

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: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 6/1/2015 5:59 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 6/1/2015 Time: 5:59 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 FRANCISCAN ST MARGARET-HAMMOND ( 150004 ) 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	740,834	136,009	-160,697	0	1.00
2.00 Subprovider - IPF	0	39,775	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
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	780,609	136,009	-160,697	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. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 150004		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 6/1/2015 5:59 pm						
1.00		2.00		3.00		4.00									
Hospital and Hospital Health Care Complex Address:															
1.00	Street: 5454 HOMAN AVENUE			PO Box:											
2.00	City: HAMMOND			State: IN		Zip Code: 46320		County: LAKE							
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)							
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00					
Hospital and Hospital-Based Component Identification:															
3.00	Hospital		FRANCISCAN ST MARGARET-HAMMOND		150004	23844	1	07/01/1966	N	P	O	3.00			
4.00	Subprovider - IPF		FRANCISCAN ST MARGARET - HAMMOND PSY		155004	23844	4	01/01/2002	N	P	P	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		FRANCISCAN ST MARGARET - HAMMOND HHA		157145	23844		04/11/1985	N	P	N	12.00			
13.00	Separately Certified ASC											13.00			
14.00	Hospital-Based Hospice											14.00			
15.00	Hospital-Based Health Clinic - RHC											15.00			
16.00	Hospital-Based Health Clinic - FQHC											16.00			
17.00	Hospital-Based (CMHC) I											17.00			
17.10	Hospital-Based (CORF) I											17.10			
18.00	Renal Dialysis											18.00			
19.00	Other		FRANCISCAN ST MARGARET - HAMMOND HMD		147302	23844		04/11/1985				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				
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N		N		22.02				
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period 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) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N		N		22.03				
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1		N		23.00				
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days						
				1.00	2.00	3.00	4.00	5.00	6.00						
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.						0		3,057		2,518	1,595	0	0	24.00

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	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.							25.00
					Urban/Rural	Date of Geogr		
					1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.				1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.				1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.				0		35.00	
					Beginning:	Ending:		
					1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.						36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.				0		37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.						38.00	
					Y/N	Y/N		
					1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)				N	N	40.00	
					V	XVIII	XIX	
					1.00	2.00	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	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. 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.				Y			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 Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.				N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.				N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.				N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)				Y			60.00
		Y/N	IME	Direct GME	IME	Direct GME		
		1.00	2.00	3.00	4.00	5.00		
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00	61.00
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

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)	0.00	0.00				61.03
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).	0.00	0.00				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)	0.00	0.00				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00			61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00			61.20
					1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)					N	63.00
	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
	1.00	2.00	3.00				
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00		0.000000	64.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		

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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		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider 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
	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
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) 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, 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 fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			N		0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00

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		1.00	2.00	3.00			
76.00	If line 75 yes: Column 1: Did the facility have an approved GME 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, 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 fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (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		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00		
<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	Y	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		
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 Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. 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		Speech		Respiratory	
		1.00		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		109.00	
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
		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 column 1 is 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 hospitals providers) based on the definition in CMS Pub.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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 6/1/2015 5:59 pm	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	158,239	0	0	
		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		140.00	
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: FRANCISCAN ALLIANCE, INC	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101	
142.00	Street: 1515 DRAGOON TRAIL	PO Box:			
143.00	City: MISHAWAKA	State:		Zip Code: 46546	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.	N		145.00	
				1.00	
				2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00	
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
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
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150004		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 6/1/2015 5:59 pm		
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	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 (see instructions)						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.75	169.00
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				01/01/2013	12/31/2013	170.00	
							1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)						N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 6/1/2015 5:59 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)	N			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?	Y	Y		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			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.			Y	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
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		03/10/2014	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 6/1/2015 5:59 pm
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<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			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			Y	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<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.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<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.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
<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.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
<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.	NANCY		RI LEY	41.00
42.00	Enter the employer/company name of the cost report preparer.	FSM - HAMMOND			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	219-932-2300 EXT 33175		NANCY.RI LEY@FRANCISCANALLIAN CE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 6/1/2015 5:59 pm
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		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)	03/10/2014		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.		REGIONAL DIRECTOR REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150004

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
6/1/2015 5:59 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	153	56,469	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)		153	56,469	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEWBORN INTENSIVE CARE UNIT	35.00	0	0	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		173	63,769	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	46	16,790		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		219				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150004

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
6/1/2015 5:59 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)	16,240	6,234	28,734			1.00
2.00 HMO and other (see instructions)	1,794	0				2.00
3.00 HMO IPF Subprovider	101	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)	16,240	6,234	28,734			7.00
8.00 INTENSIVE CARE UNIT	2,067	719	3,594			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEWBORN INTENSIVE CARE UNIT	0	0	0			12.00
13.00 NURSERY		177	1,024			13.00
14.00 Total (see instructions)	18,307	7,130	33,352	7.06	1,017.92	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,387	2,914	9,202	0.00	46.56	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY				0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	20,231	1,011	26,733	0.00	44.63	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				7.06	1,109.11	27.00
28.00 Observation Bed Days		1,061	5,184			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150004

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
6/1/2015 5:59 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,232	1,435	6,431	1.00
2.00 HMO and other (see instructions)			303			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 NEWBORN INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,232	1,435	6,431	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	238	628	2,097	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150004		Period: From 01/01/2013 To 12/31/2013		Worksheet S-3 Part II Date/Time Prepared: 6/1/2015 5:59 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	62,124,805	0	62,124,805	2,248,379.00	27.63	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		7,240,816	193,993	7,434,809	190,291.00	39.07	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		369,200	0	369,200	2,586.00	142.77	13.00
14.00	Home office salaries & wage-related costs		8,400,462	0	8,400,462	151,511.00	55.44	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		23,444,423	0	23,444,423			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,577,026	0	2,577,026			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	383,067	0	383,067	68,753.00	5.57	26.00
27.00	Administrative & General	5.00	6,018,585	0	6,018,585	301,348.00	19.97	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	1,684,505	0	1,684,505	54,887.00	30.69	29.00
30.00	Operation of Plant	7.00	321,243	0	321,243	10,576.00	30.37	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	56,221.00	0.00	31.00
32.00	Housekeeping	9.00	1,445,521	0	1,445,521	124,535.00	11.61	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	776,488	-449,070	327,418	70,263.00	4.66	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	449,070	449,070	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,626,966	0	3,626,966	100,561.00	36.07	38.00
39.00	Central Services and Supply	14.00	466,362	0	466,362	27,662.00	16.86	39.00
40.00	Pharmacy	15.00	2,580,997	-309,825	2,271,172	72,735.00	31.23	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150004

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
6/1/2015 5:59 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 1,526,971	0	1,526,971	72,216.00	21.14	41.00
42.00	Social Service	17.00 0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150004

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
6/1/2015 5:59 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	62,124,805	0	62,124,805	2,248,379.00	27.63	1.00
2.00	Excluded area salaries (see instructions)	7,240,816	193,993	7,434,809	190,291.00	39.07	2.00
3.00	Subtotal salaries (line 1 minus line 2)	54,883,989	-193,993	54,689,996	2,058,088.00	26.57	3.00
4.00	Subtotal other wages & related costs (see inst.)	8,769,662	0	8,769,662	154,097.00	56.91	4.00
5.00	Subtotal wage-related costs (see inst.)	23,444,423	0	23,444,423	0.00	42.87	5.00
6.00	Total (sum of lines 3 thru 5)	87,098,074	-193,993	86,904,081	2,212,185.00	39.28	6.00
7.00	Total overhead cost (see instructions)	18,830,705	-309,825	18,520,880	959,757.00	19.30	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 6/1/2015 5:59 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			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		5,787,950	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)		13,096,765	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		241,182	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		-2,387,730	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)		117,634	14.00
15.00	'Workers' Compensation Insurance		1,105,338	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		4,583,688	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		67,838	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		71,253	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		22,683,918	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		760,505	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150004

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
6/1/2015 5:59 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	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	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150004 Component CCN: 157145		Period: From 01/01/2013 To 12/31/2013		Worksheet S-4 Date/Time Prepared: 6/1/2015 5:59 pm	
				Home Health Agency I		PPS	
						1.00	
0.00	County			LAKE		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	776.00	0.00	8,791.00	9,567.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		15.29	0.00	15.29	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			18.78	0.00	18.78	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			5.20	0.00	5.20	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.73	0.00	1.73	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.08	0.00	0.08	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.03	0.00	0.03	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.16	0.00	2.16	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			23844			20.00
20.01				16974			20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	10,762	327	410	77	11,576	21.00
22.00	Skilled Nursing Visit Charges	2,139,163	66,215	70,931	15,170	2,291,479	22.00
23.00	Physical Therapy Visits	4,840	32	33	41	4,946	23.00
24.00	Physical Therapy Visit Charges	990,750	6,560	4,920	8,405	1,010,635	24.00
25.00	Occupational Therapy Visits	1,463	18	4	4	1,489	25.00
26.00	Occupational Therapy Visit Charges	299,505	3,690	820	820	304,835	26.00
27.00	Speech Pathology Visits	84	8	1	0	93	27.00
28.00	Speech Pathology Visit Charges	17,220	1,640	205	0	19,065	28.00
29.00	Medical Social Service Visits	32	0	1	0	33	29.00
30.00	Medical Social Service Visit Charges	8,512	0	266	0	8,778	30.00
31.00	Home Health Aide Visits	2,044	39	0	11	2,094	31.00
32.00	Home Health Aide Visit Charges	253,875	4,875	0	1,375	260,125	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	19,225	424	449	133	20,231	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,709,025	82,980	77,142	25,770	3,894,917	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,058		140	11	1,209	36.00
37.00	Total Number of Outlier Episodes		12		0	12	37.00
38.00	Total Non-Routine Medical Supply Charges	78,507	5,771	7,793	235	92,306	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 6/1/2015 5:59 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)		0.347326	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		16,426,175	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		15,818,959	5.00	
6.00	Medicaid charges		82,541,943	6.00	
7.00	Medicaid cost (line 1 times line 6)		28,668,963	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)		0	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)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
<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)		0	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		25,330,700	7,208,100	32,538,800
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		8,798,011	2,503,561	11,301,572
22.00	Partial payment by patients approved for charity care		324,200	557,800	882,000
23.00	Cost of charity care (line 21 minus line 22)		8,473,811	1,945,761	10,419,572
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0
26.00	Total bad debt expense for the entire hospital complex (see instructions)				11,892,146
27.00	Medicare bad debts for the entire hospital complex (see instructions)				1,070,131
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)				10,822,015
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)				3,758,767
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				14,178,339
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				14,178,339

