

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: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/27/2014 7:16 pm
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<b>PART I - COST REPORT STATUS</b>			
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: 5/27/2014	Time: 7:16 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVENTIST BOLINGBROOK HOSPITAL ( 140304 ) 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			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	105,448	67,892	1,905	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	105,448	67,892	1,905	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: 140304		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 7:10 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 500 REMINGTON BLVD	PO Box:							1.00	
2.00	City: BOLINGBROOK	State: IL		Zip Code: 60440-		County: WILL			2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		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	ADVENTIST BOLINGBROOK HOSPITAL	140304	16974	1	01/13/2008	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
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.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y		22.01	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,779	1,367	0	12	757	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0		25.00	
						Urban/Rural S	Date of Geogr			
						1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
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	Y		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
<b>Teaching Hospitals</b>						
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)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20	
				1.00		
<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
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs 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

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

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		V	XIX			
		1.00	2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				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		
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2			118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	927,575	0	0		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
<b>Transplant Center Information</b>						
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
<b>All Providers</b>						
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		HF8013	140.00

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1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ADVENTIST HEALTH SYSTEM	Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 09001			
142.00	Street: 900 HOPE WAY	PO Box:					
143.00	City: ALTAMONTE SPRINGS	State: FL		Zip Code: 32714			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y		
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				Y		
				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		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N		
		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		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
				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		
		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		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.50		
				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)			10/01/2012	09/30/2013		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/27/2014 7:10 pm	
		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
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.	N			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	Type	Date	
		1.00	2.00	3.00	
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	Legal Oper.		
		1.00	2.00		
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	04/02/2014	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: 140304		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part II Date/Time Prepared: 5/27/2014 7:10 pm	
	Description	Part A		Part B			
		Y/N	Date	Y/N			
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N				21.00	
						1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>							
<b>Capital Related Cost</b>							
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00	
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00	
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00	
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00	
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00	
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00	
<b>Interest Expense</b>							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00	
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00	
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00	
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00	
<b>Purchased Services</b>							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00	
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00	
<b>Provider-Based Physicians</b>							
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00	
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00	
						Y/N	Date
						1.00	2.00
<b>Home Office Costs</b>							
36.00	Were home office costs claimed on the cost report?					36.00	
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00	
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00	
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00	
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00	
						1.00	2.00
<b>Cost Report Preparer Contact Information</b>							
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.	MI KE		THOMPSON		41.00	
42.00	Enter the employer/company name of the cost report preparer.	ADVENTIST HEALTH SYSTEM SUNBELT				42.00	
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	407-357-2338		MI KE. THOMPSON3@AHSS.ORG		43.00	

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
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)	04/02/2014	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	
<b>Cost Report Preparer Contact Information</b>			
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.	REIMBURSEMENT MANAGER	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

VOLUNTARY CONTACT INFORMATION	Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part V Date/Time Prepared: 5/27/2014 7:10 pm
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		1.00	
<b>Cost Report Preparer Contact Information</b>			
1.00	First Name	MI KE	1.00
2.00	Last Name	THOMPSON	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	ADVENTIST HEALTH SYSTEM SUNBELT	4.00
5.00	Phone Number	(407)357-2338	5.00
6.00	E-mail Address	MI KE. THOMPSON3@AHSS.ORG	6.00
7.00	Department	CORPORATE REIMBURSEMENT	7.00
8.00	Mailing Address 1	900 HOPE WAY	8.00
9.00	Mailing Address 2		9.00
10.00	City	ALTAMONTE SPRINGS	10.00
11.00	State	FL	11.00
12.00	Zip	32714	12.00
<b>Officer or Administrator of Provider Contact Information</b>			
13.00	First Name	MI KE	13.00
14.00	Last Name	MURRI LL	14.00
15.00	Title	CFO	15.00
16.00	Employer	ADVENTIST BOLINGBROOK HOSPITAL	16.00
17.00	Phone Number	(630)312-6001	17.00
18.00	E-mail Address	MI CHAEL. MURRI LL@AHSS.ORG	18.00
19.00	Department		19.00
20.00	Mailing Address 1	500 REMINGTON BOULEVARD	20.00
21.00	Mailing Address 2		21.00
22.00	City	BOLINGBROOK	22.00
23.00	State	IL	23.00
24.00	Zip	60440	24.00

HFS Supplemental Information		Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part IX Date/Time Prepared: 5/27/2014 7:10 pm
		Title V	Title XIX	
		1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
<b>CRITICAL ACCESS HOSPITALS</b>				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
<b>RCE DISALLOWANCE</b>				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
<b>PASS THROUGH COST</b>				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140304

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2014 7:10 pm

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	126	45,990	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)		126	45,990	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		138	50,370	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		138				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)		6	2,190			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: 140304

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2014 7:10 pm

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)	6,761	2,084	16,835			1.00
2.00 HMO and other (see instructions)	857	2,063				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)	6,761	2,084	16,835			7.00
8.00 INTENSIVE CARE UNIT	1,022	161	2,183			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,534	2,559			13.00
14.00 Total (see instructions)	7,783	3,779	21,577	0.00	477.26	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	57			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	477.26	27.00
28.00 Observation Bed Days		515	3,733			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	73	132			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: 140304

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2014 7:10 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,823	1,534	5,555	1.00
2.00 HMO and other (see instructions)				190			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		1,823	1,534	5,555	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140304

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/27/2014 7:10 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	36,151,883	113,204	36,265,087	1,077,701.00	33.65
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		224,511	0	224,511	3,543.00	63.37
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		938,190	0	938,190	13,275.00	70.67
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		411,847	-14,462	397,385	10,378.00	38.29
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		414,951	0	414,951	7,363.00	56.36
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		157,104	0	157,104	1,405.00	111.82
14.00	Home office salaries & wage-related costs		694,500	0	694,500	9,827.00	70.67
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
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		7,002,776	0	7,002,776		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		72,739	0	72,739		
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		9,059	0	9,059		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	470,888	72,112	543,000	15,874.00	34.21
27.00	Administrative & General	5.00	6,034,805	-627,101	5,407,704	159,241.00	33.96
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,289,165	90,054	1,379,219	49,906.00	27.64
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00
33.00	Housekeeping under contract (see instructions)		1,346,429	0	1,346,429	89,399.00	15.06
34.00	Dietary	10.00	0	0	0	0.00	0.00
35.00	Dietary under contract (see instructions)		1,033,636	0	1,033,636	67,048.00	15.42
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	481,693	309,135	790,828	17,104.00	46.24
39.00	Central Services and Supply	14.00	428,216	84,632	512,848	25,293.00	20.28
40.00	Pharmacy	15.00	1,345,171	-109,188	1,235,983	27,670.00	44.67
41.00	Medical Records & Medical Records Library	16.00	760,779	212,326	973,105	39,959.00	24.35

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140304

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/27/2014 7:10 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	627,455	0	627,455	17,364.00	36.14	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140304

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/27/2014 7:10 pm

	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	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	37,369,247	113,204	37,482,451	1,217,330.00	30.79	1.00
2.00	Excluded area salaries (see instructions)	411,847	-14,462	397,385	10,378.00	38.29	2.00
3.00	Subtotal salaries (line 1 minus line 2)	36,957,400	127,666	37,085,066	1,206,952.00	30.73	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,266,555	0	1,266,555	18,595.00	68.11	4.00
5.00	Subtotal wage-related costs (see inst.)	7,002,776	0	7,002,776	0.00	18.88	5.00
6.00	Total (sum of lines 3 thru 5)	45,226,731	127,666	45,354,397	1,225,547.00	37.01	6.00
7.00	Total overhead cost (see instructions)	13,818,237	31,970	13,850,207	508,858.00	27.22	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2014 7:10 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		861,228	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
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
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		3,335,091	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		22,434	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)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		298,777	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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		2,359,298	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		72,145	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		135,601	23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>		<b>7,084,574</b>	<b>24.00</b>
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part V Date/Time Prepared: 5/27/2014 7:10 pm
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	414,951	7,084,574	1.00
2.00	Hospital	414,951	7,002,776	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			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			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	81,798	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/27/2014 7:10 pm
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				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.218265		1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		4,436,226		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		76,314,083		6.00
7.00	Medicaid cost (line 1 times line 6)		16,656,693		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)		12,220,467		8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
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
<b>Other state or local government indigent care program (see instructions for each line)</b>					
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)		7,086		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		1,547		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)		1,547		16.00
<b>Uncompensated care (see instructions for each line)</b>					
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)		12,222,014		19.00
				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	Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	18,388,163	102,111	18,490,274	20.00
22.00	Partial payment by patients approved for charity care	4,013,492	22,287	4,035,779	21.00
23.00	Cost of charity care (line 21 minus line 22)	11,438	0	11,438	22.00
				4,024,341	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		7,945,243		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		548,129		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		7,397,114		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,614,531		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,638,872		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		17,860,886		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140304		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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	3,615,653	3,615,653	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	5,874,921	5,874,921	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	470,888	4,744,557	397,553	5,612,998	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,034,805	24,620,331	-1,856,362	28,798,774	5.00
7.00	00700	OPERATION OF PLANT	1,289,165	3,172,836	4,462,001	4,798,297	7.00
9.00	00900	HOUSEKEEPING	0	2,355,853	-4,550	2,351,303	9.00
10.00	01000	DIETARY	0	1,830,676	-1,405,080	425,596	10.00
11.00	01100	CAFETERIA	0	0	1,395,947	1,395,947	11.00
13.00	01300	NURSING ADMINISTRATION	481,693	130,681	408,673	1,021,047	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	428,216	162,007	140,475	730,698	14.00
15.00	01500	PHARMACY	1,345,171	3,054,489	-3,254,412	1,145,248	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	760,779	182,398	943,177	1,286,828	16.00
17.00	01700	SOCIAL SERVICE	627,455	342,178	-240	969,393	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	7,468,915	1,348,547	-1,542,115	7,275,347	30.00
31.00	03100	INTENSIVE CARE UNIT	1,765,241	234,857	-3,863	1,996,235	31.00
43.00	04300	NURSERY	0	10,485	999,840	1,010,325	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	2,717,115	1,495,886	-63,494	4,149,507	50.00
51.00	05100	RECOVERY ROOM	492,433	52,808	-88	545,153	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,062,667	212,194	476,393	1,751,254	52.00
53.00	05300	ANESTHESIOLOGY	47,517	194,305	-1,120	240,702	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,321,616	1,587,266	-419,173	3,489,709	54.00
56.00	05600	RADIOISOTOPE	180,192	23,646	-240	203,598	56.00
57.00	05700	CT SCAN	458,630	210,017	-240	668,407	57.00
58.00	05800	MRI	182,271	106,800	-560	288,511	58.00
59.00	05900	CARDIAC CATHETERIZATION	434,498	180,228	-1,650	613,076	59.00
60.00	06000	LABORATORY	1,424,997	1,977,571	75,779	3,478,347	60.00
65.00	06500	RESPIRATORY THERAPY	697,238	211,907	-9,751	899,394	65.00
66.00	06600	PHYSICAL THERAPY	448,307	1,111,582	-480	1,559,409	66.00
67.00	06700	OCCUPATIONAL THERAPY	102,066	145,596	-240	247,422	67.00
68.00	06800	SPEECH PATHOLOGY	54,789	19,537	-120	74,206	68.00
69.00	06900	ELECTROCARDIOLOGY	453,162	194,244	-720	646,686	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	31,974	269,379	0	301,353	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,080,404	16,866	3,097,270	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,914,831	-41	4,914,790	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	113,635	2,680,718	2,794,353	73.00
74.00	07400	RENAL DIALYSIS	0	289,963	0	289,963	74.00
76.00	03020	ANCILLARY	0	0	0	0	76.00
76.01	03950	WOUND CARE	201,505	56,391	0	257,896	76.01
76.97	07697	CARDIAC REHABILITATION	103,610	21,532	0	125,142	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	355,993	142,332	-107,901	390,424	90.00
91.00	09100	EMERGENCY	3,297,128	1,014,802	-331	4,311,599	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE		10,745,879	-8,445,675	2,300,204	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	35,740,036	70,562,630	-355,681	105,946,985	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	61,495	42,626	0	104,121	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	138,963	8,036,144	0	8,175,107	192.00
194.00	07950	FOUNDATION	135,576	23,037	0	158,613	194.00
194.01	07951	MARKETING	75,813	630,875	0	706,688	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	86,848	0	86,848	194.02
194.03	07953	OP PHARMACY	0	0	355,681	355,681	194.03
200.00		TOTAL (SUM OF LINES 118-199)	36,151,883	79,382,160	0	115,534,043	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140304

