	PHYSICAL THERAPY	0.319674	1,447,648	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.278180	777,245	67.00
68.00	06800	SPEECH PATHOLOGY	0.546093	190,585	68.00
68.01	06801	AUDIOLOGY	0.269215	379	68.01
69.00	06900	ELECTROCARDIOLOGY	0.094364	1,626,229	69.00
69.01	06901	CARDIOPULMONARY	0.575669	591	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.073077	34,696	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.799009	5,791,692	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.435381	5,346,716	73.00
74.00	07400	RENAL DIALYSIS	0.357619	446,271	74.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.211497	3,383,522	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.522468	250,631	92.00
200.00		Total (sum of lines 50-94 and 96-98)		51,325,087	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)		51,325,087	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140289 Component CCN: 14T289	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/28/2014 9:38 am	
		Title XVIIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		4,042,757		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.227177	104,467	23,732	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.355569	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.044929	17,438	783	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.168091	139,695	23,481	54.00
56.00	05600 RADIOISOTOPE	0.094479	14,750	1,394	56.00
57.00	05700 CT SCAN	0.056902	90,977	5,177	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.071917	41,037	2,951	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.088942	0	0	59.00
60.00	06000 LABORATORY	0.129097	603,991	77,973	60.00
65.00	06500 RESPIRATORY THERAPY	0.160502	401,330	64,414	65.00
66.00	06600 PHYSICAL THERAPY	0.319674	2,016,788	644,715	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.278180	2,204,300	613,192	67.00
68.00	06800 SPEECH PATHOLOGY	0.546093	226,113	123,479	68.00
68.01	06801 AUDIOLOGY	0.269215	379	102	68.01
69.00	06900 ELECTROCARDIOLOGY	0.094364	16,383	1,546	69.00
69.01	06901 CARDIOPULMONARY	0.575669	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.073077	4,551	333	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.799009	189,389	151,324	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.435381	514,529	224,016	73.00
74.00	07400 RENAL DIALYSIS	0.357619	94,079	33,644	74.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.211497	29,059	6,146	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.522468	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		6,709,255	1,998,402	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)		6,709,255		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 9:38 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		13,141,267	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		4,380,422	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)		169,758	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)		128.74	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)		2.40	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.97	31.00
32.00	Sum of lines 30 and 31		20.37	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.02	33.00
34.00	Disproportionate share adjustment (see instructions)		857,029	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 9:38 am	
		Title XVII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)			9,046,380,143	35.00
35.01	Factor 3 (see instructions)			0.000158469	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			1,433,571	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			361,339	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		361,339		36.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			0	46.00
47.00	Subtotal (see instructions)		18,909,815		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)		18,909,815		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,455,428		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		4,004		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)		17,659		58.00
59.00	Total (sum of amounts on lines 49 through 58)		20,386,906		59.00
60.00	Primary payer payments			6,070	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		20,380,836		61.00
62.00	Deductibles billed to program beneficiaries		2,028,480		62.00
63.00	Coinurance billed to program beneficiaries		31,372		63.00
64.00	Allowable bad debts (see instructions)		377,705		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		245,508		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		301,106		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		18,566,492		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)			-59,760	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-39,144	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: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 9:38 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)		18,467,588		71.00
71.01	Sequestration adjustment (see instructions)		278,861		71.01
72.00	Interim payments		18,192,223		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		-3,496		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		742,814		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/28/2014 9:38 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,376	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		9,768,971	2.00
3.00	PPS payments		9,322,253	3.00
4.00	Outlier payment (see instructions)		13,956	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		26,405	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,376	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		36,388	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)		36,388	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)		36,388	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		21,012	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)		15,376	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)		9,362,614	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)		2,152,847	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)		7,225,143	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)		7,225,143	30.00
31.00	Primary payer payments		6,348	31.00
32.00	Subtotal (line 30 minus line 31)		7,218,795	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)		321,144	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		208,744	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		283,446	36.00
37.00	Subtotal (see instructions)		7,427,539	37.00
38.00	MSP-LCC reconciliation amount from PS&R		448	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)		7,427,991	40.00
40.01	Sequestration adjustment (see instructions)		112,149	40.01
41.00	Interim payments		7,273,797	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		41,145	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/28/2014 9:38 am
		Component CCN: 14T289	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		336	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		545	2.00
3.00	PPS payments		361	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)		336	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		772	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)		772	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 chargebasis 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)		772	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		436	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)		336	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)		361	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)		697	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)		697	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		697	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)		697	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)		697	40.00
40.01	Sequestration adjustment (see instructions)		11	40.01
41.00	Interim payments		682	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		4	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, 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: 140289