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet A	Date/Time Prepared: 6/1/2015 5:59 pm
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 CAP REL COSTS-BLDG & FIXT		6,783,691	6,783,691	-3,213,791	3,569,900		1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	3,779,443	3,779,443		2.00
3.00 00300 OTHER CAP REL COSTS		0	0	0	0		3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	383,067	26,310,914	26,693,981	-497	26,693,484		4.00
5.01 01160 COMMUNICATIONS	395,663	918,685	1,314,348	0	1,314,348		5.01
5.02 00550 DATA PROCESSING	0	-10,566,302	-10,566,302	0	-10,566,302		5.02
5.03 00590 PURCHASING, RECEIVING, AND STORES	330,586	457,820	788,406	0	788,406		5.03
5.04 00570 ADMITTING	760,162	13,994	774,156	0	774,156		5.04
5.05 00591 OTHER ADMINISTRATIVE AND GENERAL	4,532,174	18,837,105	23,369,279	907,117	24,276,396		5.05
6.00 00600 MAINTENANCE & REPAIRS	1,684,505	2,309,768	3,994,273	0	3,994,273		6.00
7.00 00700 OPERATION OF PLANT	321,243	3,047,587	3,368,830	0	3,368,830		7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	714,603	714,603	0	714,603		8.00
9.00 00900 HOUSEKEEPING	1,445,521	401,647	1,847,168	0	1,847,168		9.00
10.00 01000 DIETARY	776,488	1,279,733	2,056,221	-1,189,185	867,036		10.00
11.00 01100 CAFETERIA	0	0	0	1,189,185	1,189,185		11.00
13.00 01300 NURSING ADMINISTRATION	3,626,966	809,642	4,436,608	-42,017	4,394,591		13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	466,362	1,552,257	2,018,619	-540,147	1,478,472		14.00
15.00 01500 PHARMACY	2,580,997	7,670,298	10,251,295	-4,441,521	5,809,774		15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,526,971	753,528	2,280,499	0	2,280,499		16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0		17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	20,880	2,039	22,919	531,071	553,990		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0		23.00
23.01 02301 PARAMED ED PRGM - LAB	71,230	10,930	82,160	103,066	185,226		23.01
23.02 02302 PARAMED ED PRGM - RADIOLOGY	67,295	221	67,516	7,420	74,936		23.02
23.03 02303 PARAMED ED PRGM - RESP THER	52,142	1,885	54,027	11,940	65,967		23.03
23.04 02304 PARAMED ED PRGM-PHARMACY	449,952	20,229	470,181	182,053	652,234		23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	11,881,089	1,760,107	13,641,196	-1,892,592	11,748,604		30.00
31.00 03100 INTENSIVE CARE UNIT	2,332,189	274,813	2,607,002	-123,872	2,483,130		31.00
32.00 02060 CORONARY CARE UNIT	0	0	0	0	0		32.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0		35.00
40.00 04000 SUBPROVIDER - IPF	2,585,807	16,188,618	18,774,425	-843	18,773,582		40.00
43.00 04300 NURSERY	0	0	0	944,144	944,144		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0		44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0		45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	1,236,822	3,057,378	4,294,200	-1,884,178	2,410,022		50.00
50.01 05001 OPEN HEART SURGERY	130,876	316,589	447,465	-181,537	265,928		50.01
50.02 05002 OUTPATIENT SURGERY	1,161,685	338,521	1,500,206	-191,658	1,308,548		50.02
51.00 05100 RECOVERY ROOM	388,749	18,322	407,071	-6,704	400,367		51.00
53.00 05300 ANESTHESIOLOGY	1,026,574	6,101,916	7,128,490	-81,430	7,047,060		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,284,481	176,528	1,461,009	-124,816	1,336,193		54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	645,972	2,383,731	3,029,703	-754,626	2,275,077		54.01
54.02 05402 ULTRASOUND	440,099	188,641	628,740	14,315	643,055		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0		55.00
55.01 05501 COMPUTED TOMOGRAPHY	442,771	398,256	841,027	-3,164	837,863		55.01
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	7,154,879	7,154,879	-103,066	7,051,813		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	653,024	653,024	170,363	823,387		63.00
63.01 06301 NUCLEAR MEDICINE	251,407	295,267	546,674	46,647	593,321		63.01
65.00 06500 RESPIRATORY THERAPY	1,489,399	335,241	1,824,640	72,847	1,897,487		65.00
66.00 06600 PHYSICAL THERAPY	1,410,626	1,316,077	2,726,703	-260,818	2,465,885		66.00
67.00 06700 OCCUPATIONAL THERAPY	401,706	148,275	549,981	45,047	595,028		67.00
68.00 06800 SPEECH PATHOLOGY	236,136	170,760	406,896	-25,019	381,877		68.00
69.00 06900 ELECTROCARDIOLOGY	355,634	289,206	644,840	-980	643,860		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	273,886	57,219	331,105	-3,601	327,504		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,430,236	3,430,236		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,945,341	2,945,341		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	4,088,717	4,088,717		73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0		76.00
76.01 03021 ORTHOPEDICS	45,801	33,472	79,273	-27,367	51,906		76.01
76.02 03022 CARDIOVASCULAR SERVICES	850,445	1,929,848	2,780,293	-1,581,779	1,198,514		76.02
76.03 03023 CARDIAC REHAB	363,646	18,051	381,697	3,395	385,092		76.03
76.04 03024 RADIATION ONCOLOGY	726,075	212,424	938,499	-6,405	932,094		76.04
76.05 03025 MRI	167,054	100,969	268,023	2,091	270,114		76.05
76.06 03026 BARIATRIC CENTER	0	19	19	-19	0		76.06
76.07 03027 PSYCH ACTIVITY THERAPY	0	2,714,541	2,714,541	0	2,714,541		76.07
76.08 03028 WOUND CARE	317,577	124,322	441,899	-92,525	349,374		76.08

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150004

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

Worksheet A  
Date/Time Prepared:  
6/1/2015 5:59 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
76.09	03029 RENAL DIALYSIS	0	0	0	611,520	611,520	76.09	
76.10	03030 INFUSION	100,571	54,919	155,490	-2,235	153,255	76.10	
76.11	03031 CARE TRANSITION CENTER	15,214	35	15,249	0	15,249	76.11	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000 CLINIC	0	0	0	0	0	90.00	
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01	
91.00	09100 EMERGENCY	8,055,920	3,055,307	11,111,227	-778,965	10,332,262	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS								
99.00	09900 CMHC	0	0	0	0	0	99.00	
99.10	09910 CORF	0	0	0	0	0	99.10	
101.00	10100 HOME HEALTH AGENCY	2,951,703	461,358	3,413,061	-57,832	3,355,229	101.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300 INTEREST EXPENSE		5,022,972	5,022,972	-1,472,769	3,550,203	113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)		61,062,118	116,681,879	177,743,997	0	177,743,997	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	40,573	75,848	116,421	0	116,421	190.00	
190.01	19001 CONVENT	0	10,578	10,578	0	10,578	190.01	
190.02	19002 HOME MEDICAL EQUIPMENT	0	14	14	0	14	190.02	
190.03	19003 MEDICAL ARTS BUILDING	0	96,443	96,443	0	96,443	190.03	
190.04	19004 WOMEN'S HEALTH CENTER	84,593	7,593	92,186	0	92,186	190.04	
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05	
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06	
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07	
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08	
190.09	19009 MDWISE	55,108	5,639,100	5,694,208	0	5,694,208	190.09	
190.10	19010 CATHERINE MCAULEY CLINIC	372,976	58,077	431,053	0	431,053	190.10	
190.11	19011 CENTER OF HOPE	16,733	0	16,733	0	16,733	190.11	
190.12	19012 SELECT	0	0	0	0	0	190.12	
190.13	19013 PERCINI AS	0	0	0	0	0	190.13	
192.00	19200 PHYSICIANS' PRIVATE OFFICES	233,635	368,873	602,508	0	602,508	192.00	
192.01	19201 WORKING WELL	259,069	160,730	419,799	0	419,799	192.01	
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00	
194.01	07951 REHAB	0	0	0	0	0	194.01	
200.00	TOTAL (SUM OF LINES 118-199)		62,124,805	123,099,135	185,223,940	0	185,223,940	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150004

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

Worksheet A  
Date/Time Prepared:  
6/1/2015 5:59 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	1,667,246	5,237,146	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	3,779,443	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	476,895	27,170,379	4.00
5.01	01160	COMMUNICATIONS	-33,873	1,280,475	5.01
5.02	00550	DATA PROCESSING	12,580,676	2,014,374	5.02
5.03	00590	PURCHASING, RECEIVING, AND STORES	-299,448	488,958	5.03
5.04	00570	ADMINITTING	995,842	1,769,998	5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	-2,240,231	22,036,165	5.05
6.00	00600	MAINTENANCE & REPAIRS	-11,736	3,982,537	6.00
7.00	00700	OPERATION OF PLANT	0	3,368,830	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-280,178	434,425	8.00
9.00	00900	HOUSEKEEPING	0	1,847,168	9.00
10.00	01000	DIETARY	-313,168	553,868	10.00
11.00	01100	CAFETERIA	-699,536	489,649	11.00
13.00	01300	NURSING ADMINISTRATION	-71,421	4,323,170	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-214,153	1,264,319	14.00
15.00	01500	PHARMACY	-2,025,646	3,784,128	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-14,326	2,266,173	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	174,654	728,644	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	0	185,226	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	74,936	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	0	65,967	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	652,234	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	11,748,604	30.00
31.00	03100	INTENSIVE CARE UNIT	-28,198	2,454,932	31.00
32.00	02060	CORONARY CARE UNIT	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	35.00
40.00	04000	SUBPROVIDER - I PF	-12,783,763	5,989,819	40.00
43.00	04300	NURSERY	0	944,144	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-634,375	1,775,647	50.00
50.01	05001	OPEN HEART SURGERY	-29,419	236,509	50.01
50.02	05002	OUTPATIENT SURGERY	0	1,308,548	50.02
51.00	05100	RECOVERY ROOM	0	400,367	51.00
53.00	05300	ANESTHESIOLOGY	0	7,047,060	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-93,768	1,242,425	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	2,275,077	54.01
54.02	05402	ULTRASOUND	-8,530	634,525	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	-117,356	720,507	55.01
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	-1,879,225	5,172,588	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-251	823,136	63.00
63.01	06301	NUCLEAR MEDICINE	0	593,321	63.01
65.00	06500	RESPIRATORY THERAPY	-34,053	1,863,434	65.00
66.00	06600	PHYSICAL THERAPY	-1,562	2,464,323	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	595,028	67.00
68.00	06800	SPEECH PATHOLOGY	0	381,877	68.00
69.00	06900	ELECTROCARDIOLOGY	-253,009	390,851	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-11,813	315,691	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,430,236	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,945,341	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,088,717	73.00
76.00	03020	PAIN CLINIC	0	0	76.00
76.01	03021	ORTHOPEDICS	0	51,906	76.01
76.02	03022	CARDIOVASCULAR SERVICES	-147,890	1,050,624	76.02
76.03	03023	CARDIAC REHAB	-787	384,305	76.03
76.04	03024	RADIATION ONCOLOGY	-100	931,994	76.04
76.05	03025	MRI	-25,341	244,773	76.05
76.06	03026	BARIATRIC CENTER	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	-2,259,158	455,383	76.07
76.08	03028	WOUND CARE	-8,305	341,069	76.08
76.09	03029	RENAL DIALYSIS	0	611,520	76.09
76.10	03030	INFUSION	0	153,255	76.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150004