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

Worksheet A  
Date/Time Prepared:  
5/27/2014 7:10 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,998,115	5,613,768	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	266,348	6,141,269	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	510,340	6,123,338	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-12,621,698	16,177,076	5.00
7.00	00700	OPERATION OF PLANT	315,719	5,114,016	7.00
9.00	00900	HOUSEKEEPING	0	2,351,303	9.00
10.00	01000	DIETARY	0	425,596	10.00
11.00	01100	CAFETERIA	-147,993	1,247,954	11.00
13.00	01300	NURSING ADMINISTRATION	101,275	1,122,322	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	157,246	887,944	14.00
15.00	01500	PHARMACY	17,031	1,162,279	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	351,211	1,638,039	16.00
17.00	01700	SOCIAL SERVICE	0	969,393	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-387,494	6,887,853	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,996,235	31.00
43.00	04300	NURSERY	0	1,010,325	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-695,934	3,453,573	50.00
51.00	05100	RECOVERY ROOM	0	545,153	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,751,254	52.00
53.00	05300	ANESTHESIOLOGY	0	240,702	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-73,710	3,415,999	54.00
56.00	05600	RADIOISOTOPE	0	203,598	56.00
57.00	05700	CT SCAN	0	668,407	57.00
58.00	05800	MRI	0	288,511	58.00
59.00	05900	CARDIAC CATHETERIZATION	-2,311	610,765	59.00
60.00	06000	LABORATORY	164,612	3,642,959	60.00
65.00	06500	RESPIRATORY THERAPY	0	899,394	65.00
66.00	06600	PHYSICAL THERAPY	-97	1,559,312	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	247,422	67.00
68.00	06800	SPEECH PATHOLOGY	0	74,206	68.00
69.00	06900	ELECTROCARDIOLOGY	-140,824	505,862	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	301,353	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-459,236	2,638,034	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,914,790	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,794,353	73.00
74.00	07400	RENAL DIALYSIS	0	289,963	74.00
76.00	03020	ANCILLARY	0	0	76.00
76.01	03950	WOUND CARE	-378	257,518	76.01
76.97	07697	CARDIAC REHABILITATION	-7,904	117,238	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-114,066	276,358	90.00
91.00	09100	EMERGENCY	-253,289	4,058,310	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	-2,300,204	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-13,323,241	92,623,744	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-65,489	38,632	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	8,175,107	192.00
194.00	07950	FOUNDATION	0	158,613	194.00
194.01	07951	MARKETING	-110	706,578	194.01
194.02	07952	PROF OFFICE BUILDINGS	-217,184	-130,336	194.02
194.03	07953	OP PHARMACY	0	355,681	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-13,606,024	101,928,019	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet Non-CMS W
Date/Time Prepared: 5/27/2014 7:10 pm				
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
7.00	OPERATION OF PLANT	00700		7.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
43.00	NURSERY	04300		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	ANCILLARY	03020		76.00
76.01	WOUND CARE	03950		76.01
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	INTEREST EXPENSE	11300		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00	FOUNDATION	07950		194.00
194.01	MARKETING	07951		194.01
194.02	PROF OFFICE BUILDINGS	07952		194.02
194.03	OP PHARMACY	07953		194.03
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140304

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

Worksheet A-6  
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - PROPERTY TAXES</b>					
1.00	INTEREST EXPENSE	113.00	0	1,944,892	1.00
	TOTALS		0	1,944,892	
<b>B - CNO</b>					
1.00	NURSING ADMINISTRATION	13.00	213,647	91,441	1.00
	TOTALS		213,647	91,441	
<b>C - DEPRECIATION</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,944,900	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,078,369	2.00
	TOTALS		0	7,023,269	
<b>D - NURSERY</b>					
1.00	NURSERY	43.00	797,541	202,299	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	360,633	161,147	2.00
	TOTALS		1,158,174	363,446	
<b>E - INTEREST</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,681,807	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,325,081	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	388,109	3.00
	TOTALS		0	3,394,997	
<b>F - CAFETERIA</b>					
1.00	CAFETERIA	11.00	0	1,395,947	1.00
	TOTALS		0	1,395,947	
<b>G - IMPLANTIBLES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	41	1.00
	TOTALS		0	41	
<b>H - BILLABLE SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16,884	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	16,884	
<b>I - BILLABLE DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,680,838	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	2,680,838	
<b>J - PHYSICIAN SUBSIDY</b>					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	138,963	1.00
	TOTALS		0	138,963	
<b>K - RENT AND LEASES</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	758,800	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	468,471	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
	TOTALS		0	1,227,271	

RECLASSIFICATIONS

Provider CCN: 140304

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

Worksheet A-6

Date/Time Prepared:  
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>L - INSURANCE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	175,038	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,000	2.00
	TOTALS		0	178,038	
<b>M - OP PHARMACY</b>					
1.00	OP PHARMACY	194.03	124,501	231,180	1.00
	TOTALS		124,501	231,180	
<b>N - SHARED SERVICES</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	72,112	325,441	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	2,263,035	2,079,316	2.00
3.00	OPERATION OF PLANT	7.00	90,054	247,262	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	84,632	72,614	4.00
5.00	NURSING ADMINISTRATION	13.00	95,488	8,487	5.00
6.00	PHARMACY	15.00	15,313	1,718	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	212,326	131,455	7.00
8.00	LABORATORY	60.00	95,696	68,916	8.00
9.00	ADMINISTRATIVE & GENERAL	5.00	252,167	0	9.00
	TOTALS		3,180,823	2,935,209	
500.00	Grand Total: Increases		4,677,145	21,622,416	500.00

RECLASSIFICATIONS

Provider CCN: 140304

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

Worksheet A-6  
Date/Time Prepared:  
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - PROPERTY TAXES</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,944,892	13		1.00
	TOTALS		0	1,944,892			
<b>B - CNO</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	213,647	91,441	0		1.00
	TOTALS		213,647	91,441			
<b>C - DEPRECIATION</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	27,699	9		1.00
2.00	INTEREST EXPENSE	113.00	0	6,995,570	9		2.00
	TOTALS		0	7,023,269			
<b>D - NURSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	1,158,174	363,446	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,158,174	363,446			
<b>E - INTEREST</b>							
1.00	INTEREST EXPENSE	113.00	0	3,394,997	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	3,394,997			
<b>F - CAFETERIA</b>							
1.00	DIETARY	10.00	0	1,395,947	0		1.00
	TOTALS		0	1,395,947			
<b>G - IMPLANTIBLES</b>							
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	41	0		1.00
	TOTALS		0	41			
<b>H - BILLABLE SUPPLIES</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	107	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,686	0		2.00
3.00	OPERATING ROOM	50.00	0	15,003	0		3.00
4.00	RECOVERY ROOM	51.00	0	88	0		4.00
	TOTALS		0	16,884			
<b>I - BILLABLE DRUGS</b>							
1.00	PHARMACY	15.00	0	2,680,096	0		1.00
2.00	OPERATING ROOM	50.00	0	742	0		2.00
	TOTALS		0	2,680,838			
<b>J - PHYSICIAN SUBSIDY</b>							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	138,963	0	0		1.00
	TOTALS		138,963	0			
<b>K - RENT AND LEASES</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	212,025	10		1.00
2.00	OPERATION OF PLANT	7.00	0	1,020	10		2.00
3.00	HOUSEKEEPING	9.00	0	4,550	0		3.00
4.00	DIETARY	10.00	0	9,133	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	390	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	15,085	0		6.00
7.00	PHARMACY	15.00	0	235,666	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	130	0		8.00
9.00	SOCIAL SERVICE	17.00	0	240	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	20,495	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	3,863	0		11.00
12.00	OPERATING ROOM	50.00	0	47,749	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	45,387	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	1,120	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	419,173	0		15.00
16.00	RADIOISOTOPE	56.00	0	240	0		16.00
17.00	CT SCAN	57.00	0	240	0		17.00
18.00	MRI	58.00	0	560	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	1,650	0		19.00
20.00	LABORATORY	60.00	0	88,833	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	9,751	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	480	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	240	0		23.00
24.00	SPEECH PATHOLOGY	68.00	0	120	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	720	0		25.00
26.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	59	0		26.00
27.00	DRUGS CHARGED TO PATIENTS	73.00	0	120	0		27.00
28.00	CLINIC	90.00	0	107,901	0		28.00
29.00	EMERGENCY	91.00	0	331	0		29.00
	TOTALS		0	1,227,271			

RECLASSIFICATIONS

Provider CCN: 140304

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

Worksheet A-6

Date/Time Prepared:  
5/27/2014 7:10 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>L - INSURANCE</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	178,038	12	1.00
2.00		0.00	0	0	12	2.00
	TOTALS		0	178,038		
<b>M - OP PHARMACY</b>						
1.00	PHARMACY	15.00	124,501	231,180	0	1.00
	TOTALS		124,501	231,180		
<b>N - SHARED SERVICES</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	2,928,656	2,935,209	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	252,167	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
	TOTALS		2,928,656	3,187,376		
500.00	Grand Total: Decreases		4,563,941	21,735,620		500.00

RECLASSIFICATIONS

Provider CCN: 140304

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/27/2014 7:10 pm

Increases				Decreases				
Cost Center	Line #	Salary	Cost Center	Line #	Salary			
2.00	3.00	4.00	6.00	7.00	8.00			
<b>A - PROPERTY TAXES</b>								
1.00	INTEREST EXPENSE	113.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00	1.00	
	TOTALS		TOTALS		0		0	
<b>B - CNO</b>								
1.00	NURSING ADMINISTRATION	213,647	ADMINISTRATIVE & GENERAL	5.00	213,647	1.00	1.00	
	TOTALS	213,647	TOTALS		213,647			
<b>C - DEPRECIATION</b>								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	ADMINISTRATIVE & GENERAL	5.00	0	1.00	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	INTEREST EXPENSE	113.00	0	2.00	2.00	
	TOTALS		TOTALS		0		0	
<b>D - NURSERY</b>								
1.00	NURSERY	43.00	ADULTS & PEDIATRICS	30.00	1,158,174	1.00	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00		0.00	0	2.00	2.00	
	TOTALS	1,158,174	TOTALS		1,158,174			
<b>E - INTEREST</b>								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	INTEREST EXPENSE	113.00	0	1.00	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00		0.00	0	2.00	2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00		0.00	0	3.00	3.00	
	TOTALS		TOTALS		0		0	
<b>F - CAFETERIA</b>								
1.00	CAFETERIA	11.00	DIETARY	10.00	0	1.00	1.00	
	TOTALS		TOTALS		0		0	
<b>G - IMPLANTIBLES</b>								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1.00	1.00	
	TOTALS		TOTALS		0		0	
<b>H - BILLABLE SUPPLIES</b>								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	ADMINISTRATIVE & GENERAL	5.00	0	1.00	1.00	
2.00		0.00	CENTRAL SERVICES & SUPPLY	14.00	0	2.00	2.00	
3.00		0.00	OPERATING ROOM	50.00	0	3.00	3.00	
4.00		0.00	RECOVERY ROOM	51.00	0	4.00	4.00	
	TOTALS		TOTALS		0		0	
<b>I - BILLABLE DRUGS</b>								
1.00	DRUGS CHARGED TO PATIENTS	73.00	PHARMACY	15.00	0	1.00	1.00	
2.00		0.00	OPERATING ROOM	50.00	0	2.00	2.00	
	TOTALS		TOTALS		0		0	
<b>J - PHYSICIAN SUBSIDY</b>								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	PHYSICIANS' PRIVATE OFFICES	192.00	138,963	1.00	1.00	
	TOTALS		TOTALS		138,963			
<b>K - RENT AND LEASES</b>								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	ADMINISTRATIVE & GENERAL	5.00	0	1.00	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	OPERATION OF PLANT	7.00	0	2.00	2.00	
3.00		0.00	HOUSEKEEPING	9.00	0	3.00	3.00	
4.00		0.00	DIETARY	10.00	0	4.00	4.00	
5.00		0.00	NURSING ADMINISTRATION	13.00	0	5.00	5.00	
6.00		0.00	CENTRAL SERVICES & SUPPLY	14.00	0	6.00	6.00	
7.00		0.00	PHARMACY	15.00	0	7.00	7.00	
8.00		0.00	MEDICAL RECORDS & LIBRARY	16.00	0	8.00	8.00	
9.00		0.00	SOCIAL SERVICE	17.00	0	9.00	9.00	
10.00		0.00	ADULTS & PEDIATRICS	30.00	0	10.00	10.00	
11.00		0.00	INTENSIVE CARE UNIT	31.00	0	11.00	11.00	
12.00		0.00	OPERATING ROOM	50.00	0	12.00	12.00	
13.00		0.00	DELIVERY ROOM & LABOR ROOM	52.00	0	13.00	13.00	
14.00		0.00	ANESTHESIOLOGY	53.00	0	14.00	14.00	
15.00		0.00	RADIOLOGY-DIAGNOSTIC	54.00	0	15.00	15.00	
16.00		0.00	RADIOISOTOPE	56.00	0	16.00	16.00	
17.00		0.00	CT SCAN	57.00	0	17.00	17.00	
18.00		0.00	MRI	58.00	0	18.00	18.00	
19.00		0.00	CARDIAC CATHETERIZATION	59.00	0	19.00	19.00	
20.00		0.00	LABORATORY	60.00	0	20.00	20.00	
21.00		0.00	RESPIRATORY THERAPY	65.00	0	21.00	21.00	
22.00		0.00	PHYSICAL THERAPY	66.00	0	22.00	22.00	
23.00		0.00	OCCUPATIONAL THERAPY	67.00	0	23.00	23.00	
24.00		0.00	SPEECH PATHOLOGY	68.00	0	24.00	24.00	
25.00		0.00	ELECTROCARDIOLOGY	69.00	0	25.00	25.00	
26.00		0.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	26.00	26.00	
27.00		0.00	DRUGS CHARGED TO PATIENTS	73.00	0	27.00	27.00	
28.00		0.00	CLINIC	90.00	0	28.00	28.00	
29.00		0.00	EMERGENCY	91.00	0	29.00	29.00	
	TOTALS		TOTALS		0		0	

