

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/23/2014 8:22 am
--	----------------------	---	--

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/23/2014 Time: 8:22 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GOOD SHEPHERD HOSPITAL (140291) 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	320,938	323,686	-39,528	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
200.00 Total	0	320,938	323,686	-39,528	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: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/23/2014 8:17 am				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 450 W. HIGHWAY 22			PO Box:						1.00	
2.00	City: BARRINGTON			State: IL		Zip Code: 60010-		County: LAKE		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		GOOD SHEPHERD HOSPITAL	140291	29404	1	10/17/1979	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2013	12/31/2013		20.00		
21.00	Type of Control (see instructions)					1		21.00			
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N		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)							22.01			
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N		23.00	
			In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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.		989	320	5	0	148	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.		0	0	0	0	0	0		25.00	
						Urban/Rural S	Date of Geogr				
						1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00			
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00			
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/23/2014 8:17 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					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.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/23/2014 8:17 am			
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20		
				1.00			
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01		
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			N	63.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	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		
<u>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</u>							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140291		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/23/2014 8:17 am	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
					1.00	2.00	3.00
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.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
					V		XIX
					1.00		2.00
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			Y		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)						106.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/23/2014 8:17 am		
		V	XIX			
		1.00	2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1			118.00
			Premiums	Losses	Insurance	
			1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:		453,411	2,166,558	4,128,898	118.01
			1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N			118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y			121.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		14H036	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140291		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/23/2014 8:17 am		
1.00		2.00		3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: ADVOCATE HEALTH CARE	Contractor's Name: NGS		Contractor's Number: 00130		141.00		
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box: SUITE 600				142.00		
143.00	City: DOWNERS GROVE	State: IL		Zip Code: 60515		143.00		
1.00								
144.00	Are provider based physicians' costs included in Worksheet A?						Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.						N	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.						Y	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		
161.10	CORF		N	N	N	161.10		
1.00								
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	
1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.50	169.00
		Beginning		Ending				
		1.00		2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				01/01/2013	12/31/2013	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/23/2014 8:17 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/07/2014	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	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.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/30/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/23/2014 8:17 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been 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?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			Y	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.	SCOTT		MI TCHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	6309295761		SCOTT.MI TCHELL@ADVOCATEHEALTH.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/30/2014	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140291

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2014 8:17 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	151	55,115	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)		151	55,115	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	18	6,570	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)		169	61,685	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		169				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: 140291

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2014 8:17 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	14,467	1,105	28,819			1.00
2.00 HMO and other (see instructions)	906	148				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	14,467	1,105	28,819			7.00
8.00 INTENSIVE CARE UNIT	2,941	209	5,068			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		138	2,776			13.00
14.00 Total (see instructions)	17,408	1,452	36,663	0.00	1,076.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,076.00	27.00
28.00 Observation Bed Days		250	5,143			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			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: 140291

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2014 8:17 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,758	309	8,835	1.00
2.00 HMO and other (see instructions)			177			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	3,758	309	8,835	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140291

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

Worksheet S-3
Part II
Date/Time Prepared:
5/23/2014 8:17 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	74,987,865	0	74,987,865	2,238,080.00	33.51
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		212,567	0	212,567	4,293.00	49.51
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		162,303	0	162,303	4,705.24	34.49
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		1,106,923	0	1,106,923	9,540.25	116.03
14.00	Home office salaries & wage-related costs		7,559,035	0	7,559,035	114,483.00	66.03
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		21,850,503	0	21,850,503		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		21,204	0	21,204		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,005,978	0	2,005,978	16,640.00	120.55
27.00	Administrative & General	5.00	12,798,562	0	12,798,562	418,080.00	30.61
28.00	Administrative & General under contract (see inst.)		657,362	0	657,362	3,379.00	194.54
29.00	Maintenance & Repairs	6.00	1,340,879	0	1,340,879	43,680.00	30.70
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00
31.00	Laundry & Linen Service	8.00	43,471	0	43,471	2,080.00	20.90
32.00	Housekeeping	9.00	1,506,100	0	1,506,100	99,840.00	15.09
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,450,363	0	1,450,363	79,040.00	18.35
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,879,525	0	1,879,525	41,600.00	45.18
39.00	Central Services and Supply	14.00	429,826	0	429,826	24,960.00	17.22
40.00	Pharmacy	15.00	3,163,392	0	3,163,392	70,720.00	44.73
41.00	Medical Records & Medical Records Library	16.00	1,364,669	0	1,364,669	24,080.00	56.67

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140291

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

Worksheet S-3
Part II
Date/Time Prepared:
5/23/2014 8:17 am

		Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Social Service	17.00	384,503	0	384,503	10,400.00	36.97	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140291

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

Worksheet S-3
Part III
Date/Time Prepared:
5/23/2014 8:17 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	75,645,227	0	75,645,227	2,241,459.00	33.75	1.00
2.00	Excluded area salaries (see instructions)	212,567	0	212,567	4,293.00	49.51	2.00
3.00	Subtotal salaries (line 1 minus line 2)	75,432,660	0	75,432,660	2,237,166.00	33.72	3.00
4.00	Subtotal other wages & related costs (see inst.)	8,828,261	0	8,828,261	128,728.49	68.58	4.00
5.00	Subtotal wage-related costs (see inst.)	21,850,503	0	21,850,503	0.00	28.97	5.00
6.00	Total (sum of lines 3 thru 5)	106,111,424	0	106,111,424	2,365,894.49	44.85	6.00
7.00	Total overhead cost (see instructions)	27,024,630	0	27,024,630	834,499.00	32.38	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/23/2014 8:17 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,647,818	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		1,860,589	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		7,199,938	8.00
9.00	Prescription Drug Plan		1,371,616	9.00
10.00	Dental, Hearing and Vision Plan		342,582	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		111,221	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		592,684	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		2,374,200	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		5,324,851	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		80,687	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		407,201	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		558,320	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		21,871,707	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: 140291

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

Worksheet S-3
Part V
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,938,845	23,610,664	1.00
2.00	Hospital	1,938,845	23,610,664	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/23/2014 8:17 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.284666	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			4,937,663	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			28,161,280	6.00
7.00	Medicaid cost (line 1 times line 6)			8,016,559	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			3,078,896	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)			3,078,896	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	11,721,968	3,285,032	15,007,000	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,336,846	935,137	4,271,983	21.00
22.00	Partial payment by patients approved for charity care	224,639	29,775	254,414	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,112,207	905,362	4,017,569	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			9,876,000	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			660,988	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			9,215,012	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			2,623,201	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			6,640,770	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			9,719,666	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140291		Period: From 01/01/2013 To 12/31/2013		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	9,399,865	9,399,865	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	4,140,340	4,140,340	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,005,978	16,589,607	18,595,585	-79,489	18,516,096	4.00
5.01	00510	NONPATIENT TELEPHONES	201,068	608,790	809,858	-572	809,286	5.01
5.02	00511	DATA PROCESSING	0	2,275,302	2,275,302	-128,323	2,146,979	5.02
5.03	00512	PURCHASING RECEIVING AND STORES	443,683	990,258	1,433,941	-2,426	1,431,515	5.03
5.04	00513	ADMINING	2,453,731	341,453	2,795,184	-40,576	2,754,608	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	1,533,852	12,021,872	13,555,724	-111,182	13,444,542	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	8,166,228	41,889,064	50,055,292	-7,002,052	43,053,240	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,340,879	7,160,231	8,501,110	-1,161,978	7,339,132	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	43,471	3,868	47,339	0	47,339	8.00
9.00	00900	HOUSEKEEPING	1,506,100	856,383	2,362,483	-19,900	2,342,583	9.00
10.00	01000	DIETARY	1,450,363	661,523	2,111,886	-16,824	2,095,062	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,879,525	794,192	2,673,717	-18,903	2,654,814	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	429,826	2,159,822	2,589,648	-1,413,579	1,176,069	14.00
15.00	01500	PHARMACY	3,163,392	12,025,694	15,189,086	-11,286,354	3,902,732	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,364,669	1,233,378	2,598,047	-3,938	2,594,109	16.00
17.00	01700	SOCIAL SERVICE	384,503	30,376	414,879	0	414,879	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,088,638	3,154,943	17,243,581	266,698	17,510,279	30.00
31.00	03100	INTENSIVE CARE UNIT	4,861,731	1,908,064	6,769,795	-1,936,479	4,833,316	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,180,129	183,721	1,363,850	-79,908	1,283,942	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,614,226	19,817,403	25,431,629	-16,438,284	8,993,345	50.00
51.00	05100	RECOVERY ROOM	990,313	251,229	1,241,542	-106,761	1,134,781	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,767,529	1,334,765	3,102,294	-352,038	2,750,256	52.00
53.00	05300	ANESTHESIOLOGY	117,010	381,091	498,101	-368,689	129,412	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,313,675	5,164,288	9,477,963	-2,614,544	6,863,419	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	367,180	507,187	874,367	-446,834	427,533	56.00
56.01	03630	ULTRA SOUND	748,490	79,502	827,992	-18,399	809,593	56.01
57.00	05700	CT SCAN	807,695	870,982	1,678,677	-374,265	1,304,412	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	492,948	388,659	881,607	-332,716	548,891	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,241,269	3,970,041	5,211,310	-3,699,341	1,511,969	59.00
60.00	06000	LABORATORY	0	7,039,660	7,039,660	-769,451	6,270,209	60.00
60.01	06001	BLOOD LABORATORY	0	695,096	695,096	-75,204	619,892	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	1,459,887	367,960	1,827,847	-192,411	1,635,436	65.00
66.00	06600	PHYSICAL THERAPY	1,925,685	322,778	2,248,463	-135,429	2,113,034	66.00
67.00	06700	OCCUPATIONAL THERAPY	208,236	21,128	229,364	-3,031	226,333	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,025,795	1,124,352	2,150,147	-90,073	2,060,074	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	98,547	22,618	121,165	-13,225	107,940	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	16,067,771	16,067,771	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	10,354,118	10,354,118	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,170,594	11,170,594	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	533,962	88,245	622,207	-25,289	596,918	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,744,931	1,992,462	4,737,393	-1,336,572	3,400,821	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	3,820,154	1,877,492	5,697,646	-696,501	5,001,145	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140291

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

Worksheet A
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	74,775,298	151,205,479	225,980,777	7,846	225,988,623	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,326	7,355	8,681	-1,900	6,781	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	211,241	206,787	418,028	-5,946	412,082	194.00
200.00		TOTAL (SUM OF LINES 118-199)	74,987,865	151,419,621	226,407,486	0	226,407,486	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140291

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

Worksheet A
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	329,592	9,729,457	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,134,936	5,275,276	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,681,780	21,197,876	4.00
5.01	00510	NONPATIENT TELEPHONES	-380,055	429,231	5.01
5.02	00511	DATA PROCESSING	2,276,906	4,423,885	5.02
5.03	00512	PURCHASING RECEIVING AND STORES	-230,207	1,201,308	5.03
5.04	00513	ADMINISTRATIVE	0	2,754,608	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	13,444,542	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-23,966,121	19,087,119	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	7,339,132	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	47,339	8.00
9.00	00900	HOUSEKEEPING	0	2,342,583	9.00
10.00	01000	DIETARY	-391,200	1,703,862	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-17,185	2,637,629	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,176,069	14.00
15.00	01500	PHARMACY	-15,804	3,886,928	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-28,313	2,565,796	16.00
17.00	01700	SOCIAL SERVICE	0	414,879	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIALTY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-97,027	17,413,252	30.00
31.00	03100	INTENSIVE CARE UNIT	-5,375	4,827,941	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,283,942	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-834,700	8,158,645	50.00
51.00	05100	RECOVERY ROOM	0	1,134,781	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-644,175	2,106,081	52.00
53.00	05300	ANESTHESIOLOGY	-3,000	126,412	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-24,074	6,839,345	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	427,533	56.00
56.01	03630	ULTRA SOUND	0	809,593	56.01
57.00	05700	CT SCAN	0	1,304,412	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	548,891	58.00
59.00	05900	CARDIAC CATHETERIZATION	-697	1,511,272	59.00
60.00	06000	LABORATORY	-199,920	6,070,289	60.00
60.01	06001	BLOOD LABORATORY	0	619,892	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	-90	1,635,346	65.00
66.00	06600	PHYSICAL THERAPY	0	2,113,034	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	226,333	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-659,180	1,400,894	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	107,940	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,067,771	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	10,354,118	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,170,594	73.00
76.00	03020	CARDIOLOGY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	596,918	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-38,070	3,362,751	90.00
90.01	09001	WOMENS HEALTH	0	0	90.01
90.02	09002	SPINE CENTER	0	0	90.02
91.00	09100	EMERGENCY	-291,633	4,709,512	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140291