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

Worksheet A  
Date/Time Prepared:  
6/1/2015 5:59 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation		
76.11	03031	CARE TRANSITION CENTER	6.00	7.00	15,249	76.11
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	OCC HEALTH CLINIC	0	0		90.01
91.00	09100	EMERGENCY	-709,160	9,623,102		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900	CMHC	0	0		99.00
99.10	09910	CORF	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	-75,000	3,280,229		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE	-3,550,203	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-12,959,669	164,784,328		118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	116,421		190.00
190.01	19001	CONVENT	0	10,578		190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	14		190.02
190.03	19003	MEDICAL ARTS BUILDING	0	96,443		190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	92,186		190.04
190.05	19005	DEVELOPMENT	0	0		190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0		190.06
190.07	19007	IMAGE RECOVERY	0	0		190.07
190.08	19008	FAMILY SERVICES	0	0		190.08
190.09	19009	MDWISE	0	5,694,208		190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	431,053		190.10
190.11	19011	CENTER OF HOPE	0	16,733		190.11
190.12	19012	SELECT	0	0		190.12
190.13	19013	PERCINI AS	0	0		190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	602,508		192.00
192.01	19201	WORKING WELL	0	419,799		192.01
193.00	19300	NONPAID WORKERS	0	0		193.00
194.01	07951	REHAB	0	0		194.01
200.00		TOTAL (SUM OF LINES 118-199)	-12,959,669	172,264,271		200.00

RECLASSIFICATIONS

Provider CCN: 150004

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

Worksheet A-6  
Date/Time Prepared:  
6/1/2015 5:59 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>A - CAPITAL</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,779,443	1.00	
	TOTALS		0	3,779,443		
<b>B - DIETARY</b>						
1.00	CAFETERIA	11.00	449,070	740,115	1.00	
	TOTALS		449,070	740,115		
<b>C - INSURANCE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	150,623	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	846,517	2.00	
	TOTALS		0	997,140		
<b>D - CHARGEABLE SUPPLIES</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	497	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	42,017	2.00	
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	540,147	3.00	
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	388	4.00	
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	336,928	5.00	
6.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	123,872	6.00	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	843	7.00	
8.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,884,178	8.00	
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	181,537	9.00	
10.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	191,658	10.00	
11.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,704	11.00	
12.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	81,430	12.00	
13.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	985	13.00	
14.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	771,644	14.00	
15.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	30,263	15.00	
16.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,164	16.00	
17.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,183	17.00	
18.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	97,921	18.00	
19.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,556	19.00	
20.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	9,128	20.00	
21.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	37,915	21.00	
22.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	980	22.00	
23.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,601	23.00	
24.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	27,367	24.00	
25.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,581,779	25.00	
26.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	88	26.00	
27.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,405	27.00	
28.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,894	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	19	29.00	
30.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	92,525	30.00	
31.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,235	31.00	
32.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	247,894	32.00	

RECLASSIFICATIONS

Provider CCN: 150004

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

Worksheet A-6  
Date/Time Prepared:  
6/1/2015 5:59 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
33.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	57,832	33.00
	TOTALS		0	6,375,577	
E - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	127,772	3,960,945	1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	170,363	2.00
	TOTALS		127,772	4,131,308	
F - RADIOLOGY ADMINISTRATION					
1.00	NUCLEAR MEDICINE	63.01	5,350	0	1.00
2.00	ULTRASOUND	54.02	33,576	0	2.00
3.00	NUCLEAR MEDICINE	63.01	42,480	0	3.00
4.00	RADIOLOGY SPECIAL PROCEDURES	54.01	17,018	0	4.00
5.00	MRI	76.05	6,985	0	5.00
6.00	ULTRASOUND	54.02	11,002	0	6.00
	TOTALS		116,411	0	
G - MEDICAL EDUCATION					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	531,071	1.00
	TOTALS		0	531,071	
H - PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM - LAB	23.01	0	103,066	1.00
2.00	PARAMED ED PRGM - RADIOLOGY	23.02	0	7,420	2.00
3.00	PARAMED ED PRGM - RESP THER	23.03	11,940	0	3.00
4.00	PARAMED ED PRGM-PHARMACY	23.04	182,053	0	4.00
	TOTALS		193,993	110,486	
I - PROFESSIONAL SUPPORT SERVICES					
1.00	RESPIRATORY THERAPY	65.00	182,623	85	1.00
2.00	OCCUPATIONAL THERAPY	67.00	54,150	25	2.00
3.00	SPEECH PATHOLOGY	68.00	12,890	6	3.00
4.00	CARDIAC REHAB	76.03	3,481	2	4.00
	TOTALS		253,144	118	
J - RENT					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	18,000	1.00
	TOTALS		0	18,000	
K - NURSERY					
1.00	NURSERY	43.00	766,148	177,996	1.00
	TOTALS		766,148	177,996	
L - RENAL DIALYSIS					
1.00	RENAL DIALYSIS	76.09	461,564	149,956	1.00
	TOTALS		461,564	149,956	
M - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,945,341	1.00
	TOTALS		0	2,945,341	
O - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	397,029	1.00
	TOTALS		0	397,029	
P - MISCELLANEOUS A&G					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	60,600	1.00
	TOTALS		0	60,600	
500.00	Grand Total: Increases		2,368,102	20,414,180	500.00

RECLASSIFICATIONS

Provider CCN: 150004

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

Worksheet A-6  
Date/Time Prepared:  
6/1/2015 5:59 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - CAPITAL</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,779,443	9		1.00
	TOTALS		0	3,779,443			
<b>B - DIETARY</b>							
1.00	DIETARY	10.00	449,070	740,115	0		1.00
	TOTALS		449,070	740,115			
<b>C - INSURANCE</b>							
1.00	INTEREST EXPENSE	113.00	0	150,623	12		1.00
2.00	INTEREST EXPENSE	113.00	0	846,517	12		2.00
	TOTALS		0	997,140			
<b>D - CHARGEABLE SUPPLIES</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	497	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	42,017	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	540,147	0		3.00
4.00	PHARMACY	15.00	0	388	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	336,928	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	123,872	0		6.00
7.00	SUBPROVIDER - IPF	40.00	0	843	0		7.00
8.00	OPERATING ROOM	50.00	0	1,884,178	0		8.00
9.00	OPEN HEART SURGERY	50.01	0	181,537	0		9.00
10.00	OUTPATIENT SURGERY	50.02	0	191,658	0		10.00
11.00	RECOVERY ROOM	51.00	0	6,704	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	81,430	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	985	0		13.00
14.00	RADIOLOGY SPECIAL PROCEDURES	54.01	0	771,644	0		14.00
15.00	ULTRASOUND	54.02	0	30,263	0		15.00
16.00	COMPUTED TOMOGRAPHY	55.01	0	3,164	0		16.00
17.00	NUCLEAR MEDICINE	63.01	0	1,183	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	97,921	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	7,556	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	9,128	0		20.00
21.00	SPEECH PATHOLOGY	68.00	0	37,915	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	980	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,601	0		23.00
24.00	ORTHOPEDI CS	76.01	0	27,367	0		24.00
25.00	CARDIOVASCULAR SERVICES	76.02	0	1,581,779	0		25.00
26.00	CARDIAC REHAB	76.03	0	88	0		26.00
27.00	RADIATION ONCOLOGY	76.04	0	6,405	0		27.00
28.00	MRI	76.05	0	4,894	0		28.00
29.00	BARIATRIC CENTER	76.06	0	19	0		29.00
30.00	WOUND CARE	76.08	0	92,525	0		30.00
31.00	INFUSION	76.10	0	2,235	0		31.00
32.00	EMERGENCY	91.00	0	247,894	0		32.00
33.00	HOME HEALTH AGENCY	101.00	0	57,832	0		33.00
	TOTALS		0	6,375,577			
<b>E - PHARMACY</b>							
1.00	PHARMACY	15.00	127,772	3,960,945	0		1.00
2.00	PHARMACY	15.00	0	170,363	0		2.00
	TOTALS		127,772	4,131,308			
<b>F - RADIOLOGY ADMINISTRATION</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	5,350	0	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	33,576	0	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	42,480	0	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	17,018	0	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	6,985	0	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	11,002	0	0		6.00
	TOTALS		116,411	0	0		
<b>G - MEDICAL EDUCATION</b>							
1.00	EMERGENCY	91.00	0	531,071	0		1.00
	TOTALS		0	531,071			
<b>H - PARAMEDICAL EDUCATION</b>							
1.00	LABORATORY	60.00	0	103,066	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,420	0		2.00
3.00	RESPIRATORY THERAPY	65.00	11,940	0	0		3.00
4.00	PHARMACY	15.00	182,053	0	0		4.00
	TOTALS		193,993	110,486			
<b>I - PROFESSIONAL SUPPORT SERVICES</b>							
1.00	PHYSICAL THERAPY	66.00	182,623	85	0		1.00
2.00	PHYSICAL THERAPY	66.00	54,150	25	0		2.00
3.00	PHYSICAL THERAPY	66.00	12,890	6	0		3.00
4.00	PHYSICAL THERAPY	66.00	3,481	2	0		4.00
	TOTALS		253,144	118			