RECLASSIFICATIONS

Provider CCN: 140304

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

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
5/27/2014 7:10 pm

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
<b>L - INSURANCE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	ADMINISTRATIVE & GENERAL	5.00	0
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0		0.00	0
	TOTALS		0	TOTALS		0
<b>M - OP PHARMACY</b>						
1.00	OP PHARMACY	194.03	124,501	PHARMACY	15.00	124,501
	TOTALS		124,501	TOTALS		124,501
<b>N - SHARED SERVICES</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	72,112	ADMINISTRATIVE & GENERAL	5.00	2,928,656
2.00	ADMINISTRATIVE & GENERAL	5.00	2,263,035	ADMINISTRATIVE & GENERAL	5.00	0
3.00	OPERATION OF PLANT	7.00	90,054		0.00	0
4.00	CENTRAL SERVICES & SUPPLY	14.00	84,632		0.00	0
5.00	NURSING ADMINISTRATION	13.00	95,488		0.00	0
6.00	PHARMACY	15.00	15,313		0.00	0
7.00	MEDICAL RECORDS & LIBRARY	16.00	212,326		0.00	0
8.00	LABORATORY	60.00	95,696		0.00	0
9.00	ADMINISTRATIVE & GENERAL	5.00	252,167		0.00	0
	TOTALS		3,180,823	TOTALS		2,928,656
500.00	Grand Total: Increases		4,677,145	Grand Total: Decreases		4,563,941

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140304

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/27/2014 7:10 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	5,440,226	0	0	0	0	1.00
2.00	Land Improvements	84,552	0	0	0	0	2.00
3.00	Buildings and Fixtures	104,879,084	626,340	0	626,340	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	22,685,292	0	0	0	0	5.00
6.00	Movable Equipment	35,018,813	767,600	0	767,600	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	168,107,967	1,393,940	0	1,393,940	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	168,107,967	1,393,940	0	1,393,940	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	5,440,226	0				1.00
2.00	Land Improvements	84,552	0				2.00
3.00	Buildings and Fixtures	105,505,424	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	22,685,292	0				5.00
6.00	Movable Equipment	35,786,413	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	169,501,907	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	169,501,907	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140304

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/27/2014 7:10 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140304

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/27/2014 7:10 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	133,715,494	0	133,715,494	0.788859	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	35,789,413	0	35,789,413	0.211141	0	2.00
3.00	Total (sum of lines 1-2)	169,504,907	0	169,504,907	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,035,695	758,800	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,374,320	468,471	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,410,015	1,227,271	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,644,235	175,038	0	0	5,613,768	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,295,478	3,000	0	0	6,141,269	2.00
3.00	Total (sum of lines 1-2)	2,939,713	178,038	0	0	11,755,037	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-37,572	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-29,603	CAP REL COSTS-MVBLE EQUIP		2.00	11 2.00
3.00 Investment income - other (chapter 2)	B	-8,670	ADMINISTRATIVE & GENERAL		5.00	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	-81,211	ADMINISTRATIVE & GENERAL		5.00	0 7.00
8.00 Television and radio service (chapter 21)	A	-21,270	OPERATION OF PLANT		7.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-1,835,783				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	-1,671,916				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-147,993	CAFETERIA		11.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts	B	-4,408	MEDICAL RECORDS & LIBRARY		16.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines		0			0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 OTHER REVENUE	B	-59,925	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.00
33.01 OTHER REVENUE	B	-685,119	ADMINISTRATIVE & GENERAL		5.00	0 33.01

Provider CCN: 140304

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

Worksheet A-8

Date/Time Prepared:  
5/27/2014 7:10 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.02 OTHER REVENUE	B	-327	OPERATION OF PLANT	7.00	0	33.02
33.03 OTHER REVENUE	B	-2,700	NURSING ADMINISTRATION	13.00	0	33.03
33.04 OTHER REVENUE	B	-11,014	ADULTS & PEDIATRICS	30.00	0	33.04
33.05 OTHER REVENUE	B	-59,140	OPERATING ROOM	50.00	0	33.05
33.06 OTHER REVENUE	B	-10,797	RADIOLOGY-DIAGNOSTIC	54.00	0	33.06
33.07 OTHER REVENUE	B	-2,311	CARDIAC CATHETERIZATION	59.00	0	33.07
33.08 OTHER REVENUE	B	-7,904	CARDIAC REHABILITATION	76.97	0	33.08
33.09 OTHER REVENUE	B	-114,066	CLINIC	90.00	0	33.09
33.10 OTHER REVENUE	B	-10,389	EMERGENCY	91.00	0	33.10
33.11 OTHER REVENUE	B	-65,489	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	33.11
33.12 OTHER REVENUE	B	-110	MARKETING	194.01	0	33.12
33.13 OTHER REVENUE	B	-217,184	PROF OFFICE BUILDINGS	194.02	0	33.13
33.14 BAD DEBT	A	-7,945,241	ADMINISTRATIVE & GENERAL	5.00	0	33.14
33.15 PHYSICIAN TRAVEL	A	-147	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16 OTHER FEES	A	-2,945	ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.17 ADVERTISING	A	-58,138	RADIOLOGY-DIAGNOSTIC	54.00	0	33.17
33.18 ADVERTISING	A	-378	WOUND CARE	76.01	0	33.18
33.19 RESALE ITEMS	A	-97	PHYSICAL THERAPY	66.00	0	33.19
33.20 PHYSICIAN RECRUITMENT	A	-28,913	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.20
33.21 PHYSICIAN COLLECTIONS	A	-62,390	ELECTROCARDIOLOGY	69.00	0	33.21
33.22 PHYSICIAN MALPRACTICE	A	-921,576	ADMINISTRATIVE & GENERAL	5.00	0	33.22
33.23 PROPERTY TAXES	A	1,944,892	CAP REL COSTS-BLDG & FIXT	1.00	13	33.23
33.24 LOBBYING	A	-34,029	ADMINISTRATIVE & GENERAL	5.00	0	33.24
33.25 LEGAL	A	-188,298	ADMINISTRATIVE & GENERAL	5.00	0	33.25
33.26 NON ALLOWABLE INTEREST EXPENSE	A	-1,223,863	INTEREST EXPENSE	113.00	0	33.26
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,606,024				50.00

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

Provider CCN: 140304

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

Worksheet A-8-1

Date/Time Prepared: 5/27/2014 7:10 pm

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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	AHS SHARED SERVICES	397,553	0
2.00	5.00	ADMINISTRATIVE & GENERAL	AHS SHARED SERVICES	4,342,351	5,581,052
3.00	7.00	OPERATION OF PLANT	AHS SHARED SERVICES	337,316	0
3.01	13.00	NURSING ADMINISTRATION	AHS SHARED SERVICES	103,975	0
4.00	14.00	CENTRAL SERVICES & SUPPLY	AHS SHARED SERVICES	157,246	0
4.01	15.00	PHARMACY	AHS SHARED SERVICES	17,031	0
4.02	16.00	MEDICAL RECORDS & LIBRARY	AHS SHARED SERVICES	343,780	0
4.03	60.00	LABORATORY	AHS SHARED SERVICES	164,612	0
4.05	71.00	MEDICAL SUPPLIES CHARGED TO	AHS HOME OFFICE	-459,236	0
4.06	1.00	CAP REL COSTS-BLDG & FIXT	AHS HOME OFFICE	90,795	0
4.07	2.00	CAP REL COSTS-MVBLE EQUIP	AHS HOME OFFICE	295,951	0
4.08	4.00	EMPLOYEE BENEFITS DEPARTMENT	AHS HOME OFFICE	224,714	23,089
4.09	5.00	ADMINISTRATIVE & GENERAL	AHS HOME OFFICE	5,426,423	6,445,784
4.10	16.00	MEDICAL RECORDS & LIBRARY	AHS HOME OFFICE	13,374	1,535
4.11	113.00	INTEREST EXPENSE	AHS HOME OFFICE	3,394,997	4,471,338
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			14,850,882	16,522,798

\* 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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

6.00	B	AHS	100.00	HOME OFFICE	0.00	6.00
7.00	B	HINSDALE HOSPIT	0.00	RELATED PARTY	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: 140304

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

Worksheet A-8-1

Date/Time Prepared:  
5/27/2014 7:10 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	397,553	0		1.00
2.00	-1,238,701	0		2.00
3.00	337,316	0		3.00
3.01	103,975	0		3.01
4.00	157,246	0		4.00
4.01	17,031	0		4.01
4.02	343,780	0		4.02
4.03	164,612	0		4.03
4.05	-459,236	0		4.05
4.06	90,795	9		4.06
4.07	295,951	9		4.07
4.08	201,625	0		4.08
4.09	-1,019,361	0		4.09
4.10	11,839	0		4.10
4.11	-1,076,341	0		4.11
5.00	-1,671,916	0		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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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	MANAGEMENT SERVICES		6.00
7.00	FINANCIAL SERVICES		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: 140304

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

Worksheet A-8-2

Date/Time Prepared:  
5/27/2014 7:10 pm

	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	5.00	ADMINISTRATIVE & GENERAL	496,400	496,400	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	376,480	376,480	0	0	0	2.00
3.00	50.00	OPERATING ROOM	636,794	636,794	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	4,775	4,775	0	0	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	78,434	78,434	0	0	0	5.00
6.00	91.00	EMERGENCY	242,900	242,900	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,835,783	1,835,783	0	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	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	50.00	OPERATING ROOM	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	5.00
6.00	91.00	EMERGENCY	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		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	5.00	ADMINISTRATIVE & GENERAL	0	0	0	496,400	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	376,480	2.00
3.00	50.00	OPERATING ROOM	0	0	0	636,794	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	4,775	4.00
5.00	69.00	ELECTROCARDIOLOGY	0	0	0	78,434	5.00
6.00	91.00	EMERGENCY	0	0	0	242,900	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	0	0	1,835,783	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140304