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

Worksheet A
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	-21,403,612	204,585,011	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,781	190.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	-45,058	367,024	194.00
200.00	TOTAL (SUM OF LINES 118-199)	-21,448,670	204,958,816	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
B - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	9,399,865	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,140,340	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
TOTALS			0	13,540,205	
C - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,170,594	1.00
TOTALS			0	11,170,594	
D - OXYGEN					
1.00	RESPIRATORY THERAPY	65.00	0	35,500	1.00
TOTALS			0	35,500	
F - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	26,421,889	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00	PURCHASING RECEIVING AND STORES	5.03	0	1,868	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
TOTALS			0	26,423,757		
G - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO	72.00	0	10,354,118	1.00	
	PATIENT					
TOTALS			0	10,354,118		
J - UNIVERSAL BEDS						
1.00	ADULTS & PEDIATRICS	30.00	1,066,554	364,347	1.00	
TOTALS			1,066,554	364,347		
500.00	Grand Total: Increases		1,066,554	61,888,521	500.00	

RECLASSIFICATIONS

Provider CCN: 140291

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

Worksheet A-6
Date/Time Prepared:
5/23/2014 8:17 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
B - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	79,489	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	363	9		2.00
3.00	DATA PROCESSING	5.02	0	128,318	9		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	4,294	9		4.00
5.00	ADMINISTRATIVE AND GENERAL	5.04	0	39,342	9		5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	111,070	9		6.00
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	6,993,226	9		7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	1,060,671	9		8.00
9.00	OCCUPATIONAL THERAPY	67.00	0	351	9		9.00
10.00	HOUSEKEEPING	9.00	0	3,959	9		10.00
11.00	DIETARY	10.00	0	15,638	9		11.00
12.00	NURSING ADMINISTRATION	13.00	0	14,573	9		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	110,536	9		13.00
14.00	PHARMACY	15.00	0	17,708	9		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,795	9		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	367,432	9		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	38,002	9		17.00
18.00	NURSERY	43.00	0	31,176	9		18.00
19.00	OPERATING ROOM	50.00	0	768,028	9		19.00
20.00	RECOVERY ROOM	51.00	0	68,091	9		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	62,793	9		21.00
22.00	ANESTHESIOLOGY	53.00	0	11,613	9		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,271,124	9		23.00
24.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	0	10,157	9		24.00
25.00	ULTRA SOUND	56.01	0	11,999	9		25.00
26.00	CT SCAN	57.00	0	150,450	9		26.00
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	258,061	9		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	451,034	9		28.00
29.00	LABORATORY	60.00	0	2,837	9		29.00
30.00	RESPIRATORY THERAPY	65.00	0	62,233	9		30.00
31.00	PHYSICAL THERAPY	66.00	0	105,567	9		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	75,961	9		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	11,435	9		33.00
34.00	CARDIAC REHABILITATION	76.97	0	16,624	9		34.00
35.00	CLINIC	90.00	0	1,055,853	9		35.00
36.00	EMERGENCY	91.00	0	125,040	9		36.00
37.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,362	9		37.00
38.00	TOTALS	0.00	0	0	9		38.00
C - DRUGS							
1.00	PHARMACY	15.00	0	11,170,594	0		1.00
TOTALS							
D - OXYGEN							
1.00	MAINTENANCE & REPAIRS	6.00	0	35,500	0		1.00
TOTALS							
F - MEDICAL SUPPLIES							
1.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	538	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	209	0		2.00
3.00	DATA PROCESSING	5.02	0	5	0		3.00
4.00	ADMINISTRATIVE AND GENERAL	5.04	0	1,234	0		4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	112	0		5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	8,826	0		6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	65,807	0		7.00
8.00	HOUSEKEEPING	9.00	0	0	0		8.00
9.00	DIETARY	10.00	0	15,941	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	1,186	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,330	0		11.00
12.00	PHARMACY	15.00	0	1,303,043	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	98,052	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	143	0		14.00
16.00	INTENSIVE CARE UNIT	31.00	0	796,771	0		16.00
17.00	NURSERY	43.00	0	467,576	0		17.00
18.00	OPERATING ROOM	50.00	0	48,732	0		18.00
19.00	TOTALS	0.00	0	15,670,256	0		19.00

RECLASSIFICATIONS

Provider CCN: 140291

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

Worksheet A-6

Date/Time Prepared:
5/23/2014 8:17 am

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
20.00	RECOVERY ROOM	51.00	0	38,670	0			20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	289,245	0			21.00
22.00	ANESTHESIOLOGY	53.00	0	357,076	0			22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,343,420	0			23.00
24.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.00	0	436,677	0			24.00
25.00	ULTRA SOUND	56.01	0	6,400	0			25.00
26.00	CT SCAN	57.00	0	223,815	0			26.00
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	74,655	0			27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	3,248,307	0			28.00
29.00	LABORATORY	60.00	0	766,614	0			29.00
30.00	BLOOD LABORATORY	60.01	0	75,204	0			30.00
31.00	RESPIRATORY THERAPY	65.00	0	165,678	0			31.00
32.00	PHYSICAL THERAPY	66.00	0	29,862	0			32.00
33.00	OCCUPATIONAL THERAPY	67.00	0	2,680	0			33.00
34.00	ELECTROCARDIOLOGY	69.00	0	14,112	0			34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,790	0			35.00
36.00	CARDIAC REHABILITATION	76.97	0	8,665	0			36.00
37.00	CLINIC	90.00	0	280,719	0			37.00
38.00	EMERGENCY	91.00	0	571,461	0			38.00
39.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	5,946	0			39.00
	TOTALS		0	26,423,757				
G - IMPLANTS								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,354,118	0			1.00
	TOTALS		0	10,354,118				
J - UNIVERSAL BEDS								
1.00	INTENSIVE CARE UNIT	31.00	1,066,554	364,347	0			1.00
	TOTALS		1,066,554	364,347				
500.00	Grand Total: Decreases		1,066,554	61,888,521				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140291

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

Worksheet A-7
Part I
Date/Time Prepared:
5/23/2014 8:17 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,676,896	0	0	0	1.00
2.00	Land Improvements	7,866,084	224,517	0	224,517	2.00
3.00	Buildings and Fixtures	140,469,576	1,909,020	0	1,909,020	3.00
4.00	Building Improvements	5,424,199	0	0	0	4.00
5.00	Fixed Equipment	60,173,577	6,436,404	0	6,436,404	5.00
6.00	Movable Equipment	336,766	0	0	0	6.00
7.00	HIT designated Assets	454,996	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	220,402,094	8,569,941	0	8,569,941	8.00
9.00	Reconciling Items	-1,355,578	-7,212,756	0	-7,212,756	9.00
10.00	Total (line 8 minus line 9)	221,757,672	15,782,697	0	15,782,697	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,676,896	0			1.00
2.00	Land Improvements	8,079,823	3,688,776			2.00
3.00	Buildings and Fixtures	139,430,044	29,447,867			3.00
4.00	Building Improvements	5,424,199	1,530,120			4.00
5.00	Fixed Equipment	66,489,209	39,139,311			5.00
6.00	Movable Equipment	336,766	245,824			6.00
7.00	HIT designated Assets	454,996	0			7.00
8.00	Subtotal (sum of lines 1-7)	225,891,933	74,051,898			8.00
9.00	Reconciling Items	-8,568,334	0			9.00
10.00	Total (line 8 minus line 9)	234,460,267	74,051,898			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140291

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

Worksheet A-7
Part II
Date/Time Prepared:
5/23/2014 8:17 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140291

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

Worksheet A-7
Part III
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2	0	2	0.666667	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1	0	1	0.333333	0	2.00
3.00	Total (sum of lines 1-2)	3	0	3	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	9,729,457	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,275,276	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,004,733	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	9,729,457	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,275,276	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	15,004,733	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140291

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

Worksheet A-8

Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst.	A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)		0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-380,055	NONPATIENT TELEPHONES	5.01		0	7.00
8.00 Television and radio service (chapter 21)		0		0.00		0	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,559,523				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	-4,450,966				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests		0		0.00		0	14.00
15.00 Rental of quarters to employee and others		0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00 Sale of drugs to other than patients		0		0.00		0	17.00
18.00 Sale of medical records and abstracts	A	-8,723	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 - NEW CAP REL COSTS-BLDG & FIXT	A	49,032	NEW CAP REL COSTS-BLDG & FIXT	1.00		9	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-31,925	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9	27.00
28.00 Non-physician Anesthetist			ONONPHYSICIAN ANESTHETISTS	19.00			28.00
29.00 Physicians' assistant			0	0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		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
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.00 INTERCOMPANY INTEREST	A	-3,008,791	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.00
34.00 MEDICAID PROVIDER TAX	A	-5,407,430	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 34.00
35.00		0		0.00	0 35.00
36.00 ELIMINATE AHA/IHS/MCHC LOBBYING	A	-35,291	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 36.00
37.00 ELIMINATE CENTER 1090/1093/1099/1120	A	-461,865	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 37.00
37.50		0		0.00	0 37.50
38.00		0		0.00	0 38.00
39.00		0		0.00	0 39.00
39.02 MISC INCOME	B	-2,641	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 39.02
39.03 MISC INCOME	B	-230,207	PURCHASING RECEIVING AND STORES	5.03	0 39.03
40.00 MISC INCOME	B	-1,275,576	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 40.00
41.00 MISC INCOME	B	-18,097	CLINIC	90.00	0 41.00
42.00 MISC INCOME	B	-391,200	DIETARY	10.00	0 42.00
43.00 MISC INCOME	B	-1,270	NURSING ADMINISTRATION	13.00	0 43.00
45.00 MISC INCOME	B	-15,804	PHARMACY	15.00	0 45.00
45.01 MISC INCOME	B	-19,590	MEDICAL RECORDS & LIBRARY	16.00	0 45.01
45.02 MISC INCOME	B	-6,413	ADULTS & PEDIATRICS	30.00	0 45.02
45.03 MISC INCOME	B	-34,558	OTHER NONREIMBURSABLE COST CENTERS	194.00	0 45.03
45.04 MISC INCOME	B	-12,564	RADIOLOGY-DIAGNOSTIC	54.00	0 45.04
45.05 MISC INCOME	B	-199,920	LABORATORY	60.00	0 45.05
45.06 MISC INCOME	B	-90	RESPIRATORY THERAPY	65.00	0 45.06
45.08 MISC INCOME	B	-637	ELECTROCARDIOLOGY	69.00	0 45.08
45.09 MISC INCOME	B	-697	CARDIAC CATHETERIZATION	59.00	0 45.09
45.10		0		0.00	0 45.10
45.13		0		0.00	0 45.13
45.16 NONALLOWABLE	A	-2,702,654	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.16
45.48 HBP	A	-15,915	NURSING ADMINISTRATION	13.00	0 45.48
45.49 HBP	A	-214,800	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 45.49
45.50 HBP	A	-10,500	OTHER NONREIMBURSABLE COST CENTERS	194.00	0 45.50
45.51		0		0.00	0 45.51
45.52		0		0.00	0 45.52
45.53		0		0.00	0 45.53
45.54		0		0.00	0 45.54
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-21,448,670		0.00	0 50.00

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

Provider CCN: 140291

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

Worksheet A-8-1

Date/Time Prepared: 5/23/2014 8:17 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPL BENEFITS	2,684,421	0 1.00
2.00	5.02	DATA PROCESSING	DATA PROCESSING	2,276,906	0 2.00
3.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW BLDG	280,560	0 3.00
4.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW EQUIP	1,166,861	0 4.00
4.01	5.06	OTHER ADMINISTRATIVE AND GEN	A&G	4,541,564	15,401,278 4.01
4.02	0.00			0	0 4.02
4.03	0.00			0	0 4.03
5.00	0			10,950,312	15,401,278 5.00

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

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

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

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

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

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

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

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

Provider CCN: 140291

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

Worksheet A-8-1

Date/Time Prepared:
5/23/2014 8:17 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	2,684,421	0		1.00
2.00	2,276,906	0		2.00
3.00	280,560	9		3.00
4.00	1,166,861	9		4.00
4.01	-10,859,714	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
5.00	-4,450,966			5.00