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2014 9:38 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		18,200,906		7,224,515	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0	07/23/2013	49,282	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	07/23/2013	8,683		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)		-8,683		49,282	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		18,192,223		7,273,797	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		41,145	6.01
6.02	SETTLEMENT TO PROGRAM		3,496		0	6.02
7.00	Total Medicare program liability (see instructions)		18,188,727		7,314,942	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140289
Component CCN: 14T289

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2014 9:38 am
PPS

Title XVII

Subprovider -
IRF

		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				682	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		4,270,068		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	07/23/2013	33,253		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)		33,253		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)		4,303,321		682	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		4	6.01
6.02	SETTLEMENT TO PROGRAM		30,630		0	6.02
7.00	Total Medicare program liability (see instructions)		4,272,691		686	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part II Date/Time Prepared: 5/28/2014 9:38 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			6,734 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			9,880 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6 line 2			2,678 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			22,377 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			394,006,195 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			6,950,278 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)			1,335,557 8.00
9.00	Sequestration adjustment amount (see instructions)			26,711 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,308,846 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,159,285 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)			149,561 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140289 Component CCN: 14T289	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part III Date/Time Prepared: 5/28/2014 9:38 am	
		Title XVII	Subprovider - IRF	PPS	
			Prior to 10/01	On/After 10/01	
			1.00	1.01	
PART III - MEDICARE PART A SERVICES - IRF PPS					
1.00	Net Federal PPS Payment (see instructions)		3,246,737	1,082,246	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0108		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		84,740	19,372	3.00
4.00	Outlier Payments		6,661		4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00		5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00		5.01
6.00	New Teaching program adjustment. (see instructions)		0.00		6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00		7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00		8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00		9.00
10.00	Average Daily Census (see instructions)		12.934247		10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	0	12.00
13.00	Total PPS Payment (see instructions)		4,439,756		13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0		14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)				15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0		16.00
17.00	Subtotal (see instructions)		4,439,756		17.00
18.00	Primary payer payments		12,096		18.00
19.00	Subtotal (line 17 less line 18).		4,427,660		19.00
20.00	Deductibles		80,484		20.00
21.00	Subtotal (line 19 minus line 20)		4,347,176		21.00
22.00	Coinsurance		17,168		22.00
23.00	Subtotal (line 21 minus line 22)		4,330,008		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		12,484		24.00
25.00	Adjusted reimbursable bad debts (see instructions)		8,115		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		10,356		26.00
27.00	Subtotal (sum of lines 23 and 25)		4,338,123		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0		28.00
29.00	Other pass through costs (see instructions)		152		29.00
30.00	Outlier payments reconciliation		0		30.00
31.00	PS&R OTHER ADJUSTMENTS AMOUNT		-77		31.00
31.99	Recovery of Accelerated Depreciation		0		31.99
32.00	Total amount payable to the provider (see instructions)		4,338,198		32.00
32.01	Sequestration adjustment (see instructions)		65,507		32.01
33.00	Interim payments		4,303,321		33.00
34.00	Tentative settlement (for contractor use only)		0		34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34		-30,630		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		98,877		36.00
TO BE COMPLETED BY CONTRACTOR					
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		6,661		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: 140289