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

Worksheet B Part I Date/Time Prepared: 5/27/2014 7:10 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,613,768	5,613,768			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	6,141,269		6,141,269		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,123,338	2,165	2,368	6,127,871	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	16,177,076	176,710	193,315	927,654	5.00
7.00 00700	OPERATION OF PLANT	5,114,016	374,056	409,204	236,595	7.00
9.00 00900	HOUSEKEEPING	2,351,303	34,262	37,481	0	9.00
10.00 01000	DIETARY	425,596	180,277	197,216	0	10.00
11.00 01100	CAFETERIA	1,247,954	67,225	73,542	0	11.00
13.00 01300	NURSING ADMINISTRATION	1,122,322	112,268	122,818	135,661	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	887,944	119,009	130,192	87,975	14.00
15.00 01500	PHARMACY	1,162,279	47,146	51,576	212,024	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,638,039	70,111	76,699	166,929	16.00
17.00 01700	SOCIAL SERVICE	969,393	14,863	16,260	107,636	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	6,887,853	1,592,824	1,742,496	1,082,561	30.00
31.00 03100	INTENSIVE CARE UNIT	1,996,235	243,729	266,631	302,815	31.00
43.00 04300	NURSERY	1,010,325	74,213	81,187	136,813	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	3,453,573	684,206	748,498	466,102	50.00
51.00 05100	RECOVERY ROOM	545,153	73,306	80,195	84,473	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,751,254	261,334	285,891	244,157	52.00
53.00 05300	ANESTHESIOLOGY	240,702	12,843	14,050	8,151	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,415,999	475,667	520,363	398,257	54.00
56.00 05600	RADIOISOTOPE	203,598	150,571	164,719	30,911	56.00
57.00 05700	CT SCAN	668,407	26,964	29,498	78,675	57.00
58.00 05800	MRI	288,511	18,966	20,748	31,267	58.00
59.00 05900	CARDIAC CATHETERIZATION	610,765	23,192	25,371	74,535	59.00
60.00 06000	LABORATORY	3,642,959	81,779	89,463	260,864	60.00
65.00 06500	RESPIRATORY THERAPY	899,394	11,132	12,178	119,606	65.00
66.00 06600	PHYSICAL THERAPY	1,559,312	131,461	143,814	76,904	66.00
67.00 06700	OCCUPATIONAL THERAPY	247,422	19,667	21,515	17,509	67.00
68.00 06800	SPEECH PATHOLOGY	74,206	1,732	1,894	9,399	68.00
69.00 06900	ELECTROCARDIOLOGY	505,862	12,101	13,238	77,737	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	301,353	18,966	20,748	5,485	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,638,034	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	4,914,790	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	2,794,353	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	289,963	0	0	0	74.00
76.00 03020	ANCILLARY	0	0	0	0	76.00
76.01 03950	WOUND CARE	257,518	53,599	58,635	34,567	76.01
76.97 07697	CARDIAC REHABILITATION	117,238	31,128	34,053	17,774	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	276,358	74,688	81,706	61,068	90.00
91.00 09100	EMERGENCY	4,058,310	302,048	330,431	565,599	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	92,623,744	5,574,208	6,097,993	6,059,703	92,472,740
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	38,632	22,532	24,649	10,549	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	8,175,107	0	0	0	192.00
194.00 07950	FOUNDATION	158,613	4,164	4,555	23,257	194.00
194.01 07951	MARKETING	706,578	8,040	8,795	13,005	194.01
194.02 07952	PROF OFFICE BUILDINGS	-130,336	0	0	0	194.02
194.03 07953	OP PHARMACY	355,681	4,824	5,277	21,357	194.03
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118-201)	101,928,019	5,613,768	6,141,269	6,127,871	101,928,019

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140304

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2014 7:10 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	HOUSEKEEPING	DIETARY	CAFETERIA	
		5.00	7.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	17,474,755				5.00
7.00	00700	OPERATION OF PLANT	1,267,239	7,401,110			7.00
9.00	00900	HOUSEKEEPING	500,594	50,105	2,973,745		9.00
10.00	01000	DIETARY	165,916	263,642	106,653	1,339,300	10.00
11.00	01100	CAFETERIA	286,906	98,312	39,771	0	1,813,710
13.00	01300	NURSING ADMINISTRATION	308,464	164,184	66,418	0	32,035
14.00	01400	CENTRAL SERVICES & SUPPLY	253,106	174,043	70,407	0	46,903
15.00	01500	PHARMACY	304,323	68,948	27,892	0	60,793
16.00	01600	MEDICAL RECORDS & LIBRARY	403,231	102,532	41,478	0	69,939
17.00	01700	SOCIAL SERVICE	228,941	21,736	8,793	0	38,051
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	2,335,766	2,329,393	942,324	1,186,027	450,297
31.00	03100	INTENSIVE CARE UNIT	580,416	356,436	144,191	153,273	95,077
43.00	04300	NURSERY	269,100	108,532	43,905	0	50,718
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,105,785	1,000,602	404,779	0	168,537
51.00	05100	RECOVERY ROOM	161,792	107,205	43,368	0	22,498
52.00	05200	DELIVERY ROOM & LABOR ROOM	525,301	382,182	154,606	0	84,856
53.00	05300	ANESTHESIOLOGY	56,968	18,782	7,598	0	4,793
54.00	05400	RADIOLOGY-DIAGNOSTIC	993,791	695,628	281,407	0	150,295
56.00	05600	RADIOISOTOPE	113,587	220,199	89,078	0	7,483
57.00	05700	CT SCAN	166,010	39,433	15,952	0	25,726
58.00	05800	MRI	74,270	27,736	11,220	0	9,635
59.00	05900	CARDIAC CATHETERIZATION	151,614	33,916	13,720	0	18,976
60.00	06000	LABORATORY	841,896	119,596	48,381	0	111,657
65.00	06500	RESPIRATORY THERAPY	215,338	16,280	6,586	0	48,957
66.00	06600	PHYSICAL THERAPY	394,908	192,252	77,773	0	29,638
67.00	06700	OCCUPATIONAL THERAPY	63,242	28,761	11,635	0	5,576
68.00	06800	SPEECH PATHOLOGY	18,022	2,532	1,024	0	2,788
69.00	06900	ELECTROCARDIOLOGY	125,805	17,697	7,159	0	29,394
70.00	07000	ELECTROENCEPHALOGRAPHY	71,597	27,736	11,220	0	2,396
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	545,010	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,015,381	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	577,305	0	0	0	0
74.00	07400	RENAL DIALYSIS	59,905	0	0	0	0
76.00	03020	ANCILLARY	0	0	0	0	0
76.01	03950	WOUND CARE	83,531	78,384	31,709	0	0
76.97	07697	CARDIAC REHABILITATION	41,359	45,523	18,416	0	6,260
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	102,022	109,225	44,185	0	23,036
91.00	09100	EMERGENCY	1,085,954	441,724	178,693	0	213,288
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,494,395	7,343,256	2,950,341	1,339,300	1,809,602
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,908	32,951	13,330	0	4,108
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,688,953	0	0	0	0
194.00	07950	FOUNDATION	39,375	6,090	2,464	0	0
194.01	07951	MARKETING	152,142	11,758	4,756	0	0
194.02	07952	PROF OFFICE BUILDINGS	0	0	0	0	0
194.03	07953	OP PHARMACY	79,982	7,055	2,854	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	17,474,755	7,401,110	2,973,745	1,339,300	1,813,710

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140304

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2014 7:10 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	2,064,170					13.00
14.00	01400	0	1,769,579				14.00
15.00	01500	0	1,639	1,936,620			15.00
16.00	01600	0	0	0	2,568,958		16.00
17.00	01700	0	0	0	0	1,405,673	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	835,070	62,673	0	168,918	1,090,904	30.00
31.00	03100	176,315	21,947	7	30,588	140,981	31.00
43.00	04300	94,013	3,394	0	17,761	165,263	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	312,553	55,456	813	220,318	0	50.00
51.00	05100	41,750	2,689	0	29,355	0	51.00
52.00	05200	157,369	16,537	0	31,696	8,525	52.00
53.00	05300	8,873	12,016	56,678	59,991	0	53.00
54.00	05400	0	10,770	743	258,520	0	54.00
56.00	05600	0	633	0	38,015	0	56.00
57.00	05700	0	2,719	329	261,704	0	57.00
58.00	05800	0	435	0	67,475	0	58.00
59.00	05900	0	2,910	0	46,811	0	59.00
60.00	06000	0	9,858	10	349,489	0	60.00
65.00	06500	0	5,081	0	55,115	0	65.00
66.00	06600	0	435	134	40,061	0	66.00
67.00	06700	0	84	0	6,993	0	67.00
68.00	06800	0	0	0	2,908	0	68.00
69.00	06900	0	889	0	73,697	0	69.00
70.00	07000	0	556	0	18,165	0	70.00
71.00	07100	0	537,938	293	96,212	0	71.00
72.00	07200	0	966,550	1,876,552	112,666	0	72.00
73.00	07300	0	0	0	194,098	0	73.00
74.00	07400	0	0	0	7,219	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	0	494	0	2,257	0	76.01
76.97	07697	0	0	1	2,865	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	42,740	2,244	0	23,054	0	90.00
91.00	09100	395,487	51,632	1,060	353,007	0	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		2,064,170	1,769,579	1,936,620	2,568,958	1,405,673	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		2,064,170	1,769,579	1,936,620	2,568,958	1,405,673	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140304

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2014 7:10 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	20,707,106	0	20,707,106	30.00
31.00	03100	4,508,641	0	4,508,641	31.00
43.00	04300	2,055,224	0	2,055,224	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	8,621,222	0	8,621,222	50.00
51.00	05100	1,191,784	0	1,191,784	51.00
52.00	05200	3,903,708	0	3,903,708	52.00
53.00	05300	501,445	0	501,445	53.00
54.00	05400	7,201,440	0	7,201,440	54.00
56.00	05600	1,018,794	0	1,018,794	56.00
57.00	05700	1,315,417	0	1,315,417	57.00
58.00	05800	550,263	0	550,263	58.00
59.00	05900	1,001,810	0	1,001,810	59.00
60.00	06000	5,555,952	0	5,555,952	60.00
65.00	06500	1,389,667	0	1,389,667	65.00
66.00	06600	2,646,692	0	2,646,692	66.00
67.00	06700	422,404	0	422,404	67.00
68.00	06800	114,505	0	114,505	68.00
69.00	06900	863,579	0	863,579	69.00
70.00	07000	478,222	0	478,222	70.00
71.00	07100	3,817,487	0	3,817,487	71.00
72.00	07200	8,885,939	0	8,885,939	72.00
73.00	07300	3,565,756	0	3,565,756	73.00
74.00	07400	357,087	0	357,087	74.00
76.00	03020	0	0	0	76.00
76.01	03950	600,694	0	600,694	76.01
76.97	07697	314,617	0	314,617	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	840,326	0	840,326	90.00
91.00	09100	7,977,233	0	7,977,233	91.00
92.00	09200		0		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300				113.00
118.00		90,407,014	0	90,407,014	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	166,659	0	166,659	190.00
192.00	19200	9,864,060	0	9,864,060	192.00
194.00	07950	238,518	0	238,518	194.00
194.01	07951	905,074	0	905,074	194.01
194.02	07952	-130,336	0	-130,336	194.02
194.03	07953	477,030	0	477,030	194.03
200.00		0	0	0	200.00
201.00		0	0	0	201.00
202.00		101,928,019	0	101,928,019	202.00

COST ALLOCATION STATISTICS

Provider CCN: 140304

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

Worksheet Non-CMS W  
Date/Time Prepared:  
5/27/2014 7:10 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	2	MEALS SERVED	10.00
11.00	CAFETERIA	3	TOTAL HOURS	11.00
13.00	NURSING ADMINISTRATION	4	TOTAL HOURS	13.00
14.00	CENTRAL SERVICES & SUPPLY	5	COSTED REQUIS.	14.00
15.00	PHARMACY	6	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00
17.00	SOCIAL SERVICE	7	PATIENT DAYS	17.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140304