RECLASSIFICATIONS

Provider CCN: 150004

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

Worksheet A-6

Date/Time Prepared:  
6/1/2015 5:59 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
J - RENT							
1.00	INTEREST EXPENSE	113.00	0	18,000	10		1.00
	TOTALS		0	18,000			
K - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	766,148	177,996	0		1.00
	TOTALS		766,148	177,996			
L - RENAL DIALYSIS							
1.00	ADULTS & PEDIATRICS	30.00	461,564	149,956	0		1.00
	TOTALS		461,564	149,956			
M - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,945,341	0		1.00
	TOTALS		0	2,945,341			
O - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	397,029	11		1.00
	TOTALS		0	397,029			
P - MISCELLANEOUS A&G							
1.00	INTEREST EXPENSE	113.00	0	60,600	0		1.00
	TOTALS		0	60,600			
500.00	Grand Total: Decreases		2,368,102	20,414,180			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150004

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
6/1/2015 5:59 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	5,547,620	0	0	0	1.00
2.00	Land Improvements	3,492,686	0	0	0	2.00
3.00	Buildings and Fixtures	47,114,931	0	0	867,842	3.00
4.00	Building Improvements	157,134	0	0	0	4.00
5.00	Fixed Equipment	138,102,365	5,890,514	0	5,890,514	5.00
6.00	Movable Equipment	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	194,414,736	5,890,514	0	5,890,514	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	194,414,736	5,890,514	0	5,890,514	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	5,547,620	0			1.00
2.00	Land Improvements	3,492,686	0			2.00
3.00	Buildings and Fixtures	46,247,089	0			3.00
4.00	Building Improvements	157,134	0			4.00
5.00	Fixed Equipment	143,992,879	0			5.00
6.00	Movable Equipment	0	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	199,437,408	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	199,437,408	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150004

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
6/1/2015 5:59 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	6,783,691	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)	6,783,691	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	6,783,691				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	6,783,691				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150004

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
6/1/2015 5:59 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	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	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	3,004,248	-10,880	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,779,443	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,783,691	-10,880	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	397,029	150,623	0	1,696,126	5,237,146	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,779,443	2.00
3.00	Total (sum of lines 1-2)	397,029	150,623	0	1,696,126	9,016,589	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150004

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

Worksheet A-8

Date/Time Prepared:  
6/1/2015 5:59 pm

Line #	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 #			
				3.00	4.00			
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)	B	-129,972		INTEREST EXPENSE	113.00	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)	B	-213,727		CENTRAL SERVICES & SUPPLY	14.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-28,880		CAP REL COSTS-BLDG & FIXT	1.00	10	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	B	-33,873		COMMUNICATIONS	5.01	0	7.00
8.00	Television and radio service (chapter 21)		0			0.00	0	8.00
9.00	Parking lot (chapter 21)		0			0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-772,112				0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-2,358		RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-2,280,132				0	12.00
13.00	Laundry and linen service		0			0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-681,406		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	-14,326		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	B	-18,130		CAFETERIA	11.00	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			RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3			PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)				*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT				CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP				CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist				*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant					0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3			OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)				ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3			SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	SELECT MEALS	B	-216,963		DIETARY	10.00	0	33.00
33.01	WELLNESS CENTER REVENUE	B	-1,100		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 150004

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

Worksheet A-8

Date/Time Prepared:  
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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	PHYSICIAN APPLICATION FEES	B	-16,650	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.02
33.03	CARDIAC DIETETIC INSTRUCTION	B	-3,360	DIETARY	10.00	0 33.03
33.04	MISCELLANEOUS INCOME	B	-33,410	CARDIOVASCULAR SERVICES	76.02	0 33.04
33.05	LOBBYING EXPENSE	A	-37,301	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.05
33.06	PROGRAM FEES	B	-34,042	NURSING ADMINISTRATION	13.00	0 33.06
33.07	LIFELINE	B	-68,833	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.07
33.08	UNNECESSARY BORROWING	A	-923,129	INTEREST EXPENSE	113.00	0 33.08
33.09	SHARED SERVICES - HR	A	-334,423	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.09
33.10	SHARED SERVICES - LAUNDRY	A	-280,178	LAUNDRY & LINEN SERVICE	8.00	0 33.10
33.11	SHARED SERVICES - RECEIVING	A	-230,820	PURCHASING, RECEIVING, AND STORES	5.03	0 33.11
33.12	SHARED SERVICES - A&G	A	-2,515,063	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.12
33.13	SHARED SERVICES - PR	A	995,842	ADMINISTRATIVE	5.04	0 33.13
33.14	MISCELLANEOUS INCOME	B	-100	RADIATION ONCOLOGY	76.04	0 33.14
33.15	MISCELLANEOUS INCOME	B	-7,364	MAINTENANCE & REPAIRS	6.00	0 33.15
33.16	MISCELLANEOUS INCOME	B	-75,000	HOME HEALTH AGENCY	101.00	0 33.16
33.17	DONATIONS EXPENSE	A	-18,684	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.17
33.18	GOODWILL OFFSET	A	-212,050	CAP REL COSTS-BLDG & FIXT	1.00	14 33.18
33.19	ADVERTISING EXPENSE	A	-16,972	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.19
33.20	ADVERTISING EXPENSE	A	-4,213	SUBPROVIDER - I/PF	40.00	0 33.20
33.21	MISCELLANEOUS INCOME	B	-1,610	RADIOLOGY-DIAGNOSTIC	54.00	0 33.21
33.22	PATIENT INTEREST	B	-516,961	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.22
33.23	HAF ASSESSMENT	A	-4,672,881	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.23
33.24	PENSION COST	A	829,593	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.24
33.25	DISCOUNTS/REBATES	B	-68,628	PURCHASING, RECEIVING, AND STORES	5.03	0 33.25
33.26	DISCOUNTS/REBATES	B	-4,372	MAINTENANCE & REPAIRS	6.00	0 33.26
33.27	DISCOUNTS/REBATES	B	-92,845	DIETARY	10.00	0 33.27
33.28	DISCOUNTS/REBATES	B	-134,020	PHARMACY	15.00	0 33.28
33.29	DISCOUNTS/REBATES	B	-122,133	OPERATING ROOM	50.00	0 33.29
33.30	DISCOUNTS/REBATES	B	-58,621	RADIOLOGY-DIAGNOSTIC	54.00	0 33.30
33.31	DISCOUNTS/REBATES	B	-17,017	LABORATORY	60.00	0 33.31
33.32	DISCOUNTS/REBATES	B	-9,975	RESPIRATORY THERAPY	65.00	0 33.32
33.33	DISCOUNTS/REBATES	B	-55,368	CARDIOVASCULAR SERVICES	76.02	0 33.33
33.34	PODIATRY RESIDENT COORDINATOR	A	174,654	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 33.34
33.35	DOJ SETTLEMENT UNALLOW COST SALARIES	A	-553	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.35
33.36	DOJ SETTLEMENT UNALLOW COST BENEFITS	A	-203	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.36
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,959,669			50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet A-8-1 Date/Time Prepared: 6/1/2015 5:59 pm
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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	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	1,908,176	0
2.00	5.02	DATA PROCESSING	DATA PROCESSING	0	10,426,152
3.00	5.05	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATIVE & GENERAL	12,637,339	5,428,084
4.00	15.00	PHARMACY	COEP / PHARMACY	346,171	583,870
4.01	113.00	INTEREST EXPENSE	INTEREST	1,450,129	3,947,231
4.02	5.05	OTHER ADMINISTRATIVE AND GEN	PATIENT ACCOUNTING	0	1,602,560
4.03	5.02	DATA PROCESSING	PURCHASED SERVICES OTHER	0	-23,006,828
4.04	14.00	CENTRAL SERVICES & SUPPLY	SPD	186	612
4.05	15.00	PHARMACY	PHARMACY	408,682	2,061,553
4.06	40.00	SUBPROVIDER - IPF	CHILD/ADOLESCENT PSYCH	0	4,852,485
4.07	40.00	SUBPROVIDER - IPF	ADULT INTENSIVE PSYCH	0	9,650,303
4.08	40.00	SUBPROVIDER - IPF	PSYCH REVENUE RECLASSIFICATI	0	5,028
4.09	50.00	OPERATING ROOM	SURGERY	240	735
4.10	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY	11,510	42,689
4.11	54.02	ULTRASOUND	ULTRASOUND	1,348	9,878
4.12	55.01	COMPUTED TOMOGRAPHY	COMPUTED TOMOGRAPHY	6,923	124,279
4.13	60.00	LABORATORY	CHEMISTRY	340,196	2,178,861
4.14	63.00	BLOOD STORING, PROCESSING &	BLOOD BANK	108	359
4.15	65.00	RESPIRATORY THERAPY	RESPIRATORY CARE	11,036	34,183
4.16	66.00	PHYSICAL THERAPY	PHYSICAL THERAPY	6,288	7,850
4.17	69.00	ELECTROCARDIOLOGY	NON-INVASIVE VASCULAR	24,719	277,728
4.18	76.03	CARDIAC REHAB	CARDIAC REHAB	1,980	2,767
4.19	76.05	MRI	MRI	3,598	28,939
4.20	76.07	PSYCH ACTIVITY THERAPY	PSYCH THERAPY SERVICES	455,383	2,714,541
4.21	91.00	EMERGENCY	EMERGENCY ROOM	365,487	1,014,038
4.22	40.00	SUBPROVIDER - IPF	PYSCH UNIT OVERHEAD	1,728,266	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			19,707,765	21,987,897

\* 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	FRANCISCAN ALLI	100.00	FRANCISCAN ALLI	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 150004

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

Worksheet A-8-1

Date/Time Prepared:  
6/1/2015 5:59 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	1,908,176	14		1.00
2.00	-10,426,152	0		2.00
3.00	7,209,255	0		3.00
4.00	-237,699	0		4.00
4.01	-2,497,102	0		4.01
4.02	-1,602,560	0		4.02
4.03	23,006,828	0		4.03
4.04	-426	0		4.04
4.05	-1,652,871	0		4.05
4.06	-4,852,485	0		4.06
4.07	-9,650,303	0		4.07
4.08	-5,028	0		4.08
4.09	-495	0		4.09
4.10	-31,179	0		4.10
4.11	-8,530	0		4.11
4.12	-117,356	0		4.12
4.13	-1,838,665	0		4.13
4.14	-251	0		4.14
4.15	-23,147	0		4.15
4.16	-1,562	0		4.16
4.17	-253,009	0		4.17
4.18	-787	0		4.18
4.19	-25,341	0		4.19
4.20	-2,259,158	0		4.20
4.21	-648,551	0		4.21
4.22	1,728,266	0		4.22
5.00	-2,280,132			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	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150004