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

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

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

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

6.00	HEALTH CARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140291

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

Worksheet A-8-2

Date/Time Prepared:
5/23/2014 8:17 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	90,614	90,614	0	194,500	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	5,375	5,375	0	154,100	0	2.00
3.00	50.00	OPERATING ROOM	834,700	834,700	0	204,100	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	644,175	644,175	0	194,500	0	4.00
5.00	91.00	EMERGENCY	291,633	291,633	0	171,400	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	658,543	658,543	0	171,400	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	11,510	11,510	0	171,400	0	7.00
8.00	53.00	ANESTHESIOLOGY	3,000	3,000	0	171,400	0	8.00
9.00	90.00	CLINIC	19,973	19,973	0	171,400	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,559,523	2,559,523	0		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	4.00
5.00	91.00	EMERGENCY	0	0	0	0	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	90.00	CLINIC	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	90,614	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	5,375	2.00
3.00	50.00	OPERATING ROOM	0	0	0	834,700	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	644,175	4.00
5.00	91.00	EMERGENCY	0	0	0	291,633	5.00
6.00	69.00	ELECTROCARDIOLOGY	0	0	0	658,543	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	11,510	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	3,000	8.00
9.00	90.00	CLINIC	0	0	0	19,973	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	0	0	2,559,523	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	9,729,457	9,729,457			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	5,275,276		5,275,276		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	21,197,876	69,825	37,859	21,305,560	4.00
5.01 00510	NONPATIENT TELEPHONES	429,231	68,010	36,875	58,698	592,814
5.02 00511	DATA PROCESSING	4,423,885	33,714	18,280	0	0
5.03 00512	PURCHASING RECEIVING AND STORES	1,201,308	133,554	72,412	129,524	3,614
5.04 00513	ADMINISTRATIVE	2,754,608	56,167	30,454	716,315	19,986
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	13,444,542	66,219	35,903	447,776	12,493
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	19,087,119	491,916	266,715	2,383,959	66,514
6.00 00600	MAINTENANCE & REPAIRS	7,339,132	2,680,552	1,453,387	391,441	10,921
8.00 00800	LAUNDRY & LINEN SERVICE	47,339	0	0	12,690	354
9.00 00900	HOUSEKEEPING	2,342,583	267,946	145,279	439,674	12,267
10.00 01000	DIETARY	1,703,862	291,655	158,134	423,403	11,813
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	2,637,629	26,455	14,344	548,688	15,309
14.00 01400	CENTRAL SERVICES & SUPPLY	1,176,069	118,965	64,503	125,479	3,501
15.00 01500	PHARMACY	3,886,928	70,709	38,338	923,486	25,766
16.00 01600	MEDICAL RECORDS & LIBRARY	2,565,796	108,914	59,053	398,386	11,115
17.00 01700	SOCIAL SERVICE	414,879	3,141	1,703	112,248	3,132
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	17,413,252	1,335,052	723,860	4,424,272	123,452
31.00 03100	INTENSIVE CARE UNIT	4,827,941	199,703	108,278	1,107,922	30,912
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	1,283,942	71,430	38,729	344,514	9,612
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	8,158,645	614,674	333,274	1,638,955	45,728
51.00 05100	RECOVERY ROOM	1,134,781	6,003	3,255	289,101	8,066
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,106,081	28,456	15,429	515,993	14,397
53.00 05300	ANESTHESIOLOGY	126,412	16,380	8,881	34,159	953
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,839,345	1,087,023	589,380	1,259,287	35,135
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	427,533	33,924	18,393	107,190	2,991
56.01 03630	ULTRA SOUND	809,593	7,003	3,797	218,506	6,096
57.00 05700	CT SCAN	1,304,412	29,526	16,009	235,790	6,579
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	548,891	15,915	8,629	143,906	4,015
59.00 05900	CARDIAC CATHETERIZATION	1,511,272	111,008	60,188	362,362	10,110
60.00 06000	LABORATORY	6,070,289	182,090	98,728	0	0
60.01 06001	BLOOD LABORATORY	619,892	12,076	6,547	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
62.01 06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,635,346	9,493	5,147	426,183	11,891
66.00 06600	PHYSICAL THERAPY	2,113,034	78,155	42,375	562,163	15,685
67.00 06700	OCCUPATIONAL THERAPY	226,333	4,560	2,473	60,790	1,696
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	1,400,894	47,558	25,786	299,459	8,355
70.00 07000	ELECTROENCEPHALOGRAPHY	107,940	5,491	2,977	28,769	803
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,067,771	0	0	0	0
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	10,354,118	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	11,170,594	0	0	0	0
76.00 03020	CARDIOLOGY	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	596,918	26,664	14,457	155,879	4,349
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	3,362,751	692,177	375,296	801,325	22,357
90.01 09001	WOMENS HEALTH	0	0	0	0	0
90.02 09002	SPINE CENTER	0	0	0	0	0
91.00 09100	EMERGENCY	4,709,512	532,075	288,489	1,115,214	31,115
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES			
		NEW BLDG & FIXT	NEW MVBLE EQUIP					
101.00	10100 HOME HEALTH AGENCY	0	1.00	2.00	4.00	5.01	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	204,585,011	9,634,178	5,223,616	21,243,506	591,082		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,781	90,044	48,822	387	11		190.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	367,024	5,235	2,838	61,667	1,721		194.00
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers		0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	204,958,816	9,729,457	5,275,276	21,305,560	592,814		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING	4,475,879				5.02
5.03	00512	PURCHASING RECEIVING AND STORES	0	1,540,412			5.03
5.04	00513	ADMINITTING	0	1,743	3,579,273		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	609	0	14,007,542	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	15,001	0	0	22,311,224
6.00	00600	MAINTENANCE & REPAIRS	0	21,265	0	0	11,896,698
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	60,383
9.00	00900	HOUSEKEEPING	0	11,877	0	0	3,219,626
10.00	01000	DIETARY	0	57,813	0	0	2,646,680
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	2,533	0	0	3,244,958
14.00	01400	CENTRAL SERVICES & SUPPLY	0	85,789	0	0	1,574,306
15.00	01500	PHARMACY	0	8,086	0	0	4,953,313
16.00	01600	MEDICAL RECORDS & LIBRARY	0	852	0	0	3,144,116
17.00	01700	SOCIAL SERVICE	0	101	0	0	535,204
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	320,562	58,024	567,472	1,003,230	25,969,176
31.00	03100	INTENSIVE CARE UNIT	95,061	25,720	168,300	297,503	6,861,340
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	41,815	2,799	74,031	130,864	1,997,736
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	678,591	824,218	430,596	2,123,565	14,848,246
51.00	05100	RECOVERY ROOM	74,051	2,142	41,870	231,749	1,791,018
52.00	05200	DELIVERY ROOM & LABOR ROOM	80,195	15,534	129,981	250,977	3,157,043
53.00	05300	ANESTHESIOLOGY	131,655	18,176	74,391	412,027	823,034
54.00	05400	RADIOLOGY-DIAGNOSTIC	384,692	71,807	110,123	1,203,929	11,580,721
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	53,183	22,234	13,483	166,442	845,373
56.01	03630	ULTRA SOUND	81,625	355	26,275	255,454	1,408,704
57.00	05700	CT SCAN	288,055	11,381	123,604	901,497	2,916,853
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	117,907	3,941	39,392	369,002	1,251,598
59.00	05900	CARDIAC CATHETERIZATION	149,689	166,717	124,354	468,465	2,964,165
60.00	06000	LABORATORY	350,233	38,854	297,048	1,096,087	8,133,329
60.01	06001	BLOOD LABORATORY	29,047	3,812	37,172	90,906	799,452
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	96,695	8,772	155,328	302,617	2,651,472
66.00	06600	PHYSICAL THERAPY	61,700	2,838	48,556	193,096	3,117,602
67.00	06700	OCCUPATIONAL THERAPY	7,229	139	9,903	22,625	335,748
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	101,659	2,441	56,651	318,151	2,260,954
70.00	07000	ELECTROENCEPHALOGRAPHY	3,450	180	2,838	10,798	163,246
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	173,023	0	180,711	541,492	16,962,997
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	190,839	0	225,476	597,249	11,367,682
73.00	07300	DRUGS CHARGED TO PATIENTS	597,007	0	538,922	1,868,391	14,174,914
76.00	03020	CARDIOLOGY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	8,587	842	723	26,873	835,292
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	101,730	20,043	905	318,373	5,694,957
90.01	09001	WOMENS HEALTH	0	0	0	0	0
90.02	09002	SPINE CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	257,599	33,077	101,168	806,180	7,874,429
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
111.00	11100	INLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,475,879	1,539,715	3,579,273	14,007,542	204,373,589	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	27	0	0	146,072	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	670	0	0	439,155	194.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,475,879	1,540,412	3,579,273	14,007,542	204,958,816	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMINITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	22,311,224				5.06
6.00	00600	MAINTENANCE & REPAIRS	1,453,229	13,349,927			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,376	0	67,759		8.00
9.00	00900	HOUSEKEEPING	393,290	583,580	0	4,196,496	9.00
10.00	01000	DIETARY	323,303	635,219	0	208,806	3,814,008
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	396,385	57,618	0	18,940	0
14.00	01400	CENTRAL SERVICES & SUPPLY	192,308	259,104	0	85,172	0
15.00	01500	PHARMACY	605,067	154,003	0	50,623	0
16.00	01600	MEDICAL RECORDS & LIBRARY	384,066	237,212	0	77,975	0
17.00	01700	SOCIAL SERVICE	65,377	6,841	0	2,249	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,172,328	2,907,717	53,263	955,811	2,998,006
31.00	03100	INTENSIVE CARE UNIT	838,140	434,949	9,366	142,974	527,218
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	244,031	155,574	5,130	51,140	288,784
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,813,773	1,338,748	0	440,067	0
51.00	05100	RECOVERY ROOM	218,780	13,074	0	4,298	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	385,645	61,976	0	20,373	0
53.00	05300	ANESTHESIOLOGY	100,537	35,676	0	11,727	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,414,631	2,367,513	0	778,238	0
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	103,266	73,885	0	24,287	0
56.01	03630	ULTRA SOUND	172,079	15,253	0	5,014	0
57.00	05700	CT SCAN	356,305	64,307	0	21,139	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	152,888	34,662	0	11,394	0
59.00	05900	CARDIAC CATHETERIZATION	362,085	241,773	0	79,475	0
60.00	06000	LABORATORY	993,519	396,587	0	130,364	0
60.01	06001	BLOOD LABORATORY	97,656	26,301	0	8,645	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	323,888	20,676	0	6,796	0
66.00	06600	PHYSICAL THERAPY	380,828	170,219	0	55,954	0
67.00	06700	OCCUPATIONAL THERAPY	41,013	9,932	0	3,265	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	276,185	103,581	0	34,049	0
70.00	07000	ELECTROENCEPHALOGRAPHY	19,941	11,959	0	3,931	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,072,098	0	0	0	0
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,388,608	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,731,522	0	0	0	0
76.00	03020	CARDIOLOGY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	102,034	58,074	0	19,090	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	695,662	1,507,548	0	495,554	0
90.01	09001	WOMENS HEALTH	0	0	0	0	0
90.02	09002	SPI NE CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	961,893	1,158,849	0	380,932	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
111.00	11100	0	0	0	0	0	111.00
118.00		22,239,736	13,142,410	67,759	4,128,282	3,814,008	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	17,843	196,115	0	64,466	0	190.00
194.00	07950	53,645	11,402	0	3,748	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		22,311,224	13,349,927	67,759	4,196,496	3,814,008	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
12.00	01200	0					12.00
13.00	01300	0	3,717,901				13.00
14.00	01400	0	1,063	2,111,953			14.00
15.00	01500	0	0	0	5,763,006		15.00
16.00	01600	0	9,837	11	0	3,853,217	16.00
17.00	01700	0	29,988	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	1,565,049	68,059	62,325	275,972	30.00
31.00	03100	0	375,562	33,371	29,477	81,838	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	137,599	3,909	1,843	35,999	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	580,065	1,257,110	73,535	584,131	50.00
51.00	05100	0	99,747	3,102	6,506	63,750	51.00
52.00	05200	0	228,048	23,204	12,592	69,040	52.00
53.00	05300	0	18,230	28,646	17,100	113,342	53.00
54.00	05400	0	87,609	107,773	52,990	331,181	54.00
56.00	03450	0	0	35,032	5,202	45,786	56.00
56.01	03630	0	167	513	83	70,271	56.01
57.00	05700	0	30	17,955	8,102	247,987	57.00
58.00	05800	0	490	5,989	719	101,506	58.00
59.00	05900	0	11,795	260,589	7,611	128,867	59.00
60.00	06000	0	0	61,500	0	301,515	60.00
60.01	06001	0	0	6,033	0	25,007	60.01
62.00	06200	0	0	0	0	0	62.00
62.01	06201	0	0	0	0	0	62.01
65.00	06500	0	735	13,291	43	83,245	65.00
66.00	06600	0	9	2,396	22	53,117	66.00
67.00	06700	0	19	215	0	6,224	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	55,016	1,132	538	87,518	69.00
70.00	07000	0	0	144	0	2,970	70.00
71.00	07100	0	0	63,570	900	148,956	71.00
71.30	07101	0	0	0	0	0	71.30
72.00	07200	0	0	40,964	0	164,293	72.00
73.00	07300	0	0	7,866	5,391,294	513,964	73.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	0	27,009	695	0	7,392	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	59,509	22,520	12,251	87,579	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
91.00	09100	0	430,207	45,844	79,873	221,767	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
111.00	11100	0	0	0	0	0	111.00
118.00		0	3,717,783	2,111,433	5,763,006	3,853,217	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	43	0	0	190.00
194.00	07950	0	118	477	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		0	3,717,901	2,111,953	5,763,006	3,853,217	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description	INTERNS & RESIDENTS				
	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS
	17.00	19.00	20.00	21.00	22.00
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00510 NONPATIENT TELEPHONES					5.01
5.02 00511 DATA PROCESSING					5.02
5.03 00512 PURCHASING RECEIVING AND STORES					5.03
5.04 00513 ADMIN TTING					5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE	639,659				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0	0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	502,805	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	88,421	0	0	0	31.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	42.00
43.00 04300 NURSERY	48,433	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	56.00
56.01 03630 ULTRA SOUND	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 03020 RADIOLOGY	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	90.00
90.01 09001 WOMENS HEALTH	0	0	0	0	90.01
90.02 09002 SPINE CENTER	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS			
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
				17.00	19.00		20.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	639,659	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments		0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	639,659	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMITTING					5.04
5.05	00514	CASHERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	38,530,511	0	38,530,511	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,422,656	0	9,422,656	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	2,970,178	0	2,970,178	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	20,935,675	0	20,935,675	50.00
51.00	05100	RECOVERY ROOM	0	2,200,275	0	2,200,275	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,957,921	0	3,957,921	52.00
53.00	05300	ANESTHESIOLOGY	0	1,148,292	0	1,148,292	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,720,656	0	16,720,656	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	1,132,831	0	1,132,831	56.00
56.01	03630	ULTRA SOUND	0	1,672,084	0	1,672,084	56.01
57.00	05700	CT SCAN	0	3,632,678	0	3,632,678	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,559,246	0	1,559,246	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,056,360	0	4,056,360	59.00
60.00	06000	LABORATORY	0	10,016,814	0	10,016,814	60.00
60.01	06001	BLOOD LABORATORY	0	963,094	0	963,094	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	3,100,146	0	3,100,146	65.00
66.00	06600	PHYSICAL THERAPY	0	3,780,147	0	3,780,147	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	396,416	0	396,416	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,818,973	0	2,818,973	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	202,191	0	202,191	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,248,521	0	19,248,521	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	12,961,547	0	12,961,547	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,819,560	0	21,819,560	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,049,586	0	1,049,586	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	8,575,580	0	8,575,580	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	11,153,794	0	11,153,794	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140291