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

Worksheet G

Date/Time Prepared:
5/28/2014 9:38 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	8,945,297	0	0	0	1.00
2.00	Temporary investments	1,226,862	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	17,382,783	0	0	0	4.00
5.00	Other receivable	5,282,750	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,143,252	0	0	0	7.00
8.00	Prepaid expenses	2,257,343	0	0	0	8.00
9.00	Other current assets	147,244	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	37,385,531	0	0	0	11.00
FIXED ASSETS						
12.00	Land	673,013	0	0	0	12.00
13.00	Land improvements	2,738,702	0	0	0	13.00
14.00	Accumulated depreciation	-2,086,234	0	0	0	14.00
15.00	Buildings	98,313,351	0	0	0	15.00
16.00	Accumulated depreciation	-41,154,947	0	0	0	16.00
17.00	Leasehold improvements	24,000	0	0	0	17.00
18.00	Accumulated depreciation	-24,000	0	0	0	18.00
19.00	Fixed equipment	5,207,068	0	0	0	19.00
20.00	Accumulated depreciation	-3,911,885	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	34,438,261	0	0	0	23.00
24.00	Accumulated depreciation	-24,608,453	0	0	0	24.00
25.00	Minor equipment depreciable	83,185	0	0	0	25.00
26.00	Accumulated depreciation	-83,185	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	1,291,489	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	70,900,365	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	31,142,276	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	19,962,714	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	51,104,990	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	159,390,886	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,557,055	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,059,091	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	4,325,832	0	0	0	43.00
44.00	Other current liabilities	10,554,742	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	20,496,720	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	42,196,083	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	15,897,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	58,093,083	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	78,589,803	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	80,801,083				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	80,801,083	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	159,390,886	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140289

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

Worksheet G-1

Date/Time Prepared:
5/28/2014 9:38 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		64,571,610			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		19,479,538				2.00
3.00	Total (sum of line 1 and line 2)		84,051,148			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0			0	10.00
11.00	Subtotal (line 3 plus line 10)		84,051,148			0	11.00
12.00	TRANSFERS TO AFFILIATES	3,250,065		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		3,250,065			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		80,801,083			0	19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		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	TRANSFERS TO AFFILIATES		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: 140289

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2014 9:38 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	20,895,755		20,895,755	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	5,387,133		5,387,133	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	26,282,888		26,282,888	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,914,699		2,914,699	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,914,699		2,914,699	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	29,197,587		29,197,587	17.00
18.00	Ancillary services	113,528,013	206,386,840	319,914,853	18.00
19.00	Outpatient services	7,356,395	36,520,563	43,876,958	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		1,016,797	1,016,797	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	150,081,995	243,924,200	394,006,195	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		113,032,565		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)		113,032,565		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet G-3 Date/Time Prepared: 5/28/2014 9:38 am
				1.00
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)			394,006,195 1.00
2.00	Less contractual allowances and discounts on patients' accounts			271,232,846 2.00
3.00	Net patient revenues (line 1 minus line 2)			122,773,349 3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)			113,032,565 4.00
5.00	Net income from service to patients (line 3 minus line 4)			9,740,784 5.00
OTHER INCOME				
6.00	Contributions, donations, bequests, etc			127,310 6.00
7.00	Income from investments			6,656,612 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			102 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			86,474 18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)			9,075 19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen			0 20.00
21.00	Rental of vending machines			0 21.00
22.00	Rental of hospital space			1,458,130 22.00
23.00	Governmental appropriations			0 23.00
24.00	MANAGEMENT FEES			264,000 24.00
24.01	MEDICAID EMR REVENUE			609,308 24.01
24.02	MICELLANEOUS INCOME			463,519 24.02
24.03	SISHA INCOME			200,186 24.03
25.00	Total other income (sum of lines 6-24)			9,874,716 25.00
26.00	Total (line 5 plus line 25)			19,615,500 26.00
27.00	LOSS ON DISPOSAL OF ASSETS			135,962 27.00
28.00	Total other expenses (sum of line 27 and subscripts)			135,962 28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)			19,479,538 29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140289