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

Worksheet A-8-2

Date/Time Prepared:  
6/1/2015 5:59 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	13.00	NURSING ADMINISTRATION	42,570	33,820	8,750	171,400	63	1.00
2.00	15.00	PHARMACY	6,000	0	6,000	171,400	60	2.00
3.00	31.00	INTENSIVE CARE UNIT	28,198	28,198	0	171,400	0	3.00
4.00	50.00	OPERATING ROOM	537,260	507,880	29,380	204,100	260	4.00
5.00	50.01	OPEN HEART SURGERY	53,460	4,560	48,900	204,100	245	5.00
6.00	60.00	LABORATORY	50,736	6,186	44,550	171,400	330	6.00
7.00	65.00	RESPIRATORY THERAPY	1,920	0	1,920	171,400	12	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	24,000	0	24,000	171,400	240	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	7,590	7,590	0	171,400	0	9.00
10.00	76.02	CARDIOVASCULAR SERVICES	82,350	6,210	76,140	171,400	282	10.00
11.00	76.08	WOUND CARE	8,305	8,305	0	171,400	0	11.00
12.00	91.00	EMERGENCY	150,759	15,759	135,000	171,400	1,094	12.00
200.00			993,148	618,508	374,640		2,586	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	13.00	NURSING ADMINISTRATION	5,191	260	0	0	0	1.00
2.00	15.00	PHARMACY	4,944	247	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	25,513	1,276	0	0	0	4.00
5.00	50.01	OPEN HEART SURGERY	24,041	1,202	0	0	0	5.00
6.00	60.00	LABORATORY	27,193	1,360	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	989	49	0	0	0	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	19,777	989	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	9.00
10.00	76.02	CARDIOVASCULAR SERVICES	23,238	1,162	0	0	0	10.00
11.00	76.08	WOUND CARE	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	90,150	4,508	0	0	0	12.00
200.00			221,036	11,053	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	13.00	NURSING ADMINISTRATION	0	5,191	3,559	37,379	1.00
2.00	15.00	PHARMACY	0	4,944	1,056	1,056	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	28,198	3.00
4.00	50.00	OPERATING ROOM	0	25,513	3,867	511,747	4.00
5.00	50.01	OPEN HEART SURGERY	0	24,041	24,859	29,419	5.00
6.00	60.00	LABORATORY	0	27,193	17,357	23,543	6.00
7.00	65.00	RESPIRATORY THERAPY	0	989	931	931	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	0	19,777	4,223	4,223	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	7,590	9.00
10.00	76.02	CARDIOVASCULAR SERVICES	0	23,238	52,902	59,112	10.00
11.00	76.08	WOUND CARE	0	0	0	8,305	11.00
12.00	91.00	EMERGENCY	0	90,150	44,850	60,609	12.00
200.00			0	221,036	153,604	772,112	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B  
Part I  
Date/Time Prepared:  
6/1/2015 5:59 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,237,146	5,237,146			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,779,443		3,779,443		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	27,170,379	38,284	3,653	27,212,316	4.00
5.01 01160	COMMUNICATIONS	1,280,475	12,153	8,121	174,386	1,475,135 5.01
5.02 00550	DATA PROCESSING	2,014,374	60,992	960,203	0	0 5.02
5.03 00590	PURCHASING, RECEIVING, AND STORES	488,958	15,488	4,347	145,704	20,871 5.03
5.04 00570	ADMINISTRATIVE	1,769,998	35,353	0	335,037	63,359 5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL	22,036,165	293,016	56,523	1,997,528	184,113 5.05
6.00 00600	MAINTENANCE & REPAIRS	3,982,537	349,543	20,690	742,435	102,119 6.00
7.00 00700	OPERATION OF PLANT	3,368,830	241,222	6,202	141,586	44,723 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	434,425	6,089	80,023	0	9,690 8.00
9.00 00900	HOUSEKEEPING	1,847,168	88,835	8,240	637,105	10,435 9.00
10.00 01000	DIETARY	553,868	84,814	24,736	144,308	20,126 10.00
11.00 01100	CAFETERIA	489,649	61,832	0	197,925	0 11.00
13.00 01300	NURSING ADMINISTRATION	4,323,170	58,190	54,664	1,598,564	49,942 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,264,319	86,186	74,425	205,546	25,344 14.00
15.00 01500	PHARMACY	3,784,128	42,039	4,604	1,001,005	39,506 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,266,173	153,049	2,169	673,003	12,671 16.00
17.00 01700	SOCIAL SERVICE	0	9,077	0	0	0 17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	728,644	0	0	9,203	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	746 23.00
23.01 02301	PARAMED ED PRGM - LAB	185,226	0	0	31,394	746 23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY	74,936	0	0	29,660	746 23.02
23.03 02303	PARAMED ED PRGM - RESPIRATORY	65,967	0	0	28,244	746 23.03
23.04 02304	PARAMED ED PRGM-PHARMACY	652,234	0	0	278,552	0 23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	11,748,604	1,154,453	755,218	4,695,426	234,795 30.00
31.00 03100	INTENSIVE CARE UNIT	2,454,932	155,431	63,898	1,027,898	37,270 31.00
32.00 02060	CORONARY CARE UNIT	0	0	0	0	0 32.00
35.00 02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0 35.00
40.00 04000	SUBPROVIDER - IPF	5,989,819	0	2,273	1,139,679	0 40.00
43.00 04300	NURSERY	944,144	0	0	337,675	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	1,775,647	295,455	202,276	545,122	87,211 50.00
50.01 05001	OPEN HEART SURGERY	236,509	0	20,224	57,683	0 50.01
50.02 05002	OUTPATIENT SURGERY	1,308,548	225,685	80,904	512,006	34,288 50.02
51.00 05100	RECOVERY ROOM	400,367	0	1,600	171,339	0 51.00
53.00 05300	ANESTHESIOLOGY	7,047,060	0	112,771	452,456	6,709 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,242,425	144,465	73,944	514,820	63,359 54.00
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	2,275,077	25,041	20,717	292,209	4,472 54.01
54.02 05402	ULTRASOUND	634,525	16,409	26,811	213,618	9,690 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501	COMPUTED TOMOGRAPHY	720,507	16,788	1,196	195,149	0 55.01
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	5,172,588	112,084	0	0	34,288 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	823,136	0	0	0	33,543 63.00
63.01 06301	NUCLEAR MEDICINE	593,321	22,191	79,784	131,887	9,690 63.01
65.00 06500	RESPIRATORY THERAPY	1,863,434	44,527	88,433	731,671	20,126 65.00
66.00 06600	PHYSICAL THERAPY	2,464,323	115,201	4,760	510,153	39,506 66.00
67.00 06700	OCCUPATIONAL THERAPY	595,028	10,643	80	200,916	8,945 67.00
68.00 06800	SPEECH PATHOLOGY	381,877	32,979	2,835	109,757	2,236 68.00
69.00 06900	ELECTROCARDIOLOGY	390,851	18,533	14,270	156,744	10,435 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	315,691	15,052	24,013	120,714	14,163 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,430,236	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	2,945,341	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	4,088,717	0	0	56,315	0 73.00
76.00 03020	PAIN CLINIC	0	0	0	0	0 76.00
76.01 03021	ORTHOPEDICS	51,906	7,470	0	20,187	0 76.01
76.02 03022	CARDIOVASCULAR SERVICES	1,050,624	65,764	143,625	374,829	56,650 76.02
76.03 03023	CARDIAC REHAB	384,305	14,164	42,221	161,809	2,236 76.03
76.04 03024	RADIATION ONCOLOGY	931,994	147,590	254,916	320,013	0 76.04
76.05 03025	MRI	244,773	32,317	347,919	76,707	0 76.05
76.06 03026	BARIATRIC CENTER	0	0	0	0	0 76.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B  
Part I  
Date/Time Prepared:  
6/1/2015 5:59 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
76.07 03027 PSYCH ACTIVITY THERAPY	455,383	0	0	0	0	76.07
76.08 03028 WOUND CARE	341,069	52,771	2,567	139,970	22,362	76.08
76.09 03029 RENAL DIALYSIS	611,520	101,917	0	203,432	0	76.09
76.10 03030 INFUSION	153,255	5,362	0	44,326	0	76.10
76.11 03031 CARE TRANSITION CENTER	15,249	0	0	6,705	0	76.11
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	9,623,102	125,916	43,042	3,550,598	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	3,280,229	33,173	1,105	1,300,945	68,577	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	164,784,328	4,627,543	3,720,002	26,743,943	1,386,434	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	116,421	10,934	0	17,882	3,727	190.00
190.01 19001 CONVENT	10,578	91,661	0	0	24,598	190.01
190.02 19002 HOME MEDICAL EQUIPMENT	14	0	0	0	0	190.02
190.03 19003 MEDICAL ARTS BUILDING	96,443	0	622	0	0	190.03
190.04 19004 WOMEN'S HEALTH CENTER	92,186	9,270	0	37,284	3,727	190.04
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 19009 MDWISE	5,694,208	0	0	24,289	0	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	431,053	0	2,018	164,387	4,472	190.10
190.11 19011 CENTER OF HOPE	16,733	4,062	0	7,375	0	190.11
190.12 19012 SELECT	0	318,598	0	0	0	190.12
190.13 19013 PERCINI AS	0	0	0	0	0	190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	602,508	32,091	1,746	102,973	31,306	192.00
192.01 19201 WORKING WELL	419,799	0	50,401	114,183	0	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 07951 REHAB	0	142,987	4,654	0	20,871	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	172,264,271	5,237,146	3,779,443	27,212,316	1,475,135	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B  
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Cost Center Description		DATA PROCESSING	PURCHASING, RECEIVING, AND STORES	ADMINITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.04	5A.04	5.05	
<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
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING	3,035,569				5.02
5.03	00590	PURCHASING, RECEIVING, AND STORES	98,542	773,910			5.03
5.04	00570	ADMINITTING	215,256	561	2,419,564		5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	903,347	10	0	25,470,702	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	80	0	5,197,404	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	3,802,563	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	19,202	0	549,429	8.00
9.00	00900	HOUSEKEEPING	0	385	0	2,592,168	9.00
10.00	01000	DIETARY	0	3,883	0	831,735	10.00
11.00	01100	CAFETERIA	0	0	0	749,406	11.00
13.00	01300	NURSING ADMINISTRATION	35,202	4,173	0	6,123,905	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	48,495	0	1,704,315	14.00
15.00	01500	PHARMACY	199,837	19,397	0	5,090,516	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	761,297	18	0	3,868,380	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	9,077	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	737,847	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	746	23.00
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	217,366	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	105,342	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	0	0	0	94,957	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	930,786	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	71,342	209,077	18,868,915	30.00
31.00	03100	INTENSIVE CARE UNIT	0	20,647	41,360	3,801,436	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	878	153,283	7,285,932	40.00
43.00	04300	NURSERY	0	0	4,164	1,285,983	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	63,854	192,140	96,597	3,258,302	50.00
50.01	05001	OPEN HEART SURGERY	0	18,378	10,018	342,812	50.01
50.02	05002	OUTPATIENT SURGERY	0	26,152	41,354	2,228,937	50.02
51.00	05100	RECOVERY ROOM	0	1,331	17,286	591,923	51.00
53.00	05300	ANESTHESIOLOGY	0	10,595	49,474	7,679,065	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	175,288	596	65,633	2,280,530	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	75,586	53,680	2,746,782	54.01
54.02	05402	ULTRASOUND	0	3,677	48,756	953,486	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	7,327	164,631	1,105,598	55.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	406,242	18	269,751	5,994,971	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	18,956	875,635	63.00
63.01	06301	NUCLEAR MEDICINE	0	225	31,349	868,447	63.01
65.00	06500	RESPIRATORY THERAPY	0	16,011	60,048	2,824,250	65.00
66.00	06600	PHYSICAL THERAPY	0	1,024	26,931	3,161,898	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	915	13,164	829,691	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,593	6,433	539,710	68.00
69.00	06900	ELECTROCARDIOLOGY	0	941	56,072	647,846	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	858	11,449	501,940	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2	93,970	3,524,208	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	31,171	2,976,512	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	336,441	4,481,473	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	76.00
76.01	03021	ORTHOPEDICS	0	2,953	472	82,988	76.01
76.02	03022	CARDIOVASCULAR SERVICES	0	148,892	73,513	1,913,897	76.02
76.03	03023	CARDIAC REHAB	0	430	7,558	612,723	76.03
76.04	03024	RADIATION ONCOLOGY	0	1,195	33,927	1,689,635	76.04
76.05	03025	MRI	0	1,284	45,078	748,078	76.05
76.06	03026	BARIATRIC CENTER	0	0	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0	0	14,368	469,751	76.07
76.08	03028	WOUND CARE	0	9,121	8,753	576,613	76.08
76.09	03029	RENAL DIALYSIS	0	0	10,925	927,794	76.09
76.10	03030	INFUSION	0	2,653	2,425	208,021	76.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B  
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Cost Center Description		DATA PROCESSING	PURCHASING, RECEIVING, AND STORES	ADMINISTRATIVE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.04	5A.04	5.05	
76.11	03031 CARE TRANSITION CENTER	0	0	0	21,954	3,809	76.11
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	49,579	282,803	13,675,040	2,372,811	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	176,704	7,182	28,694	4,896,609	849,630	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,035,569	771,729	2,419,564	163,556,029	23,959,701	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	148,964	25,847	190.00
190.01	19001 CONVENT	0	0	0	126,837	22,008	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	14	2	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	97,065	16,842	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	142,467	24,720	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	5,718,497	992,239	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	1,207	0	603,137	104,653	190.10
190.11	19011 CENTER OF HOPE	0	0	0	28,170	4,888	190.11
190.12	19012 SELECT	0	0	0	318,598	55,281	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	206	0	770,830	133,750	192.00
192.01	19201 WORKING WELL	0	768	0	585,151	101,532	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	168,512	29,239	194.01
200.00	Cross Foot Adjustments				0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,035,569	773,910	2,419,564	172,264,271	25,470,702	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150004		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part I Date/Time Prepared: 6/1/2015 5:59 pm	
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
<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
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00590	PURCHASING, RECEIVING, AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS	6,099,226				6.00
7.00	00700	OPERATION OF PLANT	331,941	4,794,302			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,379	6,965	660,107		8.00
9.00	00900	HOUSEKEEPING	122,244	101,621	0	3,265,810	9.00
10.00	01000	DIETARY	116,710	97,021	0	67,621	1,257,405
11.00	01100	CAFETERIA	85,085	70,731	0	49,297	0
13.00	01300	NURSING ADMINISTRATION	80,074	66,565	0	46,394	0
14.00	01400	CENTRAL SERVICES & SUPPLY	118,600	98,591	0	68,715	0
15.00	01500	PHARMACY	57,850	48,090	0	33,517	0
16.00	01600	MEDICAL RECORDS & LIBRARY	210,608	175,077	0	122,023	0
17.00	01700	SOCIAL SERVICE	12,490	10,383	0	7,237	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	0	0
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0
23.03	02303	PARAMED ED PRGM - RESPTHER	0	0	0	0	0
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,588,618	1,320,608	493,632	920,428	963,135
31.00	03100	INTENSIVE CARE UNIT	213,886	177,802	60,706	123,923	118,444
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	406,570	337,979	0	235,561	0
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0
50.02	05002	OUTPATIENT SURGERY	310,561	258,167	0	179,935	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	198,796	165,257	0	115,180	0
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	34,459	28,645	0	19,965	0
54.02	05402	ULTRASOUND	22,580	18,770	0	13,082	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	COMPUTED TOMOGRAPHY	23,102	19,205	0	13,385	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	154,236	128,215	0	89,362	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
63.01	06301	NUCLEAR MEDICINE	30,536	25,384	0	17,692	0
65.00	06500	RESPIRATORY THERAPY	61,272	50,935	0	35,500	0
66.00	06600	PHYSICAL THERAPY	158,525	131,781	0	91,848	0
67.00	06700	OCCUPATIONAL THERAPY	14,646	12,175	0	8,486	0
68.00	06800	SPEECH PATHOLOGY	45,382	37,726	0	26,294	0
69.00	06900	ELECTROCARDIOLOGY	25,502	21,200	0	14,776	0
70.00	07000	ELECTROENCEPHALOGRAPHY	20,713	17,219	0	12,001	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
76.00	03020	PAIN CLINIC	0	0	0	0	0
76.01	03021	ORTHOPEDICS	10,279	8,545	0	5,955	0
76.02	03022	CARDIOVASCULAR SERVICES	90,497	75,230	0	52,433	0
76.03	03023	CARDIAC REHAB	19,491	16,202	0	11,293	0
76.04	03024	RADIATION ONCOLOGY	203,096	168,832	0	117,671	0
76.05	03025	MRI	44,471	36,968	0	25,766	0
76.06	03026	BARITRIC CENTER	0	0	0	0	0
76.07	03027	PSYCH ACTIVITY THERAPY	0	0	0	0	0
76.08	03028	WOUND CARE	72,618	60,367	0	42,074	0
76.09	03029	RENAL DIALYSIS	140,246	116,585	0	81,257	0
76.10	03030	INFUSION	7,378	6,134	0	4,275	0
76.11	03031	CARE TRANSITION CENTER	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