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	204,025,732	0	204,025,732
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	424,539	0	424,539
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	508,545	0	508,545
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	204,958,816	0	204,958,816

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	69,825	37,859	107,684	107,684 4.00
5.01 00510	NONPATIENT TELEPHONES	0	68,010	36,875	104,885	297 5.01
5.02 00511	DATA PROCESSING	0	33,714	18,280	51,994	0 5.02
5.03 00512	PURCHASING RECEIVING AND STORES	0	133,554	72,412	205,966	654 5.03
5.04 00513	ADMITTING	0	56,167	30,454	86,621	3,619 5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	0	66,219	35,903	102,122	2,262 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	491,916	266,715	758,631	12,045 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	2,680,552	1,453,387	4,133,939	1,978 6.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	64 8.00
9.00 00900	HOUSEKEEPING	0	267,946	145,279	413,225	2,221 9.00
10.00 01000	DIETARY	0	291,655	158,134	449,789	2,139 10.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	26,455	14,344	40,799	2,772 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	118,965	64,503	183,468	634 14.00
15.00 01500	PHARMACY	0	70,709	38,338	109,047	4,666 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	108,914	59,053	167,967	2,013 16.00
17.00 01700	SOCIAL SERVICE	0	3,141	1,703	4,844	567 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,335,052	723,860	2,058,912	22,390 30.00
31.00 03100	INTENSIVE CARE UNIT	0	199,703	108,278	307,981	5,598 31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	71,430	38,729	110,159	1,741 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	614,674	333,274	947,948	8,281 50.00
51.00 05100	RECOVERY ROOM	0	6,003	3,255	9,258	1,461 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	28,456	15,429	43,885	2,607 52.00
53.00 05300	ANESTHESIOLOGY	0	16,380	8,881	25,261	173 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	1,087,023	589,380	1,676,403	6,363 54.00
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	33,924	18,393	52,317	542 56.00
56.01 03630	ULTRA SOUND	0	7,003	3,797	10,800	1,104 56.01
57.00 05700	CT SCAN	0	29,526	16,009	45,535	1,191 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	15,915	8,629	24,544	727 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	111,008	60,188	171,196	1,831 59.00
60.00 06000	LABORATORY	0	182,090	98,728	280,818	0 60.00
60.01 06001	BLOOD LABORATORY	0	12,076	6,547	18,623	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
62.01 06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0 62.01
65.00 06500	RESPIRATORY THERAPY	0	9,493	5,147	14,640	2,153 65.00
66.00 06600	PHYSICAL THERAPY	0	78,155	42,375	120,530	2,840 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	4,560	2,473	7,033	307 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	47,558	25,786	73,344	1,513 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	5,491	2,977	8,468	145 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 71.30
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00 03020	CARDIOLOGY	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	26,664	14,457	41,121	788 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	692,177	375,296	1,067,473	4,049 90.00
90.01 09001	WOMENS HEALTH	0	0	0	0	0 90.01
90.02 09002	SPINE CENTER	0	0	0	0	0 90.02
91.00 09100	EMERGENCY	0	532,075	288,489	820,564	5,635 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	9,634,178	5,223,616	14,857,794
					107,370	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	90,044	48,822	138,866
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	5,235	2,838	8,073
200.00		Cross Foot Adjustments				0
201.00		Negative Cost Centers		0	0	0
202.00		TOTAL (sum lines 118-201)	0	9,729,457	5,275,276	15,004,733
					107,684	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140291		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/23/2014 8:17 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES	105,182					5.01
5.02	00511	DATA PROCESSING	0	51,994				5.02
5.03	00512	PURCHASING RECEIVING AND STORES	641	0	207,261			5.03
5.04	00513	ADMINISTRATIVE	3,546	0	234	94,020		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	2,216	0	82	0	106,682	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	11,800	0	2,018	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,938	0	2,861	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	63	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,176	0	1,598	0	0	9.00
10.00	01000	DIETARY	2,096	0	7,778	0	0	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,716	0	341	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	621	0	11,542	0	0	14.00
15.00	01500	PHARMACY	4,571	0	1,088	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,972	0	115	0	0	16.00
17.00	01700	SOCIAL SERVICE	556	0	14	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,912	3,707	7,807	14,783	7,618	30.00
31.00	03100	INTENSIVE CARE UNIT	5,484	1,099	3,460	4,428	2,259	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,705	484	377	1,948	994	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,113	8,077	110,904	11,328	16,441	50.00
51.00	05100	RECOVERY ROOM	1,431	856	288	1,102	1,760	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,554	927	2,090	3,420	1,906	52.00
53.00	05300	ANESTHESIOLOGY	169	1,523	2,445	1,957	3,129	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,233	4,449	9,661	2,897	9,142	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	531	615	2,991	355	1,264	56.00
56.01	03630	ULTRA SOUND	1,082	944	48	691	1,940	56.01
57.00	05700	CT SCAN	1,167	3,331	1,531	3,252	6,845	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	712	1,364	530	1,036	2,802	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,794	1,731	22,430	3,272	3,557	59.00
60.00	06000	LABORATORY	0	4,051	5,228	7,815	8,323	60.00
60.01	06001	BLOOD LABORATORY	0	336	513	978	690	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	2,110	1,118	1,180	4,086	2,298	65.00
66.00	06600	PHYSICAL THERAPY	2,783	714	382	1,277	1,466	66.00
67.00	06700	OCCUPATIONAL THERAPY	301	84	19	261	172	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,482	1,176	328	1,490	2,416	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	142	40	24	75	82	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,001	0	4,754	4,112	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,207	0	5,932	4,535	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,905	0	14,178	14,187	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	772	99	113	19	204	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	3,966	1,177	2,697	24	2,418	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	5,520	2,979	4,450	2,662	6,122	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
111.00	11100	0	0	0	0	0	111.00
118.00		104,875	51,994	207,167	94,020	106,682	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	2	0	4	0	0	190.00
194.00	07950	305	0	90	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		105,182	51,994	207,261	94,020	106,682	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	6.00	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
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560	784,494					5.06
6.00	00600	51,096	4,191,812				6.00
8.00	00800	259	0	386			8.00
9.00	00900	13,828	183,241	0	616,289		9.00
10.00	01000	11,367	199,456	0	30,665	703,290	10.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	13,937	18,092	0	2,781	0	13.00
14.00	01400	6,762	81,357	0	12,508	0	14.00
15.00	01500	21,274	48,356	0	7,434	0	15.00
16.00	01600	13,504	74,484	0	11,451	0	16.00
17.00	01700	2,299	2,148	0	330	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	111,563	913,009	304	140,373	552,822	30.00
31.00	03100	29,469	136,572	53	20,997	97,217	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	8,580	48,849	29	7,510	53,251	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	63,773	420,360	0	64,627	0	50.00
51.00	05100	7,692	4,105	0	631	0	51.00
52.00	05200	13,559	19,460	0	2,992	0	52.00
53.00	05300	3,535	11,202	0	1,722	0	53.00
54.00	05400	49,739	743,388	0	114,291	0	54.00
56.00	03450	3,631	23,200	0	3,567	0	56.00
56.01	03630	6,050	4,789	0	736	0	56.01
57.00	05700		20,192	0	3,104	0	57.00
58.00	05800	5,376	10,884	0	1,673	0	58.00
59.00	05900	12,731	75,916	0	11,671	0	59.00
60.00	06000	34,933	124,526	0	19,145	0	60.00
60.01	06001	3,434	8,258	0	1,270	0	60.01
62.00	06200	0	0	0	0	0	62.00
62.01	06201	0	0	0	0	0	62.01
65.00	06500	11,388	6,492	0	998	0	65.00
66.00	06600	13,390	53,448	0	8,217	0	66.00
67.00	06700	1,442	3,119	0	479	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	9,711	32,524	0	5,000	0	69.00
70.00	07000	701	3,755	0	577	0	70.00
71.00	07100	72,856	0	0	0	0	71.00
71.30	07101	0	0	0	0	0	71.30
72.00	07200	48,824	0	0	0	0	72.00
73.00	07300	60,881	0	0	0	0	73.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	3,588	18,235	0	2,804	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	24,460	473,363	0	72,776	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
91.00	09100	33,821	363,873	0	55,943	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/23/2014 8:17 am				
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00		
111.00	11100	ASSET ACQUISITION	0	0	0	0	111.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	781,981	4,126,653	386	606,272	703,290	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	627	61,579	0	9,467	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	1,886	3,580	0	550	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)	784,494	4,191,812	386	616,289	703,290	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B Part II Date/Time Prepared: 5/23/2014 8:17 am