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2014 7:10 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	2,165	2,368	4,533	4,533 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	176,710	193,315	370,025	687 5.00
7.00 00700	OPERATION OF PLANT	0	374,056	409,204	783,260	175 7.00
9.00 00900	HOUSEKEEPING	0	34,262	37,481	71,743	0 9.00
10.00 01000	DIETARY	0	180,277	197,216	377,493	0 10.00
11.00 01100	CAFETERIA	0	67,225	73,542	140,767	0 11.00
13.00 01300	NURSING ADMINISTRATION	0	112,268	122,818	235,086	100 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	119,009	130,192	249,201	65 14.00
15.00 01500	PHARMACY	0	47,146	51,576	98,722	157 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	70,111	76,699	146,810	124 16.00
17.00 01700	SOCIAL SERVICE	0	14,863	16,260	31,123	80 17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,592,824	1,742,496	3,335,320	796 30.00
31.00 03100	INTENSIVE CARE UNIT	0	243,729	266,631	510,360	224 31.00
43.00 04300	NURSERY	0	74,213	81,187	155,400	101 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	684,206	748,498	1,432,704	345 50.00
51.00 05100	RECOVERY ROOM	0	73,306	80,195	153,501	63 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	261,334	285,891	547,225	181 52.00
53.00 05300	ANESTHESIOLOGY	0	12,843	14,050	26,893	6 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	475,667	520,363	996,030	295 54.00
56.00 05600	RADIOISOTOPE	0	150,571	164,719	315,290	23 56.00
57.00 05700	CT SCAN	0	26,964	29,498	56,462	58 57.00
58.00 05800	MRI	0	18,966	20,748	39,714	23 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	23,192	25,371	48,563	55 59.00
60.00 06000	LABORATORY	0	81,779	89,463	171,242	193 60.00
65.00 06500	RESPIRATORY THERAPY	0	11,132	12,178	23,310	89 65.00
66.00 06600	PHYSICAL THERAPY	0	131,461	143,814	275,275	57 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	19,667	21,515	41,182	13 67.00
68.00 06800	SPEECH PATHOLOGY	0	1,732	1,894	3,626	7 68.00
69.00 06900	ELECTROCARDIOLOGY	0	12,101	13,238	25,339	58 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	18,966	20,748	39,714	4 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00 03020	ANCILLARY	0	0	0	0	0 76.00
76.01 03950	WOUND CARE	0	53,599	58,635	112,234	26 76.01
76.97 07697	CARDIAC REHABILITATION	0	31,128	34,053	65,181	13 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	74,688	81,706	156,394	45 90.00
91.00 09100	EMERGENCY	0	302,048	330,431	632,479	419 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,574,208	6,097,993	11,672,201	4,482 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	22,532	24,649	47,181	8 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00 07950	FOUNDATION	0	4,164	4,555	8,719	17 194.00
194.01 07951	MARKETING	0	8,040	8,795	16,835	10 194.01
194.02 07952	PROF OFFICE BUILDINGS	0	0	0	0	0 194.02
194.03 07953	OP PHARMACY	0	4,824	5,277	10,101	16 194.03
200.00	Cross Foot Adjustments				0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	5,613,768	6,141,269	11,755,037	4,533 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 7:10 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	HOUSEKEEPING	DIETARY	CAFETERIA		
		5.00	7.00	9.00	10.00	11.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	370,712				5.00	
7.00	00700	OPERATION OF PLANT	26,885	810,320			7.00	
9.00	00900	HOUSEKEEPING	10,620	5,486	87,849		9.00	
10.00	01000	DIETARY	3,520	28,865	3,151	413,029	10.00	
11.00	01100	CAFETERIA	6,087	10,764	1,175	0	158,793	11.00
13.00	01300	NURSING ADMINISTRATION	6,544	17,976	1,962	0	2,805	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,370	19,055	2,080	0	4,106	14.00
15.00	01500	PHARMACY	6,456	7,549	824	0	5,323	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,555	11,226	1,225	0	6,123	16.00
17.00	01700	SOCIAL SERVICE	4,857	2,380	260	0	3,331	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	49,535	255,035	27,838	365,761	39,424	30.00
31.00	03100	INTENSIVE CARE UNIT	12,314	39,025	4,260	47,268	8,324	31.00
43.00	04300	NURSERY	5,709	11,883	1,297	0	4,440	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	23,459	109,552	11,958	0	14,756	50.00
51.00	05100	RECOVERY ROOM	3,432	11,738	1,281	0	1,970	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,144	41,844	4,567	0	7,429	52.00
53.00	05300	ANESTHESIOLOGY	1,209	2,056	224	0	420	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,083	76,162	8,313	0	13,159	54.00
56.00	05600	RADIOISOTOPE	2,410	24,109	2,632	0	655	56.00
57.00	05700	CT SCAN	3,522	4,317	471	0	2,252	57.00
58.00	05800	MRI	1,576	3,037	331	0	844	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,217	3,713	405	0	1,661	59.00
60.00	06000	LABORATORY	17,861	13,094	1,429	0	9,776	60.00
65.00	06500	RESPIRATORY THERAPY	4,568	1,782	195	0	4,286	65.00
66.00	06600	PHYSICAL THERAPY	8,378	21,049	2,298	0	2,595	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,342	3,149	344	0	488	67.00
68.00	06800	SPEECH PATHOLOGY	382	277	30	0	244	68.00
69.00	06900	ELECTROCARDIOLOGY	2,669	1,938	211	0	2,573	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,519	3,037	331	0	210	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,563	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,542	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,248	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,271	0	0	0	0	74.00
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	1,772	8,582	937	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	877	4,984	544	0	548	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	2,164	11,959	1,305	0	2,017	90.00
91.00	09100	EMERGENCY	23,039	48,363	5,279	0	18,674	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	328,699	803,986	87,157	413,029	158,433	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	422	3,608	394	0	360	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	35,831	0	0	0	0	192.00
194.00	07950	FOUNDATION	835	667	73	0	0	194.00
194.01	07951	MARKETING	3,228	1,287	141	0	0	194.01
194.02	07952	PROF OFFICE BUILDINGS	0	0	0	0	0	194.02
194.03	07953	OP PHARMACY	1,697	772	84	0	0	194.03
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)	370,712	810,320	87,849	413,029	158,793	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 7:10 pm
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	264,473					13.00
14.00	01400	0	279,877				14.00
15.00	01500	0	259	119,290			15.00
16.00	01600	0	0	0	174,063		16.00
17.00	01700	0	0	0	0	42,031	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	106,994	9,912	0	11,439	32,619	30.00
31.00	03100	22,590	3,471	0	2,071	4,215	31.00
43.00	04300	12,046	537	0	1,203	4,942	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	40,046	8,771	50	14,920	0	50.00
51.00	05100	5,349	425	0	1,988	0	51.00
52.00	05200	20,163	2,616	0	2,146	255	52.00
53.00	05300	1,137	1,900	3,491	4,063	0	53.00
54.00	05400	0	1,703	46	17,507	0	54.00
56.00	05600	0	100	0	2,574	0	56.00
57.00	05700	0	430	20	17,723	0	57.00
58.00	05800	0	69	0	4,569	0	58.00
59.00	05900	0	460	0	3,170	0	59.00
60.00	06000	0	1,559	1	23,667	0	60.00
65.00	06500	0	804	0	3,732	0	65.00
66.00	06600	0	69	8	2,713	0	66.00
67.00	06700	0	13	0	474	0	67.00
68.00	06800	0	0	0	197	0	68.00
69.00	06900	0	141	0	4,991	0	69.00
70.00	07000	0	88	0	1,230	0	70.00
71.00	07100	0	85,081	18	6,515	0	71.00
72.00	07200	0	152,870	115,591	7,630	0	72.00
73.00	07300	0	0	0	13,144	0	73.00
74.00	07400	0	0	0	489	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	0	78	0	153	0	76.01
76.97	07697	0	0	0	194	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	5,476	355	0	1,561	0	90.00
91.00	09100	50,672	8,166	65	24,000	0	91.00
92.00	09200						92.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		264,473	279,877	119,290	174,063	42,031	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		264,473	279,877	119,290	174,063	42,031	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 7:10 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	4,234,673	0	4,234,673	30.00
31.00	03100	654,122	0	654,122	31.00
43.00	04300	197,558	0	197,558	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	1,656,561	0	1,656,561	50.00
51.00	05100	179,747	0	179,747	51.00
52.00	05200	637,570	0	637,570	52.00
53.00	05300	41,399	0	41,399	53.00
54.00	05400	1,134,298	0	1,134,298	54.00
56.00	05600	347,793	0	347,793	56.00
57.00	05700	85,255	0	85,255	57.00
58.00	05800	50,163	0	50,163	58.00
59.00	05900	61,244	0	61,244	59.00
60.00	06000	238,822	0	238,822	60.00
65.00	06500	38,766	0	38,766	65.00
66.00	06600	312,442	0	312,442	66.00
67.00	06700	47,005	0	47,005	67.00
68.00	06800	4,763	0	4,763	68.00
69.00	06900	37,920	0	37,920	69.00
70.00	07000	46,133	0	46,133	70.00
71.00	07100	103,177	0	103,177	71.00
72.00	07200	297,633	0	297,633	72.00
73.00	07300	25,392	0	25,392	73.00
74.00	07400	1,760	0	1,760	74.00
76.00	03020	0	0	0	76.00
76.01	03950	123,782	0	123,782	76.01
76.97	07697	72,341	0	72,341	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	181,276	0	181,276	90.00
91.00	09100	811,156	0	811,156	91.00
92.00	09200		0		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300				113.00
118.00		11,622,751	0	11,622,751	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	51,973	0	51,973	190.00
192.00	19200	35,831	0	35,831	192.00
194.00	07950	10,311	0	10,311	194.00
194.01	07951	21,501	0	21,501	194.01
194.02	07952	0	0	0	194.02
194.03	07953	12,670	0	12,670	194.03
200.00		0	0	0	200.00
201.00		0	0	0	201.00
202.00		11,755,037	0	11,755,037	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140304

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

Worksheet B-1

Date/Time Prepared:  
5/27/2014 7:10 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00	4.00	5A	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	272,317				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		272,317			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	105	105	35,722,087		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	8,572	8,572	5,407,704	-17,474,755	5.00
7.00 00700	OPERATION OF PLANT	18,145	18,145	1,379,219	0	7.00
9.00 00900	HOUSEKEEPING	1,662	1,662	0	0	9.00
10.00 01000	DIETARY	8,745	8,745	0	0	10.00
11.00 01100	CAFETERIA	3,261	3,261	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	5,446	5,446	790,828	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	5,773	5,773	512,848	0	14.00
15.00 01500	PHARMACY	2,287	2,287	1,235,983	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,401	3,401	973,105	0	16.00
17.00 01700	SOCIAL SERVICE	721	721	627,455	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	77,266	77,266	6,310,741	0	30.00
31.00 03100	INTENSIVE CARE UNIT	11,823	11,823	1,765,241	0	31.00
43.00 04300	NURSERY	3,600	3,600	797,541	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	33,190	33,190	2,717,115	0	50.00
51.00 05100	RECOVERY ROOM	3,556	3,556	492,433	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	12,677	12,677	1,423,300	0	52.00
53.00 05300	ANESTHESIOLOGY	623	623	47,517	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	23,074	23,074	2,321,616	0	54.00
56.00 05600	RADIOISOTOPE	7,304	7,304	180,192	0	56.00
57.00 05700	CT SCAN	1,308	1,308	458,630	0	57.00
58.00 05800	MRI	920	920	182,271	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,125	1,125	434,498	0	59.00
60.00 06000	LABORATORY	3,967	3,967	1,520,693	0	60.00
65.00 06500	RESPIRATORY THERAPY	540	540	697,238	0	65.00
66.00 06600	PHYSICAL THERAPY	6,377	6,377	448,307	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	954	954	102,066	0	67.00
68.00 06800	SPEECH PATHOLOGY	84	84	54,789	0	68.00
69.00 06900	ELECTROCARDIOLOGY	587	587	453,162	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	920	920	31,974	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00 03020	ANCILLARY	0	0	0	0	76.00
76.01 03950	WOUND CARE	2,600	2,600	201,505	0	76.01
76.97 07697	CARDIAC REHABILITATION	1,510	1,510	103,610	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	3,623	3,623	355,993	0	90.00
91.00 09100	EMERGENCY	14,652	14,652	3,297,128	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	270,398	270,398	35,324,702	-17,474,755	74,997,985
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,093	1,093	61,495	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00 07950	FOUNDATION	202	202	135,576	0	194.00
194.01 07951	MARKETING	390	390	75,813	0	194.01
194.02 07952	PROF OFFICE BUILDINGS	0	0	0	130,336	194.02
194.03 07953	OP PHARMACY	234	234	124,501	0	194.03
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,613,768	6,141,269	6,127,871		17,474,755
203.00	Unit cost multiplier (Wkst. B, Part I)	20.614828	22.551912	0.171543		0.206597
204.00	Cost to be allocated (per Wkst. B, Part II)			4,533		370,712
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000127		0.004383