Period:  
From 01/01/2013  
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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0 90.01
91.00	09100	EMERGENCY	173,271	144,039	0	100,391	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0	0	0 99.00
99.10	09910	CORF	0	0	0	0	0 99.10
101.00	10100	HOME HEALTH AGENCY	45,649	37,947	0	26,448	0 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,260,361	4,096,961	554,338	2,779,785	1,081,579 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	15,046	12,507	0	8,717	0 190.00
190.01	19001	CONVENT	126,134	104,854	0	73,080	0 190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0 190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	0 190.03
190.04	19004	WOMEN'S HEALTH CENTER	12,757	10,605	0	7,391	0 190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0 190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0 190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0 190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0 190.08
190.09	19009	MDWISE	0	0	0	0	0 190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	0	0 190.10
190.11	19011	CENTER OF HOPE	5,589	4,646	0	3,238	0 190.11
190.12	19012	SELECT	438,417	364,453	0	254,013	0 190.12
190.13	19013	PERCINI AS	0	0	0	0	0 190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	44,160	36,709	0	25,585	0 192.00
192.01	19201	WORKING WELL	0	0	0	0	0 192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.01	07951	REHAB	196,762	163,567	105,769	114,001	175,826 194.01
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)	6,099,226	4,794,302	660,107	3,265,810	1,257,405 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

Period:  
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00590						5.03
5.04	00570						5.04
5.05	00591						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,084,551					11.00
13.00	01300	70,004	7,449,525				13.00
14.00	01400	19,256	305,922	2,611,122			14.00
15.00	01500	50,633	0	2,702	6,166,584		15.00
16.00	01600	50,272	0	61	0	5,097,639	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	862	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	1,341	0	0	0	0	23.01
23.02	02302	1,458	0	0	0	0	23.02
23.03	02303	1,231	0	0	0	0	23.03
23.04	02304	9,011	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	305,711	96,705	138,727	8,017	440,512	30.00
31.00	03100	52,313	1,679,781	32,564	77	87,142	31.00
32.00	02060	0	0	0	0	0	32.00
35.00	02040	0	0	0	0	0	35.00
40.00	04000	0	0	2,773	0	322,958	40.00
43.00	04300	0	0	0	0	8,773	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	32,095	1,030,743	49,756	19,873	203,523	50.00
50.01	05001	1,630	52,537	7,013	49	21,108	50.01
50.02	05002	22,929	516,069	27,082	1,334	87,131	50.02
51.00	05100	7,098	227,814	2,367	7	36,421	51.00
53.00	05300	6,720	0	8,490	37	104,238	53.00
54.00	05400	37,970	0	1,479	4	138,284	54.00
54.01	05401	12,046	0	22,951	1	113,100	54.01
54.02	05402	7,951	0	3,104	0	102,726	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	9,683	0	24,036	0	346,867	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	61	0	568,347	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	0	39,939	63.00
63.01	06301	4,156	0	305	239,022	66,050	63.01
65.00	06500	36,907	0	23,269	0	126,517	65.00
66.00	06600	39,228	0	1,210	0	56,742	66.00
67.00	06700	8,504	0	350	0	27,736	67.00
68.00	06800	4,185	0	729	0	13,554	68.00
69.00	06900	10,164	0	2,947	344	118,140	69.00
70.00	07000	5,630	0	1,848	0	24,122	70.00
71.00	07100	0	0	1,202,255	0	197,989	71.00
72.00	07200	0	0	908,670	0	65,676	72.00
73.00	07300	0	0	0	5,805,417	708,632	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03021	1,245	39,984	1,755	0	995	76.01
76.02	03022	14,864	477,480	26,922	2,508	154,887	76.02
76.03	03023	8,042	258,034	1,461	0	15,923	76.03
76.04	03024	13,151	0	4,098	2,176	71,483	76.04
76.05	03025	3,623	0	2,753	0	94,977	76.05
76.06	03026	0	0	0	0	0	76.06
76.07	03027	0	0	0	0	30,273	76.07
76.08	03028	7,556	0	3,001	10,598	18,442	76.08
76.09	03029	0	0	0	0	23,019	76.09
76.10	03030	1,145	0	8,486	0	5,109	76.10