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
6.00	00600						6.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
12.00	01200	0					12.00
13.00	01300	0	81,438				13.00
14.00	01400	0	23	296,915			14.00
15.00	01500	0	0	0	196,436		15.00
16.00	01600	0	215	2	0	271,723	16.00
17.00	01700	0	657	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	34,282	9,568	2,124	19,451	30.00
31.00	03100	0	8,226	4,691	1,005	5,768	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	3,014	550	63	2,537	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	12,706	176,738	2,506	41,311	50.00
51.00	05100	0	2,185	436	222	4,493	51.00
52.00	05200	0	4,995	3,262	429	4,866	52.00
53.00	05300	0	399	4,027	583	7,989	53.00
54.00	05400	0	1,919	15,151	1,806	23,342	54.00
56.00	03450	0	0	4,925	177	3,227	56.00
56.01	03630	0	4	72	3	4,953	56.01
57.00	05700	0	1	2,524	276	17,479	57.00
58.00	05800	0	11	842	25	7,154	58.00
59.00	05900	0	258	36,634	259	9,083	59.00
60.00	06000	0	0	8,646	0	21,251	60.00
60.01	06001	0	0	848	0	1,763	60.01
62.00	06200	0	0	0	0	0	62.00
62.01	06201	0	0	0	0	0	62.01
65.00	06500	0	16	1,869	1	5,867	65.00
66.00	06600	0	0	337	1	3,744	66.00
67.00	06700	0	0	30	0	439	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	1,205	159	18	6,168	69.00
70.00	07000	0	0	20	0	209	70.00
71.00	07100	0	0	8,937	31	10,499	71.00
71.30	07101	0	0	0	0	0	71.30
72.00	07200	0	0	5,759	0	11,580	72.00
73.00	07300	0	0	1,106	183,766	36,225	73.00
76.00	03020	0	0	0	0	0	76.00
76.97	07697	0	592	98	0	521	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	1,304	3,166	418	6,173	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
91.00	09100	0	9,423	6,445	2,723	15,631	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
111.00	11100	0	0	0	0	0	111.00
118.00		0	81,435	296,842	196,436	271,723	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	6	0	0	190.00
194.00	07950	0	3	67	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		0	81,438	296,915	196,436	271,723	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140291		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/23/2014 8:17 am	
Cost Center Description		INTERNS & RESIDENTS					
		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES		SERVICES-OTHER PRGM COSTS
		17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMINISTRATIVE					5.04
5.05	00514	CASHERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	11,415				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
20.00	02000	NURSING SCHOOL	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0			0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,973				30.00
31.00	03100	INTENSIVE CARE UNIT	1,578				31.00
40.00	04000	SUBPROVIDER - I PF	0				40.00
41.00	04100	SUBPROVIDER - I RF	0				41.00
42.00	04200	SUBPROVIDER	0				42.00
43.00	04300	NURSERY	864				43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0				50.00
51.00	05100	RECOVERY ROOM	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0				52.00
53.00	05300	ANESTHESIOLOGY	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0				54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0				56.00
56.01	03630	ULTRA SOUND	0				56.01
57.00	05700	CT SCAN	0				57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	0				59.00
60.00	06000	LABORATORY	0				60.00
60.01	06001	BLOOD LABORATORY	0				60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0				62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0				62.01
65.00	06500	RESPIRATORY THERAPY	0				65.00
66.00	06600	PHYSICAL THERAPY	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	0				67.00
68.00	06800	SPEECH PATHOLOGY	0				68.00
69.00	06900	ELECTROCARDIOLOGY	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0				71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0				71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0				73.00
76.00	03020	CARDIOLOGY	0				76.00
76.97	07697	CARDIAC REHABILITATION	0				76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0				89.00
90.00	09000	CLINIC	0				90.00
90.01	09001	WOMENS HEALTH	0				90.01
90.02	09002	SPI NE CENTER	0				90.02
91.00	09100	EMERGENCY	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0				92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0				99.10
101.00	10100	HOME HEALTH AGENCY	0				101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0				109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				17.00	19.00	
110.00 11000 INTESTINAL ACQUISITION	0					110.00
111.00 11100 ISLET ACQUISITION	0					111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	11,415	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0					194.00
200.00 Cross Foot Adjustments		0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	11,415	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/23/2014 8:17 am
Cost Center Description	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00510	NONPATIENT TELEPHONES				5.01
5.02 00511	DATA PROCESSING				5.02
5.03 00512	PURCHASING RECEIVING AND STORES				5.03
5.04 00513	ADMITTING				5.04
5.05 00514	CASHERING/ACCOUNTS RECEIVABLE				5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00 00600	MAINTENANCE & REPAIRS				6.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
12.00 01200	MAINTENANCE OF PERSONNEL				12.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000	NURSING SCHOOL				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	3,929,598	0	3,929,598	30.00
31.00 03100	INTENSIVE CARE UNIT	635,885	0	635,885	31.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	42.00
43.00 04300	NURSERY	242,655	0	242,655	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	1,893,113	0	1,893,113	50.00
51.00 05100	RECOVERY ROOM	35,920	0	35,920	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	106,952	0	106,952	52.00
53.00 05300	ANESTHESIOLOGY	64,114	0	64,114	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,664,784	0	2,664,784	54.00
56.00 03450	NUCLEAR MEDICINE - DIAGNOSTIC	97,342	0	97,342	56.00
56.01 03630	ULTRA SOUND	33,216	0	33,216	56.01
57.00 05700	CT SCAN	118,956	0	118,956	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	57,680	0	57,680	58.00
59.00 05900	CARDIAC CATHETERIZATION	352,363	0	352,363	59.00
60.00 06000	LABORATORY	514,736	0	514,736	60.00
60.01 06001	BLOOD LABORATORY	36,713	0	36,713	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
62.01 06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	62.01
65.00 06500	RESPIRATORY THERAPY	54,216	0	54,216	65.00
66.00 06600	PHYSICAL THERAPY	209,129	0	209,129	66.00
67.00 06700	OCCUPATIONAL THERAPY	13,686	0	13,686	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	136,534	0	136,534	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	14,238	0	14,238	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	103,190	0	103,190	71.00
71.30 07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	71.30
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	78,837	0	78,837	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	317,248	0	317,248	73.00
76.00 03020	CARDIOLOGY	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	68,954	0	68,954	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000	CLINIC	1,663,464	0	1,663,464	90.00
90.01 09001	WOMENS HEALTH	0	0	0	90.01
90.02 09002	SPI NE CENTER	0	0	0	90.02
91.00 09100	EMERGENCY	1,335,791	0	1,335,791	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910	CORF	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140291

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	14,779,314	0	14,779,314
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		210,553	0	210,553
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS		14,866	0	14,866
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	15,004,733	0	15,004,733

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (GROSS SALARIES)	DATA PROCESSING (GROSS REVENUES)	
	NEW BLDG & FIXT (BLDG SQFT)	NEW MVBLE EQUIP (BLDG SQFT)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	418,161					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		418,161				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	3,001	3,001	72,981,887			4.00
5.01 00510 NONPATIENT TELEPHONES	2,923	2,923	201,068	72,780,819		5.01
5.02 00511 DATA PROCESSING	1,449	1,449	0	0	709,114,476	5.02
5.03 00512 PURCHASING RECEIVING AND STORES	5,740	5,740	443,683	443,683	0	5.03
5.04 00513 ADMINISTRATION	2,414	2,414	2,453,731	2,453,731	0	5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	2,846	2,846	1,533,852	1,533,852	0	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	21,142	21,142	8,166,228	8,166,228	0	5.06
6.00 00600 MAINTENANCE & REPAIRS	115,207	115,207	1,340,879	1,340,879	0	6.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	43,471	43,471	0	8.00
9.00 00900 HOUSEKEEPING	11,516	11,516	1,506,100	1,506,100	0	9.00
10.00 01000 DIETARY	12,535	12,535	1,450,363	1,450,363	0	10.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	1,137	1,137	1,879,525	1,879,525	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	5,113	5,113	429,826	429,826	0	14.00
15.00 01500 PHARMACY	3,039	3,039	3,163,392	3,163,392	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,681	4,681	1,364,669	1,364,669	0	16.00
17.00 01700 SOCIAL SERVICE	135	135	384,503	384,503	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	57,379	57,379	15,155,192	15,155,192	50,786,194	30.00
31.00 03100 INTENSIVE CARE UNIT	8,583	8,583	3,795,177	3,795,177	15,060,382	31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	3,070	3,070	1,180,129	1,180,129	6,624,698	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	26,418	26,418	5,614,226	5,614,226	107,515,948	50.00
51.00 05100 RECOVERY ROOM	258	258	990,313	990,313	11,731,747	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,223	1,223	1,767,529	1,767,529	12,705,128	52.00
53.00 05300 ANESTHESIOLOGY	704	704	117,010	117,010	20,857,889	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	46,719	46,719	4,313,675	4,313,675	60,946,083	54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	1,458	1,458	367,180	367,180	8,425,760	56.00
56.01 03630 ULTRA SOUND	301	301	748,490	748,490	12,931,764	56.01
57.00 05700 CT SCAN	1,269	1,269	807,695	807,695	45,636,167	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	684	684	492,948	492,948	18,679,850	58.00
59.00 05900 CARDIAC CATHETERIZATION	4,771	4,771	1,241,269	1,241,269	23,714,934	59.00
60.00 06000 LABORATORY	7,826	7,826	0	0	55,486,827	60.00
60.01 06001 BLOOD LABORATORY	519	519	0	0	4,601,907	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00 06500 RESPIRATORY THERAPY	408	408	1,459,887	1,459,887	15,319,291	65.00
66.00 06600 PHYSICAL THERAPY	3,359	3,359	1,925,685	1,925,685	9,775,017	66.00
67.00 06700 OCCUPATIONAL THERAPY	196	196	208,236	208,236	1,145,315	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	2,044	2,044	1,025,795	1,025,795	16,105,672	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	236	236	98,547	98,547	546,632	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	27,411,781	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	30,234,309	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	94,582,929	73.00
76.00 03020 RADIOLOGY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	1,146	1,146	533,962	533,962	1,360,383	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	29,749	29,749	2,744,931	2,744,931	16,116,909	90.00
90.01 09001 WOMENS HEALTH	0	0	0	0	0	90.01
90.02 09002 SPINE CENTER	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	22,868	22,868	3,820,154	3,820,154	40,810,960	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (BLDG SQFT)	NEW MVBLE EQUIP (BLDG SQFT)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (GROSS SALARIES)	DATA PROCESSING (GROSS REVENUES)	
	1.00	2.00	4.00	5.01	5.02	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	414,066	414,066	72,769,320	72,568,252	709,114,476	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,870	3,870	1,326	1,326	0	190.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	225	225	211,241	211,241	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	9,729,457	5,275,276	21,305,560	592,814	4,475,879	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	23.267251	12.615418	0.291929	0.008145	0.006312	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			107,684	105,182	51,994	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001475	0.001445	0.000073	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY \$)	ADMITTING (IP REVENUES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING RECEIVING AND STORES	30,392,956					5.03
5.04	00513	ADMITTING	34,382	320,298,588				5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	12,016	0	709,114,476			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	295,969	0	0	-22,311,224	182,647,592	5.06
6.00	00600	MAINTENANCE & REPAIRS	419,570	0	0	0	11,896,698	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	60,383	8.00
9.00	00900	HOUSEKEEPING	234,345	0	0	0	3,219,626	9.00
10.00	01000	DIETARY	1,140,687	0	0	0	2,646,680	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	49,982	0	0	0	3,244,958	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,692,657	0	0	0	1,574,306	14.00
15.00	01500	PHARMACY	159,537	0	0	0	4,953,313	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16,814	0	0	0	3,144,116	16.00
17.00	01700	SOCIAL SERVICE	1,993	0	0	0	535,204	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,144,841	50,786,194	50,786,194	0	25,969,176	30.00
31.00	03100	INTENSIVE CARE UNIT	507,476	15,060,382	15,060,382	0	6,861,340	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	55,220	6,624,698	6,624,698	0	1,997,736	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,262,071	38,532,125	107,515,948	0	14,848,246	50.00
51.00	05100	RECOVERY ROOM	42,270	3,746,755	11,731,747	0	1,791,018	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	306,502	11,631,421	12,705,128	0	3,157,043	52.00
53.00	05300	ANESTHESIOLOGY	358,618	6,656,951	20,857,889	0	823,034	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,416,781	9,854,376	60,946,083	0	11,580,721	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	438,689	1,206,493	8,425,760	0	845,373	56.00
56.01	03630	ULTRA SOUND	6,996	2,351,266	12,931,764	0	1,408,704	56.01
57.00	05700	CT SCAN	224,559	11,060,772	45,636,167	0	2,916,853	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	77,767	3,524,997	18,679,850	0	1,251,598	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,289,410	11,127,846	23,714,934	0	2,964,165	59.00
60.00	06000	LABORATORY	766,614	26,581,467	55,486,827	0	8,133,329	60.00
60.01	06001	BLOOD LABORATORY	75,204	3,326,389	4,601,907	0	799,452	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	173,077	13,899,562	15,319,291	0	2,651,472	65.00
66.00	06600	PHYSICAL THERAPY	55,998	4,345,039	9,775,017	0	3,117,602	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,745	886,151	1,145,315	0	335,748	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	48,170	5,069,405	16,105,672	0	2,260,954	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,560	253,980	546,632	0	163,246	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,170,982	27,411,781	0	16,962,997	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	20,176,848	30,234,309	0	11,367,682	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	48,225,718	94,582,929	0	14,174,914	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	16,607	64,672	1,360,383	0	835,292	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	395,457	81,026	16,116,909	0	5,694,957	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	652,622	9,053,073	40,810,960	0	7,874,429	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY \$)	ADMINITTING (IP REVENUES)	CASHERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	30,379,206	320,298,588	709,114,476	-22,311,224	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	538	0	0	146,072	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	13,212	0	0	439,155	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,540,412	3,579,273	14,007,542	22,311,224	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.050683	0.011175	0.019754	0.122154	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	207,261	94,020	106,682	784,494	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.006819	0.000294	0.000150	0.004295	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description		MAINTENANCE & REPAIRS (BLDG SQFT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (BLDG SQFT)	DIETARY (PATIENT DAYS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		6.00	8.00	9.00	10.00	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMINISTRATIVE					5.04
5.05	00514	CASHERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	263,439				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	36,663			8.00
9.00	00900	HOUSEKEEPING	11,516	0	251,923		9.00
10.00	01000	DIETARY	12,535	0	12,535	36,663	10.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,137	0	1,137	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,113	0	5,113	0	14.00
15.00	01500	PHARMACY	3,039	0	3,039	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,681	0	4,681	0	16.00
17.00	01700	SOCIAL SERVICE	135	0	135	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	57,379	28,819	57,379	28,819	30.00
31.00	03100	INTENSIVE CARE UNIT	8,583	5,068	8,583	5,068	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,070	2,776	3,070	2,776	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,418	0	26,418	0	50.00
51.00	05100	RECOVERY ROOM	258	0	258	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,223	0	1,223	0	52.00
53.00	05300	ANESTHESIOLOGY	704	0	704	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,719	0	46,719	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,458	0	1,458	0	56.00
56.01	03630	ULTRA SOUND	301	0	301	0	56.01
57.00	05700	CT SCAN	1,269	0	1,269	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	684	0	684	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,771	0	4,771	0	59.00
60.00	06000	LABORATORY	7,826	0	7,826	0	60.00
60.01	06001	BLOOD LABORATORY	519	0	519	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	408	0	408	0	65.00
66.00	06600	PHYSICAL THERAPY	3,359	0	3,359	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	196	0	196	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,044	0	2,044	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	236	0	236	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,146	0	1,146	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	29,749	0	29,749	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	90.02
91.00	09100	EMERGENCY	22,868	0	22,868	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description		MAINTENANCE & REPAIRS (BLDG SQFT)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (BLDG SQFT)	DIETARY (PATIENT DAYS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		6.00	8.00	9.00	10.00	12.00	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		259,344	36,663	247,828	36,663	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	3,870	0	3,870	0	0	190.00
194.00	07950	225	0	225	0	0	194.00
200.00							200.00
201.00							201.00
202.00		13,349,927	67,759	4,196,496	3,814,008	0	202.00
203.00		50.675591	1.848158	16.657852	104.028803	0.000000	203.00
204.00		4,191,812	386	616,289	703,290	0	204.00
205.00		15.911889	0.010528	2.446339	19.182555	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description			NURSING ADMINISTRATION (NURS. HOURS)	CENTRAL SERVICES & SUPPLY (MED SUPPLY \$)	PHARMACY (DRUG \$)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	1,602,570					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	458	26,326,107				14.00
15.00	01500	PHARMACY	0	0	12,013,584			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,240	143	0	709,114,476		16.00
17.00	01700	SOCIAL SERVICE	12,926	0	0	0	36,663	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	674,602	848,370	129,924	50,786,194	28,819	30.00
31.00	03100	INTENSIVE CARE UNIT	161,883	415,977	61,447	15,060,382	5,068	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	59,311	48,732	3,842	6,624,698	2,776	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	250,032	15,670,256	153,291	107,515,948	0	50.00
51.00	05100	RECOVERY ROOM	42,995	38,670	13,563	11,731,747	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	98,298	289,245	26,250	12,705,128	0	52.00
53.00	05300	ANESTHESIOLOGY	7,858	357,076	35,647	20,857,889	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,763	1,343,420	110,463	60,946,083	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	436,677	10,844	8,425,760	0	56.00
56.01	03630	ULTRA SOUND	72	6,400	172	12,931,764	0	56.01
57.00	05700	CT SCAN	13	223,815	16,890	45,636,167	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	211	74,655	1,499	18,679,850	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,084	3,248,307	15,865	23,714,934	0	59.00
60.00	06000	LABORATORY	0	766,614	0	55,486,827	0	60.00
60.01	06001	BLOOD LABORATORY	0	75,204	0	4,601,907	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	317	165,678	89	15,319,291	0	65.00
66.00	06600	PHYSICAL THERAPY	4	29,862	46	9,775,017	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	8	2,680	0	1,145,315	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	23,714	14,112	1,122	16,105,672	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,790	0	546,632	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	792,411	1,876	27,411,781	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	510,632	0	30,234,309	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	98,052	11,238,711	94,582,929	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	11,642	8,665	0	1,360,383	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	25,651	280,719	25,539	16,116,909	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	185,437	571,461	166,504	40,810,960	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description		NURSING ADMINISTRATION (NURS. HOURS)	CENTRAL SERVICES & SUPPLY (MED SUPPLY \$)	PHARMACY (DRUG \$)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,602,519	26,319,623	12,013,584	709,114,476	36,663
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	538	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	51	5,946	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)	3,717,901	2,111,953	5,763,006	3,853,217	639,659
203.00		Unit cost multiplier (Wkst. B, Part I)	2.319962	0.080223	0.479707	0.005434	17.446990
204.00		Cost to be allocated (per Wkst. B, Part II)	81,438	296,915	196,436	271,723	11,415
205.00		Unit cost multiplier (Wkst. B, Part II)	0.050817	0.011278	0.016351	0.000383	0.311349