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140304

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

Worksheet B-1

Date/Time Prepared:  
5/27/2014 7:10 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (TOTAL HOURS)	NURSING ADMINISTRATION (TOTAL HOURS)	
		7.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	245,495				7.00
9.00	00900	HOUSEKEEPING	1,662	243,833			9.00
10.00	01000	DIETARY	8,745	8,745	65,902		10.00
11.00	01100	CAFETERIA	3,261	3,261	0	37,084	11.00
13.00	01300	NURSING ADMINISTRATION	5,446	5,446	0	655	473,397
14.00	01400	CENTRAL SERVICES & SUPPLY	5,773	5,773	0	959	0
15.00	01500	PHARMACY	2,287	2,287	0	1,243	0
16.00	01600	MEDICAL RECORDS & LIBRARY	3,401	3,401	0	1,430	0
17.00	01700	SOCIAL SERVICE	721	721	0	778	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	77,266	77,266	58,360	9,207	191,515
31.00	03100	INTENSIVE CARE UNIT	11,823	11,823	7,542	1,944	40,436
43.00	04300	NURSERY	3,600	3,600	0	1,037	21,561
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	33,190	33,190	0	3,446	71,681
51.00	05100	RECOVERY ROOM	3,556	3,556	0	460	9,575
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,677	12,677	0	1,735	36,091
53.00	05300	ANESTHESIOLOGY	623	623	0	98	2,035
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,074	23,074	0	3,073	0
56.00	05600	RADIOISOTOPE	7,304	7,304	0	153	0
57.00	05700	CT SCAN	1,308	1,308	0	526	0
58.00	05800	MRI	920	920	0	197	0
59.00	05900	CARDIAC CATHETERIZATION	1,125	1,125	0	388	0
60.00	06000	LABORATORY	3,967	3,967	0	2,283	0
65.00	06500	RESPIRATORY THERAPY	540	540	0	1,001	0
66.00	06600	PHYSICAL THERAPY	6,377	6,377	0	606	0
67.00	06700	OCCUPATIONAL THERAPY	954	954	0	114	0
68.00	06800	SPEECH PATHOLOGY	84	84	0	57	0
69.00	06900	ELECTROCARDIOLOGY	587	587	0	601	0
70.00	07000	ELECTROENCEPHALOGRAPHY	920	920	0	49	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03020	ANCILLARY	0	0	0	0	0
76.01	03950	WOUND CARE	2,600	2,600	0	0	0
76.97	07697	CARDIAC REHABILITATION	1,510	1,510	0	128	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	3,623	3,623	0	471	9,802
91.00	09100	EMERGENCY	14,652	14,652	0	4,361	90,701
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	243,576	241,914	65,902	37,000	473,397
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,093	1,093	0	84	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	FOUNDATION	202	202	0	0	0
194.01	07951	MARKETING	390	390	0	0	0
194.02	07952	PROF OFFICE BUILDINGS	0	0	0	0	0
194.03	07953	OP PHARMACY	234	234	0	0	0
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)	7,401,110	2,973,745	1,339,300	1,813,710	2,064,170
203.00		Unit cost multiplier (Wkst. B, Part I)	30.147702	12.195827	20.322600	48.908154	4.360336
204.00		Cost to be allocated (per Wkst. B, Part II)	810,320	87,849	413,029	158,793	264,473
205.00		Unit cost multiplier (Wkst. B, Part II)	3.300760	0.360283	6.267321	4.281981	0.558671

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140304

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

Worksheet B-1

Date/Time Prepared:  
5/27/2014 7:10 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
		14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
7.00	00700					7.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400	8,998,097				14.00
15.00	01500	8,336	2,883,797			15.00
16.00	01600	0	0	414,207,514		16.00
17.00	01700	0	0	0	21,766	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	318,685	0	27,236,103	16,892	30.00
31.00	03100	111,597	10	4,931,947	2,183	31.00
43.00	04300	17,257	0	2,863,712	2,559	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	281,987	1,210	35,523,653	0	50.00
51.00	05100	13,672	0	4,733,195	0	51.00
52.00	05200	84,091	0	5,110,613	132	52.00
53.00	05300	61,100	84,398	9,672,852	0	53.00
54.00	05400	54,762	1,107	41,683,297	0	54.00
56.00	05600	3,218	0	6,129,411	0	56.00
57.00	05700	13,827	490	42,196,772	0	57.00
58.00	05800	2,212	0	10,879,509	0	58.00
59.00	05900	14,795	0	7,547,757	0	59.00
60.00	06000	50,125	15	56,351,020	0	60.00
65.00	06500	25,834	0	8,886,642	0	65.00
66.00	06600	2,213	199	6,459,412	0	66.00
67.00	06700	425	0	1,127,461	0	67.00
68.00	06800	0	0	468,858	0	68.00
69.00	06900	4,519	0	11,882,843	0	69.00
70.00	07000	2,826	0	2,928,878	0	70.00
71.00	07100	2,735,358	437	15,513,048	0	71.00
72.00	07200	4,914,790	2,794,352	18,166,049	0	72.00
73.00	07300	0	0	31,296,049	0	73.00
74.00	07400	0	0	1,164,000	0	74.00
76.00	03020	0	0	0	0	76.00
76.01	03950	2,513	0	363,844	0	76.01
76.97	07697	0	1	461,902	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	11,411	0	3,717,229	0	90.00
91.00	09100	262,544	1,578	56,911,458	0	91.00
92.00	09200					92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300					113.00
118.00		8,998,097	2,883,797	414,207,514	21,766	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	0	0	0	0	190.00
192.00	19200	0	0	0	0	192.00
194.00	07950	0	0	0	0	194.00
194.01	07951	0	0	0	0	194.01
194.02	07952	0	0	0	0	194.02
194.03	07953	0	0	0	0	194.03
200.00						200.00
201.00						201.00
202.00		1,769,579	1,936,620	2,568,958	1,405,673	202.00
203.00		0.196661	0.671552	0.006202	64.581136	203.00
204.00		279,877	119,290	174,063	42,031	204.00
205.00		0.031104	0.041366	0.000420	1.931039	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 7:10 pm
		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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		20,707,106	0	20,707,106	30.00
31.00	03100 INTENSIVE CARE UNIT		4,508,641	0	4,508,641	31.00
43.00	04300 NURSERY		2,055,224	0	2,055,224	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		8,621,222	0	8,621,222	50.00
51.00	05100 RECOVERY ROOM		1,191,784	0	1,191,784	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,903,708	0	3,903,708	52.00
53.00	05300 ANESTHESIOLOGY		501,445	0	501,445	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		7,201,440	0	7,201,440	54.00
56.00	05600 RADIOISOTOPE		1,018,794	0	1,018,794	56.00
57.00	05700 CT SCAN		1,315,417	0	1,315,417	57.00
58.00	05800 MRI		550,263	0	550,263	58.00
59.00	05900 CARDIAC CATHETERIZATION		1,001,810	0	1,001,810	59.00
60.00	06000 LABORATORY		5,555,952	0	5,555,952	60.00
65.00	06500 RESPIRATORY THERAPY	0	1,389,667	0	1,389,667	65.00
66.00	06600 PHYSICAL THERAPY	0	2,646,692	0	2,646,692	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	422,404	0	422,404	67.00
68.00	06800 SPEECH PATHOLOGY	0	114,505	0	114,505	68.00
69.00	06900 ELECTROCARDIOLOGY		863,579	0	863,579	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		478,222	0	478,222	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		3,817,487	0	3,817,487	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		8,885,939	0	8,885,939	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		3,565,756	0	3,565,756	73.00
74.00	07400 RENAL DIALYSIS		357,087	0	357,087	74.00
76.00	03020 ANCILLARY		0	0	0	76.00
76.01	03950 WOUND CARE		600,694	0	600,694	76.01
76.97	07697 CARDIAC REHABILITATION		314,617	0	314,617	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		840,326	0	840,326	90.00
91.00	09100 EMERGENCY		7,977,233	0	7,977,233	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		3,758,235	0	3,758,235	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		94,165,249	0	94,165,249	200.00
201.00	Less Observation Beds		3,758,235		3,758,235	201.00
202.00	Total (see instructions)		90,407,014	0	90,407,014	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 7:10 pm
		Title XVII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
	9.00	10.00				
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	20,264,743		20,264,743	30.00
31.00	03100	INTENSIVE CARE UNIT	4,931,947		4,931,947	31.00
43.00	04300	NURSERY	2,863,712		2,863,712	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	9,545,828	25,977,825	35,523,653	0.242690 50.00
51.00	05100	RECOVERY ROOM	1,468,264	3,264,931	4,733,195	0.251793 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,444,218	666,395	5,110,613	0.763843 52.00
53.00	05300	ANESTHESIOLOGY	3,574,987	6,097,865	9,672,852	0.051840 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,261,680	34,421,617	41,683,297	0.172766 54.00
56.00	05600	RADIOISOTOPE	1,703,142	4,426,269	6,129,411	0.166214 56.00
57.00	05700	CT SCAN	11,117,606	31,079,166	42,196,772	0.031173 57.00
58.00	05800	MRI	2,688,375	8,191,134	10,879,509	0.050578 58.00
59.00	05900	CARDIAC CATHETERIZATION	5,408,943	2,138,814	7,547,757	0.132729 59.00
60.00	06000	LABORATORY	27,217,084	29,133,936	56,351,020	0.098595 60.00
65.00	06500	RESPIRATORY THERAPY	7,707,257	1,179,385	8,886,642	0.156377 65.00
66.00	06600	PHYSICAL THERAPY	1,202,680	5,256,732	6,459,412	0.409742 66.00
67.00	06700	OCCUPATIONAL THERAPY	745,829	381,632	1,127,461	0.374651 67.00
68.00	06800	SPEECH PATHOLOGY	318,183	150,675	468,858	0.244221 68.00
69.00	06900	ELECTROCARDIOLOGY	4,806,705	7,076,138	11,882,843	0.072674 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	343,758	2,585,120	2,928,878	0.163278 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,206,689	9,306,359	15,513,048	0.246082 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,997,562	11,168,487	18,166,049	0.489151 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,003,903	10,292,146	31,296,049	0.113936 73.00
74.00	07400	RENAL DIALYSIS	1,164,000	0	1,164,000	0.306776 74.00
76.00	03020	ANCILLARY	0	0	0	0.000000 76.00
76.01	03950	WOUND CARE	0	363,844	363,844	1.650966 76.01
76.97	07697	CARDIAC REHABILITATION	8,580	453,322	461,902	0.681134 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	41,566	3,675,663	3,717,229	0.226062 90.00
91.00	09100	EMERGENCY	11,665,587	45,245,871	56,911,458	0.140169 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	755,508	6,215,852	6,971,360	0.539096 92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	165,458,336	248,749,178	414,207,514	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	165,458,336	248,749,178	414,207,514	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 7:10 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.242690		50.00
51.00	05100 RECOVERY ROOM	0.251793		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.763843		52.00
53.00	05300 ANESTHESIOLOGY	0.051840		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.172766		54.00
56.00	05600 RADIOISOTOPE	0.166214		56.00
57.00	05700 CT SCAN	0.031173		57.00
58.00	05800 MRI	0.050578		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.132729		59.00
60.00	06000 LABORATORY	0.098595		60.00
65.00	06500 RESPIRATORY THERAPY	0.156377		65.00
66.00	06600 PHYSICAL THERAPY	0.409742		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.374651		67.00
68.00	06800 SPEECH PATHOLOGY	0.244221		68.00
69.00	06900 ELECTROCARDIOLOGY	0.072674		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.163278		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.246082		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.489151		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.113936		73.00
74.00	07400 RENAL DIALYSIS	0.306776		74.00
76.00	03020 ANCILLARY	0.000000		76.00
76.01	03950 WOUND CARE	1.650966		76.01
76.97	07697 CARDIAC REHABILITATION	0.681134		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.226062		90.00
91.00	09100 EMERGENCY	0.140169		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.539096		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 7:10 pm
		Title XIX	Hospital	Cost