Period: From 01/01/2013

Worksheet H

HHA CCN: 147420

To 12/31/2013

Date/Time Prepared: 5/28/2014 9:38 am

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	157,047	0	0	0	9,922	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	369,254	0	15,161	0	384,415	6.00
7.00	Physical Therapy	123,091	0	10,251	12,513	145,855	7.00
8.00	Occupational Therapy	44,225	0	3,259	0	47,484	8.00
9.00	Speech Pathology	8,528	0	707	0	9,235	9.00
10.00	Medical Social Services	200	0	10	0	210	10.00
11.00	Home Health Aide	53,434	0	4,234	0	57,668	11.00
12.00	Supplies (see instructions)	0	0	0	0	8,090	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	755,779	0	33,622	12,513	18,012	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	-1,159	165,810	0	165,810		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	384,415	0	384,415		6.00
7.00	Physical Therapy	0	145,855	0	145,855		7.00
8.00	Occupational Therapy	0	47,484	0	47,484		8.00
9.00	Speech Pathology	0	9,235	0	9,235		9.00
10.00	Medical Social Services	0	210	0	210		10.00
11.00	Home Health Aide	0	57,668	0	57,668		11.00
12.00	Supplies (see instructions)	-8,090	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
24.00	Total (sum of lines 1-23)	-9,249	810,677	0	810,677		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet H-1 Part I Date/Time Prepared: 5/28/2014 9:38 am			
		HHA CCN: 147420		Home Health Agency I	PPS		
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
	0	1.00	2.00	3.00	4.00	4A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	165,810	0	0	0	165,810	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	384,415	0	0	0	384,415	6.00
7.00	Physical Therapy	145,855	0	0	0	145,855	7.00
8.00	Occupational Therapy	47,484	0	0	0	47,484	8.00
9.00	Speech Pathology	9,235	0	0	0	9,235	9.00
10.00	Medical Social Services	210	0	0	0	210	10.00
11.00	Home Health Aide	57,668	0	0	0	57,668	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	810,677	0	0	0	810,677	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	165,810					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	98,841	483,256				6.00
7.00	Physical Therapy	37,503	183,358				7.00
8.00	Occupational Therapy	12,209	59,693				8.00
9.00	Speech Pathology	2,375	11,610				9.00
10.00	Medical Social Services	54	264				10.00
11.00	Home Health Aide	14,828	72,496				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		810,677				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140289
HHA CCN: 147420

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

Worksheet H-1
Part II
Date/Time Prepared:
5/28/2014 9:38 am
PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-165,810	644,867
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	384,415
7.00	Physical Therapy	0	0	0	0	0	145,855
8.00	Occupational Therapy	0	0	0	0	0	47,484
9.00	Speech Pathology	0	0	0	0	0	9,235
10.00	Medical Social Services	0	0	0	0	0	210
11.00	Home Health Aide	0	0	0	0	0	57,668
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-165,810	644,867
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		165,810
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.257123

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140289

Period: From 01/01/2013

Worksheet H-2

HHA CCN: 147420

To 12/31/2013

Part I
Date/Time Prepared:
5/28/2014 9:38 am

Home Health
Agency I

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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	16,975	3,932	39,283	60,190	13,674	1.00
2.00 Skilled Nursing Care	483,256	0	0	92,364	575,620	130,770	2.00
3.00 Physical Therapy	183,358	0	0	30,790	214,148	48,650	3.00
4.00 Occupational Therapy	59,693	0	0	11,062	70,755	16,074	4.00
5.00 Speech Pathology	11,610	0	0	2,133	13,743	3,122	5.00
6.00 Medical Social Services	264	0	0	0	264	60	6.00
7.00 Home Health Aide	72,496	0	0	13,416	85,912	19,518	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	810,677	16,975	3,932	189,048	1,020,632	231,868	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	6.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	10,388	16,700	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	10,388	16,700	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140289