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			19.00	20.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00511 DATA PROCESSING						5.02
5.03 00512 PURCHASING RECEIVING AND STORES						5.03
5.04 00513 ADMITTING						5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0					19.00
20.00 02000 NURSING SCHOOL		0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD			0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD				0		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)					0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS			0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT			0	0	0	31.00
40.00 04000 SUBPROVIDER - IPF			0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF			0	0	0	41.00
42.00 04200 SUBPROVIDER			0	0	0	42.00
43.00 04300 NURSERY			0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.00
56.01 03630 ULTRA SOUND	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0	0	62.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03020 RADIOLOGY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOMENS HEALTH	0	0	0	0	0	90.01
90.02 09002 SPINE CENTER	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140291

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

Worksheet B-1

Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)		
			SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
			19.00	20.00			21.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140291

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2014 8:17 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	38,530,511		38,530,511	0	38,530,511	30.00
31.00	03100 INTENSIVE CARE UNIT	9,422,656		9,422,656	0	9,422,656	31.00
40.00	04000 SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	2,970,178		2,970,178	0	2,970,178	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	20,935,675		20,935,675	0	20,935,675	50.00
51.00	05100 RECOVERY ROOM	2,200,275		2,200,275	0	2,200,275	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,957,921		3,957,921	0	3,957,921	52.00
53.00	05300 ANESTHESIOLOGY	1,148,292		1,148,292	0	1,148,292	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,720,656		16,720,656	0	16,720,656	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	1,132,831		1,132,831	0	1,132,831	56.00
56.01	03630 ULTRA SOUND	1,672,084		1,672,084	0	1,672,084	56.01
57.00	05700 CT SCAN	3,632,678		3,632,678	0	3,632,678	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,559,246		1,559,246	0	1,559,246	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,056,360		4,056,360	0	4,056,360	59.00
60.00	06000 LABORATORY	10,016,814		10,016,814	0	10,016,814	60.00
60.01	06001 BLOOD LABORATORY	963,094		963,094	0	963,094	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
62.01	06201 BLOOD CLOTTING FACTORS ADMIN COST	0		0	0	0	62.01
65.00	06500 RESPIRATORY THERAPY	3,100,146	0	3,100,146	0	3,100,146	65.00
66.00	06600 PHYSICAL THERAPY	3,780,147	0	3,780,147	0	3,780,147	66.00
67.00	06700 OCCUPATIONAL THERAPY	396,416	0	396,416	0	396,416	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,818,973		2,818,973	0	2,818,973	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	202,191		202,191	0	202,191	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,248,521		19,248,521	0	19,248,521	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	12,961,547		12,961,547	0	12,961,547	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	21,819,560		21,819,560	0	21,819,560	73.00
76.00	03020 RADIOLOGY	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	1,049,586		1,049,586	0	1,049,586	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	8,575,580		8,575,580	0	8,575,580	90.00
90.01	09001 WOMENS HEALTH	0		0	0	0	90.01
90.02	09002 SPINE CENTER	0		0	0	0	90.02
91.00	09100 EMERGENCY	11,153,794		11,153,794	0	11,153,794	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,834,836		5,834,836	0	5,834,836	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
200.00	Subtotal (see instructions)	209,860,568	0	209,860,568	0	209,860,568	200.00
201.00	Less Observation Beds	5,834,836		5,834,836	0	5,834,836	201.00
202.00	Total (see instructions)	204,025,732	0	204,025,732	0	204,025,732	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140291

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2014 8:17 am

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	50,786,194		50,786,194		30.00
31.00	03100	INTENSIVE CARE UNIT	15,060,382		15,060,382		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	6,624,698		6,624,698		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	38,532,125	68,983,823	107,515,948	0.194722	50.00
51.00	05100	RECOVERY ROOM	3,746,755	7,984,992	11,731,747	0.187549	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,631,421	1,073,707	12,705,128	0.311522	52.00
53.00	05300	ANESTHESIOLOGY	6,656,951	14,200,938	20,857,889	0.055053	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,854,376	51,091,707	60,946,083	0.274352	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,206,493	7,219,267	8,425,760	0.134449	56.00
56.01	03630	ULTRA SOUND	2,351,266	10,580,498	12,931,764	0.129301	56.01
57.00	05700	CT SCAN	11,060,772	34,575,395	45,636,167	0.079601	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,524,997	15,154,853	18,679,850	0.083472	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,127,846	12,587,088	23,714,934	0.171047	59.00
60.00	06000	LABORATORY	26,581,467	28,905,360	55,486,827	0.180526	60.00
60.01	06001	BLOOD LABORATORY	3,326,389	1,275,518	4,601,907	0.209282	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0.000000	62.01
65.00	06500	RESPIRATORY THERAPY	13,899,562	1,419,729	15,319,291	0.202369	65.00
66.00	06600	PHYSICAL THERAPY	4,345,039	5,429,978	9,775,017	0.386715	66.00
67.00	06700	OCCUPATIONAL THERAPY	886,151	259,164	1,145,315	0.346120	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,069,405	11,036,267	16,105,672	0.175030	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	253,980	292,652	546,632	0.369885	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,170,982	11,240,799	27,411,781	0.702199	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,176,848	10,057,461	30,234,309	0.428703	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,225,718	46,357,211	94,582,929	0.230692	73.00
76.00	03020	CARDIOLOGY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	64,672	1,295,711	1,360,383	0.771537	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	81,026	16,035,883	16,116,909	0.532086	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0.000000	90.01
90.02	09002	SPI NE CENTER	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	9,053,073	31,757,887	40,810,960	0.273304	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,371,685	6,234,774	7,606,459	0.767090	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	321,670,273	395,050,662	716,720,935		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	321,670,273	395,050,662	716,720,935		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/23/2014 8:17 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.194722		50.00
51.00	05100 RECOVERY ROOM	0.187549		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.311522		52.00
53.00	05300 ANESTHESIOLOGY	0.055053		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.274352		54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.134449		56.00
56.01	03630 ULTRA SOUND	0.129301		56.01
57.00	05700 CT SCAN	0.079601		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.083472		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.171047		59.00
60.00	06000 LABORATORY	0.180526		60.00
60.01	06001 BLOOD LABORATORY	0.209282		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
62.01	06201 BLOOD CLOTTING FACTORS ADMIN COST	0.000000		62.01
65.00	06500 RESPIRATORY THERAPY	0.202369		65.00
66.00	06600 PHYSICAL THERAPY	0.386715		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.346120		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.175030		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.369885		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.702199		71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.428703		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.230692		73.00
76.00	03020 RADIOLOGY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.771537		76.97
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.532086		90.00
90.01	09001 WOMENS HEALTH	0.000000		90.01
90.02	09002 SPINE CENTER	0.000000		90.02
91.00	09100 EMERGENCY	0.273304		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.767090		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140291

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2014 8:17 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	38,530,511		38,530,511	0	38,530,511	30.00
31.00	03100 INTENSIVE CARE UNIT	9,422,656		9,422,656	0	9,422,656	31.00
40.00	04000 SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	2,970,178		2,970,178	0	2,970,178	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	20,935,675		20,935,675	0	20,935,675	50.00
51.00	05100 RECOVERY ROOM	2,200,275		2,200,275	0	2,200,275	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,957,921		3,957,921	0	3,957,921	52.00
53.00	05300 ANESTHESIOLOGY	1,148,292		1,148,292	0	1,148,292	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,720,656		16,720,656	0	16,720,656	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	1,132,831		1,132,831	0	1,132,831	56.00
56.01	03630 ULTRA SOUND	1,672,084		1,672,084	0	1,672,084	56.01
57.00	05700 CT SCAN	3,632,678		3,632,678	0	3,632,678	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,559,246		1,559,246	0	1,559,246	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,056,360		4,056,360	0	4,056,360	59.00
60.00	06000 LABORATORY	10,016,814		10,016,814	0	10,016,814	60.00
60.01	06001 BLOOD LABORATORY	963,094		963,094	0	963,094	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
62.01	06201 BLOOD CLOTTING FACTORS ADMIN COST	0		0	0	0	62.01
65.00	06500 RESPIRATORY THERAPY	3,100,146	0	3,100,146	0	3,100,146	65.00
66.00	06600 PHYSICAL THERAPY	3,780,147	0	3,780,147	0	3,780,147	66.00
67.00	06700 OCCUPATIONAL THERAPY	396,416	0	396,416	0	396,416	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,818,973		2,818,973	0	2,818,973	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	202,191		202,191	0	202,191	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,248,521		19,248,521	0	19,248,521	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0		0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	12,961,547		12,961,547	0	12,961,547	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	21,819,560		21,819,560	0	21,819,560	73.00
76.00	03020 RADIOLOGY	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	1,049,586		1,049,586	0	1,049,586	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	8,575,580		8,575,580	0	8,575,580	90.00
90.01	09001 WOMENS HEALTH	0		0	0	0	90.01
90.02	09002 SPINE CENTER	0		0	0	0	90.02
91.00	09100 EMERGENCY	11,153,794		11,153,794	0	11,153,794	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,834,836		5,834,836	0	5,834,836	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
200.00	Subtotal (see instructions)	209,860,568	0	209,860,568	0	209,860,568	200.00
201.00	Less Observation Beds	5,834,836		5,834,836	0	5,834,836	201.00
202.00	Total (see instructions)	204,025,732	0	204,025,732	0	204,025,732	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140291