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		20,707,106	0	20,707,106	30.00
31.00	03100 INTENSIVE CARE UNIT		4,508,641	0	4,508,641	31.00
43.00	04300 NURSERY		2,055,224	0	2,055,224	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		8,621,222	0	8,621,222	50.00
51.00	05100 RECOVERY ROOM		1,191,784	0	1,191,784	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,903,708	0	3,903,708	52.00
53.00	05300 ANESTHESIOLOGY		501,445	0	501,445	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		7,201,440	0	7,201,440	54.00
56.00	05600 RADIOISOTOPE		1,018,794	0	1,018,794	56.00
57.00	05700 CT SCAN		1,315,417	0	1,315,417	57.00
58.00	05800 MRI		550,263	0	550,263	58.00
59.00	05900 CARDIAC CATHETERIZATION		1,001,810	0	1,001,810	59.00
60.00	06000 LABORATORY		5,555,952	0	5,555,952	60.00
65.00	06500 RESPIRATORY THERAPY	0	1,389,667	0	1,389,667	65.00
66.00	06600 PHYSICAL THERAPY	0	2,646,692	0	2,646,692	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	422,404	0	422,404	67.00
68.00	06800 SPEECH PATHOLOGY	0	114,505	0	114,505	68.00
69.00	06900 ELECTROCARDIOLOGY		863,579	0	863,579	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		478,222	0	478,222	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		3,817,487	0	3,817,487	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		8,885,939	0	8,885,939	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		3,565,756	0	3,565,756	73.00
74.00	07400 RENAL DIALYSIS		357,087	0	357,087	74.00
76.00	03020 ANCILLARY		0	0	0	76.00
76.01	03950 WOUND CARE		600,694	0	600,694	76.01
76.97	07697 CARDIAC REHABILITATION		314,617	0	314,617	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC		840,326	0	840,326	90.00
91.00	09100 EMERGENCY		7,977,233	0	7,977,233	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		3,758,235	0	3,758,235	92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		94,165,249	0	94,165,249	200.00
201.00	Less Observation Beds		3,758,235		3,758,235	201.00
202.00	Total (see instructions)		90,407,014	0	90,407,014	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 7:10 pm
		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	10.00				
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	20,264,743		20,264,743	30.00
31.00	03100	INTENSIVE CARE UNIT	4,931,947		4,931,947	31.00
43.00	04300	NURSERY	2,863,712		2,863,712	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	9,545,828	25,977,825	35,523,653	0.242690 50.00
51.00	05100	RECOVERY ROOM	1,468,264	3,264,931	4,733,195	0.251793 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,444,218	666,395	5,110,613	0.763843 52.00
53.00	05300	ANESTHESIOLOGY	3,574,987	6,097,865	9,672,852	0.051840 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,261,680	34,421,617	41,683,297	0.172766 54.00
56.00	05600	RADIOISOTOPE	1,703,142	4,426,269	6,129,411	0.166214 56.00
57.00	05700	CT SCAN	11,117,606	31,079,166	42,196,772	0.031173 57.00
58.00	05800	MRI	2,688,375	8,191,134	10,879,509	0.050578 58.00
59.00	05900	CARDIAC CATHETERIZATION	5,408,943	2,138,814	7,547,757	0.132729 59.00
60.00	06000	LABORATORY	27,217,084	29,133,936	56,351,020	0.098595 60.00
65.00	06500	RESPIRATORY THERAPY	7,707,257	1,179,385	8,886,642	0.156377 65.00
66.00	06600	PHYSICAL THERAPY	1,202,680	5,256,732	6,459,412	0.409742 66.00
67.00	06700	OCCUPATIONAL THERAPY	745,829	381,632	1,127,461	0.374651 67.00
68.00	06800	SPEECH PATHOLOGY	318,183	150,675	468,858	0.244221 68.00
69.00	06900	ELECTROCARDIOLOGY	4,806,705	7,076,138	11,882,843	0.072674 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	343,758	2,585,120	2,928,878	0.163278 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,206,689	9,306,359	15,513,048	0.246082 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,997,562	11,168,487	18,166,049	0.489151 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,003,903	10,292,146	31,296,049	0.113936 73.00
74.00	07400	RENAL DIALYSIS	1,164,000	0	1,164,000	0.306776 74.00
76.00	03020	ANCILLARY	0	0	0	0.000000 76.00
76.01	03950	WOUND CARE	0	363,844	363,844	1.650966 76.01
76.97	07697	CARDIAC REHABILITATION	8,580	453,322	461,902	0.681134 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	41,566	3,675,663	3,717,229	0.226062 90.00
91.00	09100	EMERGENCY	11,665,587	45,245,871	56,911,458	0.140169 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	755,508	6,215,852	6,971,360	0.539096 92.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)	165,458,336	248,749,178	414,207,514	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	165,458,336	248,749,178	414,207,514	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 7:10 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
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	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03020 ANCILLARY	0.000000		76.00
76.01	03950 WOUND CARE	0.000000		76.01
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140304		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part I Date/Time Prepared: 5/27/2014 7:10 pm	
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	4,234,673	0	4,234,673	20,568	205.89	30.00
31.00	INTENSIVE CARE UNIT	654,122		654,122	2,183	299.64	31.00
43.00	NURSERY	197,558		197,558	2,559	77.20	43.00
200.00	Total (Lines 30-199)	5,086,353		5,086,353	25,310		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,761	1,392,022				
31.00	INTENSIVE CARE UNIT	1,022	306,232				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	7,783	1,698,254				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/27/2014 7:10 pm
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Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,656,561	35,523,653	0.046633	4,349,375	202,824	50.00
51.00	05100	RECOVERY ROOM	179,747	4,733,195	0.037976	412,573	15,668	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	637,570	5,110,613	0.124754	3,800	474	52.00
53.00	05300	ANESTHESIOLOGY	41,399	9,672,852	0.004280	968,520	4,145	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,134,298	41,683,297	0.027212	2,770,079	75,379	54.00
56.00	05600	RADIOISOTOPE	347,793	6,129,411	0.056742	906,817	51,455	56.00
57.00	05700	CT SCAN	85,255	42,196,772	0.002020	4,521,938	9,134	57.00
58.00	05800	MRI	50,163	10,879,509	0.004611	1,199,630	5,531	58.00
59.00	05900	CARDIAC CATHETERIZATION	61,244	7,547,757	0.008114	1,473,834	11,959	59.00
60.00	06000	LABORATORY	238,822	56,351,020	0.004238	12,280,825	52,046	60.00
65.00	06500	RESPIRATORY THERAPY	38,766	8,886,642	0.004362	3,895,315	16,991	65.00
66.00	06600	PHYSICAL THERAPY	312,442	6,459,412	0.048370	733,135	35,462	66.00
67.00	06700	OCCUPATIONAL THERAPY	47,005	1,127,461	0.041691	454,056	18,930	67.00
68.00	06800	SPEECH PATHOLOGY	4,763	468,858	0.010159	212,849	2,162	68.00
69.00	06900	ELECTROCARDIOLOGY	37,920	11,882,843	0.003191	2,411,479	7,695	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	46,133	2,928,878	0.015751	159,639	2,514	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	103,177	15,513,048	0.006651	1,956,331	13,012	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	297,633	18,166,049	0.016384	2,631,150	43,109	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,392	31,296,049	0.000811	9,544,153	7,740	73.00
74.00	07400	RENAL DIALYSIS	1,760	1,164,000	0.001512	851,724	1,288	74.00
76.00	03020	ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03950	WOUND CARE	123,782	363,844	0.340206	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	72,341	461,902	0.156615	3,070	481	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	181,276	3,717,229	0.048766	0	0	90.00
91.00	09100	EMERGENCY	811,156	56,911,458	0.014253	4,029,056	57,426	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	768,570	6,971,360	0.110247	542,130	59,768	92.00
200.00		Total (lines 50-199)	7,304,968	386,147,112		56,311,478	695,193	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140304		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part III Date/Time Prepared: 5/27/2014 7:10 pm	
Title XVIII			Hospital			PPS		
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00	
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)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,568	0.00	6,761	0	0 30.00	
31.00	03100	INTENSIVE CARE UNIT	2,183	0.00	1,022	0	0 31.00	
43.00	04300	NURSERY	2,559	0.00	0	0	0 43.00	
200.00		Total (lines 30-199)	25,310		7,783	0	0 200.00	
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
			12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				
31.00	03100	INTENSIVE CARE UNIT	0	0				
43.00	04300	NURSERY	0	0				
200.00		Total (lines 30-199)	0	0				