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
76.11	03031 CARE TRANSITION CENTER	212	0	0	0	0	76.11
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	108,963	2,764,456	89,823	9,947	595,848	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	64,618	0	7,000	7,145	60,456	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,032,407	7,449,525	2,610,048	6,106,556	5,097,639	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,171	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	647	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	4,389	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	1,243	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	8,537	0	0	8,288	0	190.10
190.11	19011 CENTER OF HOPE	345	0	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	6,784	0	427	18,847	0	192.00
192.01	19201 WORKING WELL	4,642	0	0	32,893	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	24,033	0	0	0	0	194.01
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)	1,084,551	7,449,525	2,611,122	6,166,584	5,097,639	202.00

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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - LAB	PARAMED PRGM - RADIOLOGY	
		SERVICES-OTHER PRGM COSTS APPRV				
	17.00	22.00	23.00	23.01	23.02	
<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
5.01 01160 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00590 PURCHASING, RECEIVING, AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00591 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	40,762					17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	866,736				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	875			23.00
23.01 02301 PARAMED PRGM - LAB	0	0	0	256,423		23.01
23.02 02302 PARAMED PRGM - RADIOLOGY	0	0	0	0	125,078	23.02
23.03 02303 PARAMED PRGM - RESP THER	0	0	0	0	0	23.03
23.04 02304 PARAMED PRGM-PHARMACY	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	3,516	8,582	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	695	0	0	0	0	31.00
32.00 02060 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00 04000 SUBPROVIDER - IPF	2,577	0	0	0	0	40.00
43.00 04300 NURSERY	70	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	1,624	0	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	168	0	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	695	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	291	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	832	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,104	0	0	0	118,825	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	903	0	0	0	2,501	54.01
54.02 05402 ULTRASOUND	820	0	0	0	1,251	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	2,768	0	0	0	2,501	55.01
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	4,536	0	0	210,267	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	319	0	0	41,028	0	63.00
63.01 06301 NUCLEAR MEDICINE	527	0	0	5,128	0	63.01
65.00 06500 RESPIRATORY THERAPY	1,010	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	453	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	221	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	108	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	943	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	193	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,580	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	524	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	5,735	0	875	0	0	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01 03021 ORTHOPEDICS	8	0	0	0	0	76.01
76.02 03022 CARDIOVASCULAR SERVICES	1,236	0	0	0	0	76.02
76.03 03023 CARDIAC REHAB	127	0	0	0	0	76.03
76.04 03024 RADIATION ONCOLOGY	570	0	0	0	0	76.04
76.05 03025 MRI	758	0	0	0	0	76.05
76.06 03026 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 03027 PSYCH ACTIVITY THERAPY	242	0	0	0	0	76.07
76.08 03028 WOUND CARE	147	0	0	0	0	76.08

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Cost Center Description			SOCIAL SERVICE	INTERNS & RESIDENTS	PARAMED ED PRGM	PARAMED ED PRGM - LAB	PARAMED ED PRGM - RADIOLOGY		
				SERVICES-OTHER PRGM COSTS APPRV					
			17.00	22.00	23.00	23.01	23.02		
76.09	03029	RENAL DIALYSIS	184	0	0	0	0	0	76.09
76.10	03030	INFUSION	41	0	0	0	0	0	76.10
76.11	03031	CARE TRANSITION CENTER	0	0	0	0	0	0	76.11
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	4,755	858,154	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART							92.00
OTHER REIMBURSABLE COST CENTERS									
99.00	09900	CMHC	0	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	482	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	40,762	866,736	875	256,423	125,078		118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
190.01	19001	CONVENT	0	0	0	0	0	0	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	0	0	190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	0	0	0	0	0	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	0	0	0	190.10
190.11	19011	CENTER OF HOPE	0	0	0	0	0	0	190.11
190.12	19012	SELECT	0	0	0	0	0	0	190.12
190.13	19013	PERCINI AS	0	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00
194.01	07951	REHAB	0	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments		0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	40,762	866,736	875	256,423	125,078		202.00

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Cost Center Description			PARAMED PRGM - RESPTHER	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.03	23.04	24.00	25.00	26.00	
<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
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING, AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED PRGM - LAB						23.01
23.02	02302	PARAMED PRGM - RADIOLOGY						23.02
23.03	02303	PARAMED PRGM - RESPTHER	112,664					23.03
23.04	02304	PARAMED PRGM-PHARMACY	0	1,101,301				23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	28,431,093	-8,582	28,422,511	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	7,008,371	0	7,008,371	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	8,878,451	0	8,878,451	40.00
43.00	04300	NURSERY	0	0	1,517,962	0	1,517,962	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	6,141,387	0	6,141,387	50.00
50.01	05001	OPEN HEART SURGERY	0	0	484,800	0	484,800	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	4,019,592	0	4,019,592	50.02
51.00	05100	RECOVERY ROOM	0	0	968,628	0	968,628	51.00
53.00	05300	ANESTHESIOLOGY	0	0	9,131,807	0	9,131,807	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,453,133	0	3,453,133	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	0	3,457,958	0	3,457,958	54.01
54.02	05402	ULTRASOUND	0	0	1,289,213	0	1,289,213	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0	1,738,982	0	1,738,982	55.01
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	8,190,206	0	8,190,206	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,108,856	0	1,108,856	63.00
63.01	06301	NUCLEAR MEDICINE	0	0	1,407,935	0	1,407,935	63.01
65.00	06500	RESPIRATORY THERAPY	112,664	0	3,762,371	0	3,762,371	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4,190,319	0	4,190,319	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,045,772	0	1,045,772	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	761,335	0	761,335	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	954,272	0	954,272	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	670,760	0	670,760	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	5,537,531	0	5,537,531	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	4,467,849	0	4,467,849	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,101,301	12,881,031	0	12,881,031	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03021	ORTHOPEDICS	0	0	166,154	0	166,154	76.01
76.02	03022	CARDIOVASCULAR SERVICES	0	0	3,142,042	0	3,142,042	76.02
76.03	03023	CARDIAC REHAB	0	0	1,049,612	0	1,049,612	76.03
76.04	03024	RADIATION ONCOLOGY	0	0	2,563,887	0	2,563,887	76.04
76.05	03025	MRI	0	0	1,087,196	0	1,087,196	76.05
76.06	03026	BARITRIC CENTER	0	0	0	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0	0	581,774	0	581,774	76.07
76.08	03028	WOUND CARE	0	0	891,466	0	891,466	76.08

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Cost Center Description			PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.03	23.04	24.00	25.00	26.00	
76.09	03029	RENAL DIALYSIS	0	0	1,450,070	0	1,450,070	76.09
76.10	03030	INFUSION	0	0	276,684	0	276,684	76.10
76.11	03031	CARE TRANSITION CENTER	0	0	25,975	0	25,975	76.11
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	20,897,498	-858,154	20,039,344	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	5,995,984	0	5,995,984	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	112,664	1,101,301	159,627,956	-892,770	158,761,220	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	213,252	0	213,252	190.00
190.01	19001	CONVENT	0	0	453,560	0	453,560	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	16	0	16	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	113,907	0	113,907	190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	0	202,329	0	202,329	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	6,711,979	0	6,711,979	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	724,615	0	724,615	190.10
190.11	19011	CENTER OF HOPE	0	0	46,876	0	46,876	190.11
190.12	19012	SELECT	0	0	1,430,762	0	1,430,762	190.12
190.13	19013	PERCINI AS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,037,092	0	1,037,092	192.00
192.01	19201	WORKING WELL	0	0	724,218	0	724,218	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	0	0	977,709	0	977,709	194.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	112,664	1,101,301	172,264,271	-892,770	171,397,535	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