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2014 8:17 am

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	50,786,194		50,786,194		30.00
31.00	03100	INTENSIVE CARE UNIT	15,060,382		15,060,382		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	6,624,698		6,624,698		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	38,532,125	68,983,823	107,515,948	0.194722	50.00
51.00	05100	RECOVERY ROOM	3,746,755	7,984,992	11,731,747	0.187549	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,631,421	1,073,707	12,705,128	0.311522	52.00
53.00	05300	ANESTHESIOLOGY	6,656,951	14,200,938	20,857,889	0.055053	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,854,376	51,091,707	60,946,083	0.274352	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,206,493	7,219,267	8,425,760	0.134449	56.00
56.01	03630	ULTRA SOUND	2,351,266	10,580,498	12,931,764	0.129310	56.01
57.00	05700	CT SCAN	11,060,772	34,575,395	45,636,167	0.079601	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,524,997	15,154,853	18,679,850	0.083472	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,127,846	12,587,088	23,714,934	0.171047	59.00
60.00	06000	LABORATORY	26,581,467	28,905,360	55,486,827	0.180526	60.00
60.01	06001	BLOOD LABORATORY	3,326,389	1,275,518	4,601,907	0.209282	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0	0.000000	62.01
65.00	06500	RESPIRATORY THERAPY	13,899,562	1,419,729	15,319,291	0.202369	65.00
66.00	06600	PHYSICAL THERAPY	4,345,039	5,429,978	9,775,017	0.386715	66.00
67.00	06700	OCCUPATIONAL THERAPY	886,151	259,164	1,145,315	0.346120	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,069,405	11,036,267	16,105,672	0.175030	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	253,980	292,652	546,632	0.369885	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,170,982	11,240,799	27,411,781	0.702199	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0.000000	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	20,176,848	10,057,461	30,234,309	0.428703	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,225,718	46,357,211	94,582,929	0.230692	73.00
76.00	03020	CARDIOLOGY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	64,672	1,295,711	1,360,383	0.771537	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	81,026	16,035,883	16,116,909	0.532086	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0.000000	90.01
90.02	09002	SPI NE CENTER	0	0	0	0.000000	90.02
91.00	09100	EMERGENCY	9,053,073	31,757,887	40,810,960	0.273304	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,371,685	6,234,774	7,606,459	0.767090	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	321,670,273	395,050,662	716,720,935		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	321,670,273	395,050,662	716,720,935		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/23/2014 8:17 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		56.00
56.01	03630 ULTRA SOUND	0.000000		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
62.01	06201 BLOOD CLOTTING FACTORS ADMIN COST	0.000000		62.01
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000		71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03020 RADIOLOGY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 WOMENS HEALTH	0.000000		90.01
90.02	09002 SPINE CENTER	0.000000		90.02
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/23/2014 8:17 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,929,598	0	3,929,598	33,962	115.71	30.00
31.00	INTENSIVE CARE UNIT	635,885		635,885	5,068	125.47	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	242,655		242,655	2,776	87.41	43.00
200.00	Total (Lines 30-199)	4,808,138		4,808,138	41,806		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	14,467	1,673,977				
31.00	INTENSIVE CARE UNIT	2,941	369,007				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	17,408	2,042,984				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/23/2014 8:17 am
--	--	----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital 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	1,893,113	107,515,948	0.017608	16,163,604	284,609	50.00
51.00	05100 RECOVERY ROOM	35,920	11,731,747	0.003062	1,519,529	4,653	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	106,952	12,705,128	0.008418	0	0	52.00
53.00	05300 ANESTHESIOLOGY	64,114	20,857,889	0.003074	2,553,459	7,849	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,664,784	60,946,083	0.043724	5,969,783	261,023	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	97,342	8,425,760	0.011553	651,487	7,527	56.00
56.01	03630 ULTRA SOUND	33,216	12,931,764	0.002569	1,233,573	3,169	56.01
57.00	05700 CT SCAN	118,956	45,636,167	0.002607	5,984,930	15,603	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	57,680	18,679,850	0.003088	1,699,388	5,248	58.00
59.00	05900 CARDIAC CATHETERIZATION	352,363	23,714,934	0.014858	4,928,774	73,232	59.00
60.00	06000 LABORATORY	514,736	55,486,827	0.009277	14,221,822	131,936	60.00
60.01	06001 BLOOD LABORATORY	36,713	4,601,907	0.007978	1,530,599	12,211	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
62.01	06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0.000000	0	0	62.01
65.00	06500 RESPIRATORY THERAPY	54,216	15,319,291	0.003539	8,414,422	29,779	65.00
66.00	06600 PHYSICAL THERAPY	209,129	9,775,017	0.021394	2,892,762	61,888	66.00
67.00	06700 OCCUPATIONAL THERAPY	13,686	1,145,315	0.011950	597,829	7,144	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	136,534	16,105,672	0.008477	2,723,352	23,086	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	14,238	546,632	0.026047	134,256	3,497	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	103,190	27,411,781	0.003764	7,699,440	28,981	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	78,837	30,234,309	0.002608	8,863,775	23,117	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	317,248	94,582,929	0.003354	24,075,220	80,748	73.00
76.00	03020 RADIOLOGY	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	68,954	1,360,383	0.050687	25,949	1,315	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	1,663,464	16,116,909	0.103212	72,628	7,496	90.00
90.01	09001 WOMENS HEALTH	0	0	0.000000	0	0	90.01
90.02	09002 SPINE CENTER	0	0	0.000000	0	0	90.02
91.00	09100 EMERGENCY	1,335,791	40,810,960	0.032731	4,854,648	158,897	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	595,077	7,606,459	0.078233	822,033	64,310	92.00
200.00	Total (lines 50-199)	10,566,253	644,249,661		117,633,262	1,297,318	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/23/2014 8:17 am
---	--	----------------------	---	---

Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
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	33,962	0.00	14,467	0		30.00
31.00	03100	INTENSIVE CARE UNIT	5,068	0.00	2,941	0		31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	2,776	0.00	0	0		43.00
200.00		Total (lines 30-199)	41,806		17,408	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140291

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

Worksheet D
Part IV
Date/Time Prepared:
5/23/2014 8:17 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
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACTORS ADMIN COST	0	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	CARDIOLOGY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOMENS HEALTH	0	0	0	0	0	90.01
90.02	09002	SPI NE CENTER	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/23/2014 8:17 am
--	----------------------	---------------------------------------	---

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	107,515,948	0.000000	0.000000	16,163,604	50.00
51.00	05100	RECOVERY ROOM	0	11,731,747	0.000000	0.000000	1,519,529	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,705,128	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	20,857,889	0.000000	0.000000	2,553,459	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	60,946,083	0.000000	0.000000	5,969,783	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	8,425,760	0.000000	0.000000	651,487	56.00
56.01	03630	ULTRA SOUND	0	12,931,764	0.000000	0.000000	1,233,573	56.01
57.00	05700	CT SCAN	0	45,636,167	0.000000	0.000000	5,984,930	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	18,679,850	0.000000	0.000000	1,699,388	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,714,934	0.000000	0.000000	4,928,774	59.00
60.00	06000	LABORATORY	0	55,486,827	0.000000	0.000000	14,221,822	60.00
60.01	06001	BLOOD LABORATORY	0	4,601,907	0.000000	0.000000	1,530,599	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0.000000	0.000000	0	62.01
65.00	06500	RESPIRATORY THERAPY	0	15,319,291	0.000000	0.000000	8,414,422	65.00
66.00	06600	PHYSICAL THERAPY	0	9,775,017	0.000000	0.000000	2,892,762	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,145,315	0.000000	0.000000	597,829	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	16,105,672	0.000000	0.000000	2,723,352	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	546,632	0.000000	0.000000	134,256	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,411,781	0.000000	0.000000	7,699,440	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0	0	0.000000	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	30,234,309	0.000000	0.000000	8,863,775	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	94,582,929	0.000000	0.000000	24,075,220	73.00
76.00	03020	CARDIOLOGY	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,360,383	0.000000	0.000000	25,949	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	16,116,909	0.000000	0.000000	72,628	90.00
90.01	09001	WOMENS HEALTH	0	0	0.000000	0.000000	0	90.01
90.02	09002	SPI NE CENTER	0	0	0.000000	0.000000	0	90.02
91.00	09100	EMERGENCY	0	40,810,960	0.000000	0.000000	4,854,648	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,606,459	0.000000	0.000000	822,033	92.00
200.00		Total (lines 50-199)	0	644,249,661			117,633,262	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140291