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 7:10 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
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	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
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 PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ANCILLARY	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
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: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 7:10 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	35,523,653	0.000000	0.000000	4,349,375	50.00
51.00	05100 RECOVERY ROOM	0	4,733,195	0.000000	0.000000	412,573	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,110,613	0.000000	0.000000	3,800	52.00
53.00	05300 ANESTHESIOLOGY	0	9,672,852	0.000000	0.000000	968,520	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	41,683,297	0.000000	0.000000	2,770,079	54.00
56.00	05600 RADIOISOTOPE	0	6,129,411	0.000000	0.000000	906,817	56.00
57.00	05700 CT SCAN	0	42,196,772	0.000000	0.000000	4,521,938	57.00
58.00	05800 MRI	0	10,879,509	0.000000	0.000000	1,199,630	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	7,547,757	0.000000	0.000000	1,473,834	59.00
60.00	06000 LABORATORY	0	56,351,020	0.000000	0.000000	12,280,825	60.00
65.00	06500 RESPIRATORY THERAPY	0	8,886,642	0.000000	0.000000	3,895,315	65.00
66.00	06600 PHYSICAL THERAPY	0	6,459,412	0.000000	0.000000	733,135	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,127,461	0.000000	0.000000	454,056	67.00
68.00	06800 SPEECH PATHOLOGY	0	468,858	0.000000	0.000000	212,849	68.00
69.00	06900 ELECTROCARDIOLOGY	0	11,882,843	0.000000	0.000000	2,411,479	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,928,878	0.000000	0.000000	159,639	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	15,513,048	0.000000	0.000000	1,956,331	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	18,166,049	0.000000	0.000000	2,631,150	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	31,296,049	0.000000	0.000000	9,544,153	73.00
74.00	07400 RENAL DIALYSIS	0	1,164,000	0.000000	0.000000	851,724	74.00
76.00	03020 ANCILLARY	0	0	0.000000	0.000000	0	76.00
76.01	03950 WOUND CARE	0	363,844	0.000000	0.000000	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	461,902	0.000000	0.000000	3,070	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	3,717,229	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	56,911,458	0.000000	0.000000	4,029,056	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	6,971,360	0.000000	0.000000	542,130	92.00
200.00	Total (lines 50-199)	0	386,147,112			56,311,478	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 7:10 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00	21.00	22.00	
50.00	05000 OPERATING ROOM	0	5,090,314	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	369,501	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	750	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	907,682	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,045,604	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	1,706,086	0	0	0	56.00
57.00	05700 CT SCAN	0	5,674,991	0	0	0	57.00
58.00	05800 MRI	0	2,111,237	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	286,819	0	0	0	59.00
60.00	06000 LABORATORY	0	583,382	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	295,443	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	1,587,523	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	434,471	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,652,999	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,461,425	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,213,745	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 ANCILLARY	0	0	0	0	0	76.00
76.01	03950 WOUND CARE	0	0	0	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	207,737	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	86,412	0	0	0	90.00
91.00	09100 EMERGENCY	0	4,289,853	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,397,459	0	0	0	92.00
200.00	Total (lines 50-199)	0	36,403,433	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 7:10 pm
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
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	05600 RADIOISOTOPE	0	0			56.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MRI	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
76.00	03020 ANCILLARY	0	0			76.00
76.01	03950 WOUND CARE	0	0			76.01
76.97	07697 CARDIAC REHABILITATION	0	0			76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0			90.00
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 7:10 pm
		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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.242690	5,090,314	0	0	1,235,368	50.00
51.00	05100 RECOVERY ROOM	0.251793	369,501	0	0	93,038	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.763843	750	0	0	573	52.00
53.00	05300 ANESTHESIOLOGY	0.051840	907,682	0	0	47,054	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.172766	4,045,604	0	0	698,943	54.00
56.00	05600 RADIOISOTOPE	0.166214	1,706,086	0	0	283,575	56.00
57.00	05700 CT SCAN	0.031173	5,674,991	0	0	176,906	57.00
58.00	05800 MRI	0.050578	2,111,237	0	0	106,782	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.132729	286,819	0	0	38,069	59.00
60.00	06000 LABORATORY	0.098595	583,382	0	0	57,519	60.00
65.00	06500 RESPIRATORY THERAPY	0.156377	295,443	0	0	46,200	65.00
66.00	06600 PHYSICAL THERAPY	0.409742	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.374651	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.244221	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.072674	1,587,523	0	0	115,372	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.163278	434,471	0	0	70,940	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.246082	1,652,999	1,869	0	406,773	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.489151	2,461,425	0	0	1,204,009	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.113936	3,213,745	0	71,349	366,161	73.00
74.00	07400 RENAL DIALYSIS	0.306776	0	0	0	0	74.00
76.00	03020 ANCILLARY	0.000000	0	0	0	0	76.00
76.01	03950 WOUND CARE	1.650966	0	0	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0.681134	207,737	0	0	141,497	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0.226062	86,412	0	0	19,534	90.00
91.00	09100 EMERGENCY	0.140169	4,289,853	0	0	601,304	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.539096	1,397,459	0	0	753,365	92.00
200.00	Subtotal (see instructions)		36,403,433	1,869	71,349	6,462,982	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		36,403,433	1,869	71,349	6,462,982	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 7:10 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	460	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	8,129		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 ANCILLARY	0	0		76.00
76.01 03950 WOUND CARE	0	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	460	8,129		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	460	8,129		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2014 7:10 pm
Cost Center Description		PPS		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		20,568	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,568	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)		16,835	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,761	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
<b>SWING BED ADJUSTMENT</b>				
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)		20,707,106	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)		20,707,106	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		20,707,106	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,006.76	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,806,704	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)		6,806,704	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140304		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/27/2014 7:10 pm	
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)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	4,508,641	2,183	2,065.34	1,022	2,110,777		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)					8,759,137		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					17,676,618		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,698,254		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					695,193		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,393,447		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					15,283,171		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)					3,733		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,006.76		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,758,235		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140304		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 7:10 pm	
Title XVIII		Hospital		PPS			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,234,673	20,707,106	0.204503	3,758,235	768,570	90.00
91.00	Nursing School cost	0	20,707,106	0.000000	3,758,235	0	91.00
92.00	Allied health cost	0	20,707,106	0.000000	3,758,235	0	92.00
93.00	All other Medical Education	0	20,707,106	0.000000	3,758,235	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/27/2014 7:10 pm	
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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		7,295,839	30.00
31.00	03100	INTENSIVE CARE UNIT		2,327,494	31.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.242690	4,349,375	1,055,550 50.00
51.00	05100	RECOVERY ROOM	0.251793	412,573	103,883 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.763843	3,800	2,903 52.00
53.00	05300	ANESTHESIOLOGY	0.051840	968,520	50,208 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172766	2,770,079	478,575 54.00
56.00	05600	RADIOISOTOPE	0.166214	906,817	150,726 56.00
57.00	05700	CT SCAN	0.031173	4,521,938	140,962 57.00
58.00	05800	MRI	0.050578	1,199,630	60,675 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.132729	1,473,834	195,621 59.00
60.00	06000	LABORATORY	0.098595	12,280,825	1,210,828 60.00
65.00	06500	RESPIRATORY THERAPY	0.156377	3,895,315	609,138 65.00
66.00	06600	PHYSICAL THERAPY	0.409742	733,135	300,396 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.374651	454,056	170,113 67.00
68.00	06800	SPEECH PATHOLOGY	0.244221	212,849	51,982 68.00
69.00	06900	ELECTROCARDIOLOGY	0.072674	2,411,479	175,252 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.163278	159,639	26,066 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.246082	1,956,331	481,418 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.489151	2,631,150	1,287,030 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.113936	9,544,153	1,087,423 73.00
74.00	07400	RENAL DIALYSIS	0.306776	851,724	261,288 74.00
76.00	03020	ANCILLARY	0.000000	0	0 76.00
76.01	03950	WOUND CARE	1.650966	0	0 76.01
76.97	07697	CARDIAC REHABILITATION	0.681134	3,070	2,091 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.226062	0	0 90.00
91.00	09100	EMERGENCY	0.140169	4,029,056	564,749 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.539096	542,130	292,260 92.00
200.00		Total (sum of lines 50-94 and 96-98)		56,311,478	8,759,137 200.00
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)		56,311,478	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 7:10 pm
		Title XVII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
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)		10,673,841	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		3,352,060	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)		80,767	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		1,346,939	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		133.62	4.00
<b>Indirect Medical Education Adjustment</b>				
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
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
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
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		7.14	30.00
31.00	Percentage of Medicaid patient days (see instructions)		27.25	31.00
32.00	Sum of lines 30 and 31		34.39	32.00
33.00	Allowable disproportionate share percentage (see instructions)		17.59	33.00
34.00	Disproportionate share adjustment (see instructions)		2,024,936	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 7:10 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			9,046,380,143	35.00
35.01	Factor 3 (see instructions)			0.000185014	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			1,673,704	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			421,865	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		421,865		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>					
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)		16,553,469		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)		16,553,469		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,253,121		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			868	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)		17,807,458		59.00
60.00	Primary payer payments			3,019	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		17,804,439		61.00
62.00	Deductibles billed to program beneficiaries			1,389,624	62.00
63.00	Coinurance billed to program beneficiaries			61,202	63.00
64.00	Allowable bad debts (see instructions)			449,836	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			292,393	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			383,790	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		16,646,006		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			-1,677	70.00
70.92	Bundled Model 1 discount amount			0	70.92
70.93	HVBP incentive payment (see instructions)			-6,012	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-139,598	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: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 7:10 pm	
		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)		16,498,719		71.00
71.01	Sequestration adjustment (see instructions)		249,131		71.01
72.00	Interim payments		16,144,140		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		105,448		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		849,786		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140304		Period: From 01/01/2013 To 12/31/2013		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/27/2014 7:10 pm	
		PPS					
		Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF THE DSH PAYMENT PERCENTAGE</b>							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	7.14	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	27.25	0.00			27.25	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	34.39	0.00			27.25	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	133.62	0.00			133.62	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	17.59	0.00			11.70	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	7.14	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
<b>CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS</b>							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	3,779	0			3,779	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	1,367	0			1,367	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	12	0			12	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	757	0			757	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	5,915	0			5,915	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	21,577	0			21,577	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	132	0			132	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	21,709	0			21,709	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	27.25	0.00			27.25	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140304		Period: From 01/01/2013 To 12/31/2013		Worksheet DSH Date/Time Prepared: 5/27/2014 7:10 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	17.59		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		17.59		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		17.59		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>DETERMINATION OF PROVIDER TYPE</b>							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet DSH Date/Time Prepared: 5/27/2014 7:10 pm
		Title XVIII	Hospital	PPS

		Revised Percentage	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE		6.00	
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	11.70	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00	29.00
30.00	Line 28 or 29 as applicable	11.70	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	11.70	31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140304

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/27/2014 7:10 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013	1.01	10,673,841	0	10,673,841	0	10,673,841	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013	1.02	3,352,060	0	0	3,352,060	3,352,060	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI	1.03	0	0	0	0	0	1.03
2.00	Outlier payments for discharges (see instructions)	2.00	80,767	0	70,079	10,689	80,768	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	1,346,939	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1759	0.1759	0.1759	0.1759		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,024,936	0	1,877,529	147,407	2,024,936	11.00
11.01	Uncompensated care payments	36.00	421,865	0	0	421,865	421,865	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	16,553,469	0	12,621,448	3,932,021	16,553,469	13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	16,553,469	0	12,621,448	3,932,021	16,553,469	15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	1,253,121	0	963,104	290,017	1,253,121	16.00
17.00	Special add-on payments for new technologies	54.00	868	0	868	0	868	17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	13,585,420	4,222,038	17,807,458	19.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140304

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

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
5/27/2014 7:10 pm

		Title XVIII		Hospital		PPS		
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,116,701	0	848,829	267,872	1,116,701	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	55,906	0	53,075	2,831	55,906	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0721	0.0721	0.0721	0.0721		24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	80,514	0	61,200	19,314	80,514	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	1,253,121	0	963,104	290,017	1,253,121	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to W/S E Part A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/27/2014 7:10 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			8,589 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			6,462,982 2.00
3.00	PPS payments			5,890,164 3.00
4.00	Outlier payment (see instructions)			11,481 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			8,589 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			73,218 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)			73,218 14.00
<b>Customary charges</b>				
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)			73,218 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			64,629 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)			8,589 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)			5,901,645 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			374 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			1,304,383 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)			4,605,477 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)			4,605,477 30.00
31.00	Primary payer payments			1,324 31.00
32.00	Subtotal (line 30 minus line 31)			4,604,153 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			393,440 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			255,736 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			353,340 36.00
37.00	Subtotal (see instructions)			4,859,889 37.00
38.00	MSP-LCC reconciliation amount from PS&R			-56 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)			4,859,945 40.00
40.01	Sequestration adjustment (see instructions)			73,385 40.01
41.00	Interim payments			4,718,668 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			67,892 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00
				Overrides
				1.00
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140304

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/27/2014 7:10 pm

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		15,953,327		4,690,216	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	11/18/2013	190,813	11/18/2013	28,452	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)		190,813		28,452	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)		16,144,140		4,718,668	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		105,448		67,892	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		16,249,588		4,786,560	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: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part II Date/Time Prepared: 5/27/2014 7:10 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			5,555 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			7,783 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			857 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			19,018 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			414,207,514 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			18,490,274 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)			685,006 8.00
9.00	Sequestration adjustment amount (see instructions)			13,700 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			671,306 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			669,401 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)			1,905 32.00
				Overrides
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			0 108.00

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

Provider CCN: 140304

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

Worksheet G

Date/Time Prepared:  
5/27/2014 7:10 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	9,711,038	0	0	0	1.00
2.00	Temporary investments	9,445,118	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	16,872,827	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-4,371,505	0	0	0	6.00
7.00	Inventory	2,495,049	0	0	0	7.00
8.00	Prepaid expenses	918,701	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	35,071,228	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	5,440,226	0	0	0	12.00
13.00	Land improvements	84,552	0	0	0	13.00
14.00	Accumulated depreciation	-67,016	0	0	0	14.00
15.00	Buildings	105,505,424	0	0	0	15.00
16.00	Accumulated depreciation	-26,251,926	0	0	0	16.00
17.00	Leasehold improvements	22,685,292	0	0	0	17.00
18.00	Accumulated depreciation	-9,835,229	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	35,786,411	0	0	0	23.00
24.00	Accumulated depreciation	-27,193,467	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)	106,154,267	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	5,480,316	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	2,477,977	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	7,958,293	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	149,183,788	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	3,261,115	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,134,041	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,138,372	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	16,660,647	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	28,194,175	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	86,202,016	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	43,456	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	86,245,472	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	114,439,647	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	34,744,141				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	34,744,141	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	149,183,788	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140304

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

Worksheet G-1

Date/Time Prepared:  
5/27/2014 7:10 pm

		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		1,202,539		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-3,901,218			2.00
3.00	Total (sum of line 1 and line 2)		-2,698,679		0	3.00
4.00	DONOR RESTRICTED	375,550		0		4.00
5.00	ADJUSTMENT	37,067,273		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)		37,442,823		0	10.00
11.00	Subtotal (line 3 plus line 10)		34,744,144		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)		34,744,144		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	DONOR RESTRICTED		0			4.00
5.00	ADJUSTMENT		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: 140304

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/27/2014 7:10 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	22,030,350		22,030,350	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	22,030,350		22,030,350	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,930,478		4,930,478	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)	4,930,478		4,930,478	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	26,960,828		26,960,828	17.00
18.00	Ancillary services	124,956,686	205,634,115	330,590,801	18.00
19.00	Outpatient services	11,665,587	45,245,871	56,911,458	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	0	451,305	451,305	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	163,583,101	251,331,291	414,914,392	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		115,534,043		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)		115,534,043		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet G-3 Date/Time Prepared: 5/27/2014 7:10 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	414,914,392	1.00
2.00	Less contractual allowances and discounts on patients' accounts	307,669,417	2.00
3.00	Net patient revenues (line 1 minus line 2)	107,244,975	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	115,534,043	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-8,289,068	5.00
<b>OTHER INCOME</b>			
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	ALL OTHER	4,387,850	24.00
25.00	Total other income (sum of lines 6-24)	4,387,850	25.00
26.00	Total (line 5 plus line 25)	-3,901,218	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-3,901,218	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140304	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/27/2014 7:10 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,116,701	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		55,906	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)		52.10	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)		7.14	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		27.25	8.00
9.00	Sum of lines 7 and 8		34.39	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.21	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		80,514	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,253,121	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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