Period: From 01/01/2013

Worksheet H-2

HHA CCN: 147420

To 12/31/2013

Part I
Date/Time Prepared: 5/28/2014 9:38 am

Home Health Agency I

PPS

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM	
		13.00	14.00	15.00	16.00	17.00	23.00	
1.00	Administrative and General	0	224	0	7,065	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	224	0	7,065	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	108,241	0	108,241				1.00
2.00	Skilled Nursing Care	706,390	0	706,390	64,872	771,262		2.00
3.00	Physical Therapy	262,798	0	262,798	24,134	286,932		3.00
4.00	Occupational Therapy	86,829	0	86,829	7,974	94,803		4.00
5.00	Speech Pathology	16,865	0	16,865	1,549	18,414		5.00
6.00	Medical Social Services	324	0	324	30	354		6.00
7.00	Home Health Aide	105,430	0	105,430	9,682	115,112		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
20.00	Total (sum of lines 1-19) (2)	1,286,877	0	1,286,877	108,241	1,286,877		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.091836			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet H-2 Part II Date/Time Prepared: 5/28/2014 9:38 am
		HHA CCN: 147420	Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	1,848	3,697	157,047	0	60,190	1,848	1.00
2.00 Skilled Nursing Care	0	0	369,254	0	575,620	0	2.00
3.00 Physical Therapy	0	0	123,091	0	214,148	0	3.00
4.00 Occupational Therapy	0	0	44,225	0	70,755	0	4.00
5.00 Speech Pathology	0	0	8,528	0	13,743	0	5.00
6.00 Medical Social Services	0	0	0	0	264	0	6.00
7.00 Home Health Aide	0	0	53,634	0	85,912	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	1,848	3,697	755,779		1,020,632	1,848	20.00
21.00 Total cost to be allocated	16,975	3,932	189,048		231,868	10,388	21.00
22.00 Unit cost multiplier	9.185606	1.063565	0.250137		0.227181	5.621212	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
	7.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	1,848	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	1,848	0	0	0	0	0	20.00
21.00 Total cost to be allocated	16,700	0	0	0	0	0	21.00
22.00 Unit cost multiplier	9.036797	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 140289 HHA CCN: 147420	Period: From 01/01/2013 To 12/31/2013	Worksheet H-2 Part II Date/Time Prepared: 5/28/2014 9:38 am
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Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	PARAMED PRGM (ASSIGNED TIME)		
		14.00	15.00	16.00	17.00	23.00		
1.00	Administrative and General	1,696	0	155	0	0		1.00
2.00	Skilled Nursing Care	0	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
20.00	Total (sum of lines 1-19)	1,696	0	155	0	0		20.00
21.00	Total cost to be allocated	224	0	7,065	0	0		21.00
22.00	Unit cost multiplier	0.132075	0.000000	45.580645	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part I Date/Time Prepared: 5/28/2014 9:38 am			
				HHA CCN: 147420	Title XVIII		Home Health Agency I		
						PPS			
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)			
				0	1.00	2.00	3.00	4.00	5.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2.00	771,262		771,262	3,001	257.00	1.00	
2.00	Physical Therapy	3.00	286,932	0	286,932	2,029	141.42	2.00	
3.00	Occupational Therapy	4.00	94,803	0	94,803	645	146.98	3.00	
4.00	Speech Pathology	5.00	18,414	0	18,414	140	131.53	4.00	
5.00	Medical Social Services	6.00	354		354	2	177.00	5.00	
6.00	Home Health Aide	7.00	115,112		115,112	838	137.37	6.00	
7.00	Total (sum of lines 1-6)		1,286,877	0	1,286,877	6,655		7.00	
Program Visits									
Part B									
Not Subject to Deductibles & Insurance									
Subject to Deductibles									
0 1.00 2.00 3.00 4.00 5.00									
Limitation Cost Computation									
8.00	Skilled Nursing Care		41180	913	722			8.00	
8.01	Skilled Nursing Care		49740	5	0			8.01	
9.00	Physical Therapy		41180	658	380			9.00	
9.01	Physical Therapy		49740	9	0			9.01	
10.00	Occupational Therapy		41180	237	123			10.00	
10.01	Occupational Therapy		49740	0	0			10.01	
11.00	Speech Pathology		41180	70	12			11.00	
11.01	Speech Pathology		49740	0	0			11.01	
12.00	Medical Social Services		41180	1	0			12.00	
12.01	Medical Social Services		49740	0	0			12.01	
13.00	Home Health Aide		41180	232	403			13.00	
13.01	Home Health Aide		49740	0	0			13.01	
14.00	Total (sum of lines 8-13)			2,125	1,640			14.00	
Cost Center Description									
From Wkst. H-2 Part I, col. 28, line									
Facility Costs (from Wkst. H-2, Part I)									
Shared Ancillary Costs (from Part II)									
Total HHA Costs (cols. 1 + 2)									
Total Charges (from HHA Record)									
Ratio (col. 3 + col. 4)									
0 1.00 2.00 3.00 4.00 5.00									
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	8.00	0	10,375	10,375	12,985	0.798999	15.00	
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00	
Program Visits									
Part B									
Not Subject to Deductibles & Insurance									
Subject to Deductibles & Insurance									
Part A									
Not Subject to Deductibles & Insurance									
Subject to Deductibles & Insurance									
6.00 7.00 8.00 9.00 10.00 11.00									
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	918	722		235,926	185,554		1.00	
2.00	Physical Therapy	667	380		94,327	53,740		2.00	
3.00	Occupational Therapy	237	123		34,834	18,079		3.00	
4.00	Speech Pathology	70	12		9,207	1,578		4.00	
5.00	Medical Social Services	1	0		177	0		5.00	
6.00	Home Health Aide	232	403		31,870	55,360		6.00	
7.00	Total (sum of lines 1-6)	2,125	1,640		406,341	314,311		7.00	