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

Worksheet D
Part IV
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	17,797,025	0		50.00
51.00	05100 RECOVERY ROOM	0	1,332,996	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	3,482,314	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	17,466,778	0		54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	2,943,763	0		56.00
56.01	03630 ULTRA SOUND	0	2,654,154	0		56.01
57.00	05700 CT SCAN	0	10,404,206	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,911,414	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	3,731,796	0		59.00
60.00	06000 LABORATORY	0	1,355,536	0		60.00
60.01	06001 BLOOD LABORATORY	0	666,362	0		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
62.01	06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0	0		62.01
65.00	06500 RESPIRATORY THERAPY	0	757,665	0		65.00
66.00	06600 PHYSICAL THERAPY	0	121,339	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	16,118	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,673,121	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	103,329	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,075,907	0		71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0	0	0		71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	4,306,878	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	18,365,048	0		73.00
76.00	03020 RADIOLOGY	0	0	0		76.00
76.97	07697 CARDIAC REHABILITATION	0	606,388	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	3,498,536	0		90.00
90.01	09001 WOMENS HEALTH	0	0	0		90.01
90.02	09002 SPINE CENTER	0	0	0		90.02
91.00	09100 EMERGENCY	0	6,498,512	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,500,073	0		92.00
200.00	Total (lines 50-199)	0	109,269,258	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/23/2014 8:17 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	0.194722	17,797,025	0	0	3,465,472	50.00
51.00	05100	RECOVERY ROOM	0.187549	1,332,996	0	0	250,002	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.311522	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.055053	3,482,314	0	0	191,712	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.274352	17,466,778	0	0	4,792,045	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.134449	2,943,763	0	0	395,786	56.00
56.01	03630	ULTRA SOUND	0.129301	2,654,154	0	0	343,185	56.01
57.00	05700	CT SCAN	0.079601	10,404,206	0	0	828,185	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.083472	3,911,414	0	0	326,494	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.171047	3,731,796	0	0	638,313	59.00
60.00	06000	LABORATORY	0.180526	1,355,536	0	0	244,709	60.00
60.01	06001	BLOOD LABORATORY	0.209282	666,362	0	0	139,458	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	0	0	0	62.01
65.00	06500	RESPIRATORY THERAPY	0.202369	757,665	0	0	153,328	65.00
66.00	06600	PHYSICAL THERAPY	0.386715	121,339	0	0	46,924	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.346120	16,118	0	0	5,579	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.175030	3,673,121	0	0	642,906	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.369885	103,329	0	0	38,220	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.702199	3,075,907	0	0	2,159,899	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.428703	4,306,878	0	0	1,846,372	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.230692	18,365,048	0	39,743	4,236,670	73.00
76.00	03020	CARDIOLOGY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.771537	606,388	0	0	467,851	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.532086	3,498,536	0	0	1,861,522	90.00
90.01	09001	WOMENS HEALTH	0.000000	0	0	0	0	90.01
90.02	09002	SPINE CENTER	0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY	0.273304	6,498,512	0	0	1,776,069	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.767090	2,500,073	0	0	1,917,781	92.00
200.00		Subtotal (see instructions)		109,269,258	0	39,743	26,768,482	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		109,269,258	0	39,743	26,768,482	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/23/2014 8:17 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
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.00
56.01 03630 ULTRA SOUND	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
62.01 06201 BLOOD CLOTTING FACTORS ADMIN COST	0	0		62.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0		71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	9,168		73.00
76.00 03020 RADIOLOGY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOMENS HEALTH	0	0		90.01
90.02 09002 SPINE CENTER	0	0		90.02
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	9,168		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	9,168		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/23/2014 8:17 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.194722	0	0	1,818,092	0	50.00
51.00	05100 RECOVERY ROOM	0.187549	0	0	208,124	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.311522	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.055053	0	0	468,579	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.274352	0	0	1,346,686	0	54.00
56.00	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.134449	0	0	129,817	0	56.00
56.01	03630 ULTRA SOUND	0.129301	0	0	677,793	0	56.01
57.00	05700 CT SCAN	0.079601	0	0	1,619,191	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.083472	0	0	535,098	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.171047	0	0	160,144	0	59.00
60.00	06000 LABORATORY	0.180526	0	0	1,604,924	0	60.00
60.01	06001 BLOOD LABORATORY	0.209282	0	0	23,060	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
62.01	06201 BLOOD CLOTTING FACTORS ADMIN COST	0.000000	0	0	0	0	62.01
65.00	06500 RESPIRATORY THERAPY	0.202369	0	0	66,986	0	65.00
66.00	06600 PHYSICAL THERAPY	0.386715	0	0	234,219	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.346120	0	0	10,242	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.175030	0	0	268,243	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.369885	0	0	29,850	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.702199	0	0	276,328	0	71.00
71.30	07101 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	71.30
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.428703	0	0	109,472	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.230692	0	0	2,573,234	0	73.00
76.00	03020 RADIOLOGY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.771537	0	0	7,758	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.532086	0	0	1,786,716	0	90.00
90.01	09001 WOMENS HEALTH	0.000000	0	0	0	0	90.01
90.02	09002 SPINE CENTER	0.000000	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.273304	0	0	3,166,266	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.767090	0	0	311,861	0	92.00
200.00	Subtotal (see instructions)		0	0	17,432,683	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	17,432,683	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/23/2014 8:17 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	354,023		50.00
51.00 05100 RECOVERY ROOM	0	39,033		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	25,797		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	369,466		54.00
56.00 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	17,454		56.00
56.01 03630 ULTRA SOUND	0	87,639		56.01
57.00 05700 CT SCAN	0	128,889		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	44,666		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	27,392		59.00
60.00 06000 LABORATORY	0	289,731		60.00
60.01 06001 BLOOD LABORATORY	0	4,826		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
62.01 06201 BLOOD CLOTTING FACOTRS ADMIN COST	0	0		62.01
65.00 06500 RESPIRATORY THERAPY	0	13,556		65.00
66.00 06600 PHYSICAL THERAPY	0	90,576		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	3,545		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	46,951		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	11,041		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	194,037		71.00
71.30 07101 IMPL. DEV. CHARGED TO PATIENT	0	0		71.30
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	46,931		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	593,624		73.00
76.00 03020 RADIOLOGY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	5,986		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	950,687		90.00
90.01 09001 WOMENS HEALTH	0	0		90.01
90.02 09002 SPINE CENTER	0	0		90.02
91.00 09100 EMERGENCY	0	865,353		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	239,225		92.00
200.00 Subtotal (see instructions)	0	4,450,428		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	4,450,428		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/23/2014 8:17 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)		33,962	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		33,962	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)		28,819	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		14,467	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)		38,530,511	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)		38,530,511	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)		38,530,511	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,134.52	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,413,101	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)		16,413,101	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291		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	9,422,656	5,068	1,859.25	2,941	5,468,054	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)					30,138,132	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					52,019,287	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,042,984	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,297,318	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,340,302	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					48,678,985	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)					5,143	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,134.52	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,834,836	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/23/2014 8:17 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	3,929,598	38,530,511	0.101987	5,834,836	595,077	90.00
91.00	Nursing School cost	0	38,530,511	0.000000	5,834,836	0	91.00
92.00	Allied health cost	0	38,530,511	0.000000	5,834,836	0	92.00
93.00	All other Medical Education	0	38,530,511	0.000000	5,834,836	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XIX		Hospital
				Cost
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)		33,962	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		33,962	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)		28,819	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)		1,105	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,776	15.00
16.00	Nursery days (title V or XIX only)		138	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)		38,530,511	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)		38,530,511	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)		38,530,511	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,134.52	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,253,645	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,253,645	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
Title XIX		Hospital		Cost		Date/Time Prepared: 5/23/2014 8:17 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	2,970,178	2,776	1,069.95	138	147,653		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	9,422,656	5,068	1,859.25	209	388,583		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							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,679,483		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,469,364		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)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	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)						5,143	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,134.52	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						5,834,836	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140291		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/23/2014 8:17 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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/23/2014 8:17 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		24,506,803	30.00
31.00	03100	INTENSIVE CARE UNIT		8,773,463	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.194722	16,163,604	50.00
51.00	05100	RECOVERY ROOM	0.187549	1,519,529	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.311522	0	52.00
53.00	05300	ANESTHESIOLOGY	0.055053	2,553,459	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.274352	5,969,783	54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.134449	651,487	56.00
56.01	03630	ULTRA SOUND	0.129301	1,233,573	56.01
57.00	05700	CT SCAN	0.079601	5,984,930	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.083472	1,699,388	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.171047	4,928,774	59.00
60.00	06000	LABORATORY	0.180526	14,221,822	60.00
60.01	06001	BLOOD LABORATORY	0.209282	1,530,599	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	62.01
65.00	06500	RESPIRATORY THERAPY	0.202369	8,414,422	65.00
66.00	06600	PHYSICAL THERAPY	0.386715	2,892,762	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.346120	597,829	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.175030	2,723,352	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.369885	134,256	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.702199	7,699,440	71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.428703	8,863,775	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.230692	24,075,220	73.00
76.00	03020	CARDIOLOGY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.771537	25,949	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.532086	72,628	90.00
90.01	09001	WOMENS HEALTH	0.000000	0	90.01
90.02	09002	SPI NE CENTER	0.000000	0	90.02
91.00	09100	EMERGENCY	0.273304	4,854,648	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.767090	822,033	92.00
200.00		Total (sum of lines 50-94 and 96-98)		117,633,262	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)		117,633,262	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/23/2014 8:17 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		2,492,829	30.00
31.00	03100	INTENSIVE CARE UNIT		904,079	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		476,849	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.194722	545,176	106,158 50.00
51.00	05100	RECOVERY ROOM	0.187549	64,673	12,129 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.311522	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.055053	126,689	6,975 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.274352	388,963	106,713 54.00
56.00	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.134449	49,543	6,661 56.00
56.01	03630	ULTRA SOUND	0.129301	67,669	8,750 56.01
57.00	05700	CT SCAN	0.079601	408,909	32,550 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.083472	184,037	15,362 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.171047	293,757	50,246 59.00
60.00	06000	LABORATORY	0.180526	974,298	175,886 60.00
60.01	06001	BLOOD LABORATORY	0.209282	105,584	22,097 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
62.01	06201	BLOOD CLOTTING FACOTRS ADMIN COST	0.000000	0	0 62.01
65.00	06500	RESPIRATORY THERAPY	0.202369	606,502	122,737 65.00
66.00	06600	PHYSICAL THERAPY	0.386715	94,695	36,620 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.346120	23,788	8,234 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.175030	129,832	22,724 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.369885	16,728	6,187 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.702199	384,437	269,951 71.00
71.30	07101	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0 71.30
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.428703	89,077	38,188 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.230692	2,200,287	507,589 73.00
76.00	03020	CARDIOLOGY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.771537	1,456	1,123 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.532086	1,225	652 90.00
90.01	09001	WOMENS HEALTH	0.000000	0	0 90.01
90.02	09002	SPI NE CENTER	0.000000	0	0 90.02
91.00	09100	EMERGENCY	0.273304	323,158	88,320 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.767090	43,842	33,631 92.00
200.00		Total (sum of lines 50-94 and 96-98)		7,124,325	1,679,483 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		7,124,325	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/23/2014 8:17 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)		25,743,037	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		8,326,171	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)		2,069,954	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		1,830,147	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		154.91	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)		0.00	30.00
31.00	Percentage of Medicaid patient days (see instructions)		3.99	31.00
32.00	Sum of lines 30 and 31		3.99	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/23/2014 8:17 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)			0	35.00
35.01	Factor 3 (see instructions)			0.00000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)			0	36.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)			0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)			0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)			0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			0	46.00
47.00	Subtotal (see instructions)			36,139,162	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)			0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)			36,139,162	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)			2,884,668	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			0	53.00
54.00	Special add-on payments for new technologies			1,705	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)			0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)			0	56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			39,025,535	59.00
60.00	Primary payer payments			73,446	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			38,952,089	61.00
62.00	Deductibles billed to program beneficiaries			3,295,928	62.00
63.00	Coinurance billed to program beneficiaries			121,516	63.00
64.00	Allowable bad debts (see instructions)			532,294	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			345,991	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			167,317	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			35,880,636	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)			60,764	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-151,161	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: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/23/2014 8:17 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)		35,790,239		71.00
71.01	Sequestration adjustment (see instructions)		540,433		71.01
72.00	Interim payments		34,928,868		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		320,938		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0		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: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/23/2014 8:17 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		9,168	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		26,768,482	2.00
3.00	PPS payments		21,839,498	3.00
4.00	Outlier payment (see instructions)		67,622	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.820	5.00
6.00	Line 2 times line 5		21,950,155	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		99.80	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)		9,168	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		39,743	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)		39,743	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)		39,743	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		30,575	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)		9,168	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)		21,907,120	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		4,739,820	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)		17,176,468	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		17,176,468	30.00
31.00	Primary payer payments		1,457	31.00
32.00	Subtotal (line 30 minus line 31)		17,175,011	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)		484,610	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		314,997	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		212,815	36.00
37.00	Subtotal (see instructions)		17,490,008	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)		17,490,008	40.00
40.01	Sequestration adjustment (see instructions)		264,099	40.01
41.00	Interim payments		16,902,223	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		323,686	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140291

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

Worksheet E-1
Part I
Date/Time Prepared:
5/23/2014 8:17 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		34,928,868		16,902,223	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		34,928,868		16,902,223	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		320,938		323,686	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		35,249,806		17,225,909	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: 140291

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

Worksheet E-1
Part II
Date/Time Prepared:
5/23/2014 8:17 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			8,835 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			17,408 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			906 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			33,887 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			716,720,935 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			15,007,000 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)			976,267 8.00
9.00	Sequestration adjustment amount (see instructions)			19,525 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			956,742 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			996,270 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)			-39,528 32.00

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

Provider CCN: 140291

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

Worksheet G
Date/Time Prepared:
5/23/2014 8:17 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	384,503,000	0	0	0	1.00
2.00	Temporary investments	76,933,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	498,600,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	131,025,000	0	0	0	9.00
10.00	Due from other funds	19,165,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	1,110,226,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	107,227,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	2,091,880,000	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,135,113,000	0	0	0	23.00
24.00	Accumulated depreciation	-1,865,835,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,468,385,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	3,885,355,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	243,183,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,128,538,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	6,707,149,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	231,202,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	350,553,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	55,420,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	480,510,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,117,685,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	1,238,432,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	788,973,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,027,405,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,145,090,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	3,562,059,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	3,562,059,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	6,707,149,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140291

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

Worksheet G-1

Date/Time Prepared:
5/23/2014 8:17 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		3,520,230,348		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		41,828,652			2.00
3.00	Total (sum of line 1 and line 2)		3,562,059,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		3,562,059,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		3,562,059,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	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	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140291

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/23/2014 8:17 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	57,410,892		57,410,892	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	57,410,892		57,410,892	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	15,060,382		15,060,382	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)	15,060,382		15,060,382	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	72,471,274		72,471,274	17.00
18.00	Ancillary services	247,827,314	372,780,005	620,607,319	18.00
19.00	Outpatient services	0	16,035,883	16,035,883	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OBSERVATION	1,371,685	6,234,774	7,606,459	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	321,670,273	395,050,662	716,720,935	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		226,407,486		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)		226,407,486		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140291

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

Worksheet G-3

Date/Time Prepared:
5/23/2014 8:17 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	716,720,935	1.00
2.00	Less contractual allowances and discounts on patients' accounts	451,115,200	2.00
3.00	Net patient revenues (line 1 minus line 2)	265,605,735	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	226,407,486	4.00
5.00	Net income from service to patients (line 3 minus line 4)	39,198,249	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING INCOME	3,923,192	24.00
25.00	Total other income (sum of lines 6-24)	3,923,192	25.00
26.00	Total (line 5 plus line 25)	43,121,441	26.00
27.00	NET NON OPERATING EXPENSE	1,292,789	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,292,789	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	41,828,652	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140291	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/23/2014 8:17 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,712,207	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		145,610	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)		92.84	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)		0.92	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		3.99	8.00
9.00	Sum of lines 7 and 8		4.91	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.99	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		26,851	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		2,884,668	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