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140289	Period: From 01/01/2013	Worksheet H-3
				HHA CCN: 147420	To 12/31/2013	Part I Date/Time Prepared: 5/28/2014 9:38 am
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Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00

Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00	

Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies						15.00
16.00	Cost of Drugs		0	0		0	16.00

Cost Center Description		Total Program Cost (sum of col.s. 9-10)	
		12.00	

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION			
Cost Per Visit Computation			
1.00	Skilled Nursing Care	421,480	1.00
2.00	Physical Therapy	148,067	2.00
3.00	Occupational Therapy	52,913	3.00
4.00	Speech Pathology	10,785	4.00
5.00	Medical Social Services	177	5.00
6.00	Home Health Aide	87,230	6.00
7.00	Total (sum of lines 1-6)	720,652	7.00

Cost Center Description		12.00
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Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140289 HHA CCN: 147420	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part II Date/Time Prepared: 5/28/2014 9:38 am
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Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.319674	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.278180	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.546093	0	0	col. 2, line 4.00 3.00
3.01	Speech Pathology 1	68.01	0.269215	0	0	col. 2, line 4.01 3.01
4.00	Cost of Medical Supplies	71.00	0.799009	12,985	10,375	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.435381	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140289 HHA CCN: 147420	Period: From 01/01/2013 To 12/31/2013	Worksheet H-4 Part I-II Date/Time Prepared: 5/28/2014 9:38 am
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount 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(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		323,862	230,018
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	1,685
13.00	Total PPS Reimbursement - LUPA Episodes		10,774	6,518
14.00	Total PPS Reimbursement - PEP Episodes		11,097	9,633
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	448
16.00	Total PPS Outlier Reimbursement - PEP Episodes		269	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		346,002	248,302
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		346,002	248,302
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		346,002	248,302
27.00	Reimbursable bad debts (from your records)			
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			
29.00	Total costs - current cost reporting period (line 26 plus line 27)		346,002	248,302
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		346,002	248,302
31.01	Sequestration adjustment (see instructions)		4,694	4,032
32.00	Interim payments (see instructions)		341,308	244,270
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140289 HHA CCN: 147420	Period: From 01/01/2013 To 12/31/2013	Worksheet H-5 Date/Time Prepared: 5/28/2014 9:38 am
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		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		341,308		244,270	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			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			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. H-4, Part II, column as appropriate, line 32)		341,308		244,270	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			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		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		341,308		244,270	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140289	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/28/2014 9:38 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,387,091	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		9,539	1.01
2.00	Capital DRG outlier payments		0	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)		61.31	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)		2.40	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.97	8.00
9.00	Sum of lines 7 and 8		20.37	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.21	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		58,798	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,455,428	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