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

Worksheet B  
Part II  
Date/Time Prepared:  
6/1/2015 5:59 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	38,284	3,653	41,937	41,937 4.00
5.01 01160	COMMUNICATIONS	0	12,153	8,121	20,274	269 5.01
5.02 00550	DATA PROCESSING	0	60,992	960,203	1,021,195	0 5.02
5.03 00590	PURCHASING, RECEIVING, AND STORES	0	15,488	4,347	19,835	224 5.03
5.04 00570	ADMITTING	0	35,353	0	35,353	516 5.04
5.05 00591	OTHER ADMINISTRATIVE AND GENERAL	0	293,016	56,523	349,539	3,077 5.05
6.00 00600	MAINTENANCE & REPAIRS	0	349,543	20,690	370,233	1,144 6.00
7.00 00700	OPERATION OF PLANT	0	241,222	6,202	247,424	218 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	6,089	80,023	86,112	0 8.00
9.00 00900	HOUSEKEEPING	0	88,835	8,240	97,075	982 9.00
10.00 01000	DIETARY	0	84,814	24,736	109,550	222 10.00
11.00 01100	CAFETERIA	0	61,832	0	61,832	305 11.00
13.00 01300	NURSING ADMINISTRATION	0	58,190	54,664	112,854	2,463 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	86,186	74,425	160,611	317 14.00
15.00 01500	PHARMACY	0	42,039	4,604	46,643	1,542 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	153,049	2,169	155,218	1,037 16.00
17.00 01700	SOCIAL SERVICE	0	9,077	0	9,077	0 17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	14 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01 02301	PARAMED ED PRGM - LAB	0	0	0	0	48 23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	46 23.02
23.03 02303	PARAMED ED PRGM - RESPTHER	0	0	0	0	44 23.03
23.04 02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	429 23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,154,453	755,218	1,909,671	7,249 30.00
31.00 03100	INTENSIVE CARE UNIT	0	155,431	63,898	219,329	1,584 31.00
32.00 02060	CORONARY CARE UNIT	0	0	0	0	0 32.00
35.00 02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0 35.00
40.00 04000	SUBPROVIDER - I/PF	0	0	2,273	2,273	1,756 40.00
43.00 04300	NURSERY	0	0	0	0	520 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	295,455	202,276	497,731	840 50.00
50.01 05001	OPEN HEART SURGERY	0	0	20,224	20,224	89 50.01
50.02 05002	OUTPATIENT SURGERY	0	225,685	80,904	306,589	789 50.02
51.00 05100	RECOVERY ROOM	0	0	1,600	1,600	264 51.00
53.00 05300	ANESTHESIOLOGY	0	0	112,771	112,771	697 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	144,465	73,944	218,409	793 54.00
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	0	25,041	20,717	45,758	450 54.01
54.02 05402	ULTRASOUND	0	16,409	26,811	43,220	329 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501	COMPUTED TOMOGRAPHY	0	16,788	1,196	17,984	301 55.01
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	112,084	0	112,084	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
63.01 06301	NUCLEAR MEDICINE	0	22,191	79,784	101,975	203 63.01
65.00 06500	RESPIRATORY THERAPY	0	44,527	88,433	132,960	1,127 65.00
66.00 06600	PHYSICAL THERAPY	0	115,201	4,760	119,961	786 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	10,643	80	10,723	310 67.00
68.00 06800	SPEECH PATHOLOGY	0	32,979	2,835	35,814	169 68.00
69.00 06900	ELECTROCARDIOLOGY	0	18,533	14,270	32,803	241 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	15,052	24,013	39,065	186 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	87 73.00
76.00 03020	PAIN CLINIC	0	0	0	0	0 76.00
76.01 03021	ORTHOPEDICS	0	7,470	0	7,470	31 76.01
76.02 03022	CARDIOVASCULAR SERVICES	0	65,764	143,625	209,389	577 76.02
76.03 03023	CARDIAC REHAB	0	14,164	42,221	56,385	249 76.03
76.04 03024	RADIATION ONCOLOGY	0	147,590	254,916	402,506	493 76.04
76.05 03025	MRI	0	32,317	347,919	380,236	118 76.05
76.06 03026	BARIATRIC CENTER	0	0	0	0	0 76.06
76.07 03027	PSYCH ACTIVITY THERAPY	0	0	0	0	0 76.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

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

Worksheet B  
Part II  
Date/Time Prepared:  
6/1/2015 5:59 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
	0			2A	4.00		
76.08 03028 WOUND CARE	0	52,771	2,567	55,338	216	76.08	
76.09 03029 RENAL DIALYSIS	0	101,917	0	101,917	313	76.09	
76.10 03030 INFUSION	0	5,362	0	5,362	68	76.10	
76.11 03031 CARE TRANSITION CENTER	0	0	0	0	10	76.11	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01	
91.00 09100 EMERGENCY	0	125,916	43,042	168,958	5,470	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00 09900 CMHC	0	0	0	0	0	99.00	
99.10 09910 CORF	0	0	0	0	0	99.10	
101.00 10100 HOME HEALTH AGENCY	0	33,173	1,105	34,278	2,004	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00	
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	0	4,627,543	3,720,002	8,347,545	41,216	118.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,934	0	10,934	28	190.00	
190.01 19001 CONVENT	0	91,661	0	91,661	0	190.01	
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02	
190.03 19003 MEDICAL ARTS BUILDING	0	0	622	622	0	190.03	
190.04 19004 WOMEN'S HEALTH CENTER	0	9,270	0	9,270	57	190.04	
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05	
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06	
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07	
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08	
190.09 19009 MDWISE	0	0	0	0	37	190.09	
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	2,018	2,018	253	190.10	
190.11 19011 CENTER OF HOPE	0	4,062	0	4,062	11	190.11	
190.12 19012 SELECT	0	318,598	0	318,598	0	190.12	
190.13 19013 PERCINI AS	0	0	0	0	0	190.13	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	32,091	1,746	33,837	159	192.00	
192.01 19201 WORKING WELL	0	0	50,401	50,401	176	192.01	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
194.01 07951 REHAB	0	142,987	4,654	147,641	0	194.01	
200.00	Cross Foot Adjustments			0		200.00	
201.00	Negative Cost Centers			0		201.00	
202.00	TOTAL (sum lines 118-201)	0	5,237,146	3,779,443	9,016,589	41,937	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150004		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 6/1/2015 5:59 pm	
Cost Center Description		COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING, AND STORES	ADMINITTING	OTHER ADMINISTRATIVE AND GENERAL	
		5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160	20,543					5.01
5.02	00550	0	1,021,195				5.02
5.03	00590	291	33,151	53,501			5.03
5.04	00570	882	72,414	39	109,204		5.04
5.05	00591	2,564	303,894	1	0	659,075	5.05
6.00	00600	1,422	0	6	0	23,336	6.00
7.00	00700	623	0	0	0	17,074	7.00
8.00	00800	135	0	1,327	0	2,467	8.00
9.00	00900	145	0	27	0	11,639	9.00
10.00	01000	280	0	268	0	3,734	10.00
11.00	01100	0	0	0	0	3,365	11.00
13.00	01300	696	11,842	288	0	27,496	13.00
14.00	01400	353	0	3,352	0	7,652	14.00
15.00	01500	550	67,227	1,341	0	22,856	15.00
16.00	01600	176	256,108	1	0	17,369	16.00
17.00	01700	0	0	0	0	41	17.00
22.00	02200	0	0	0	0	3,313	22.00
23.00	02300	10	0	0	0	3	23.00
23.01	02301	10	0	0	0	976	23.01
23.02	02302	10	0	0	0	473	23.02
23.03	02303	10	0	0	0	426	23.03
23.04	02304	0	0	0	0	4,179	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	3,272	0	4,932	9,441	84,694	30.00
31.00	03100	519	0	1,427	1,868	17,068	31.00
32.00	02060	0	0	0	0	0	32.00
35.00	02040	0	0	0	0	0	35.00
40.00	04000	0	0	61	6,921	32,714	40.00
43.00	04300	0	0	0	188	5,774	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,215	21,481	13,289	4,362	14,630	50.00
50.01	05001	0	0	1,270	452	1,539	50.01
50.02	05002	478	0	1,808	1,867	10,008	50.02
51.00	05100	0	0	92	781	2,658	51.00
53.00	05300	93	0	732	2,234	34,479	53.00
54.00	05400	882	58,969	41	2,964	10,240	54.00
54.01	05401	62	0	5,225	2,424	12,333	54.01
54.02	05402	135	0	254	2,202	4,281	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	0	506	7,434	4,964	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	478	136,664	1	12,180	26,917	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	467	0	0	856	3,932	63.00
63.01	06301	135	0	16	1,416	3,899	63.01
65.00	06500	280	0	1,107	2,711	12,681	65.00
66.00	06600	550	0	71	1,216	14,197	66.00
67.00	06700	125	0	63	594	3,725	67.00
68.00	06800	31	0	248	290	2,423	68.00
69.00	06900	145	0	65	2,532	2,909	69.00
70.00	07000	197	0	59	517	2,254	70.00
71.00	07100	0	0	0	4,243	15,824	71.00
72.00	07200	0	0	0	1,408	13,365	72.00
73.00	07300	0	0	0	15,143	20,122	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03021	0	0	204	21	373	76.01
76.02	03022	789	0	10,292	3,319	8,593	76.02
76.03	03023	31	0	30	341	2,751	76.03
76.04	03024	0	0	83	1,532	7,586	76.04
76.05	03025	0	0	89	2,035	3,359	76.05
76.06	03026	0	0	0	0	0	76.06
76.07	03027	0	0	0	649	2,109	76.07
76.08	03028	311	0	630	395	2,589	76.08
76.09	03029	0	0	0	493	4,166	76.09
76.10	03030	0	0	183	109	934	76.10

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150004			Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 6/1/2015 5:59 pm	
Cost Center Description		COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING, AND STORES	ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL		
		5.01	5.02	5.03	5.04	5.05		
76.11	03031 CARE TRANSITION CENTER	0	0	0	0	99		76.11
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00	09000 CLINIC	0	0	0	0	0		90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0		90.01
91.00	09100 EMERGENCY	0	0	3,427	12,770	61,401		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART							92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900 CMHC	0	0	0	0	0		99.00
99.10	09910 CORF	0	0	0	0	0		99.10
101.00	10100 HOME HEALTH AGENCY	955	59,445	496	1,296	21,986		101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300 INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	19,307	1,021,195	53,351	109,204	619,975		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	52	0	0	0	669		190.00
190.01	19001 CONVENT	343	0	0	0	569		190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0		190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	436		190.03
190.04	19004 WOMEN'S HEALTH CENTER	52	0	0	0	640		190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0		190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0		190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0		190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0		190.08
190.09	19009 MDWISE	0	0	0	0	25,676		190.09
190.10	19010 CATHERINE MCAULEY CLINIC	62	0	83	0	2,708		190.10
190.11	19011 CENTER OF HOPE	0	0	0	0	126		190.11
190.12	19012 SELECT	0	0	0	0	1,431		190.12
190.13	19013 PERCINI AS	0	0	0	0	0		190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	436	0	14	0	3,461		192.00
192.01	19201 WORKING WELL	0	0	53	0	2,627		192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0		193.00
194.01	07951 REHAB	291	0	0	0	757		194.01
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	20,543	1,021,195	53,501	109,204	659,075		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150004		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 6/1/2015 5:59 pm	
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
<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
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00590	PURCHASING, RECEIVING, AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS	396,141				6.00
7.00	00700	OPERATION OF PLANT	21,559	286,898			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	544	417	91,002		8.00
9.00	00900	HOUSEKEEPING	7,940	6,081	0	123,889	9.00
10.00	01000	DIETARY	7,580	5,806	0	2,565	10.00
11.00	01100	CAFETERIA	5,526	4,233	0	1,870	11.00
13.00	01300	NURSING ADMINISTRATION	5,201	3,983	0	1,760	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,703	5,900	0	2,607	14.00
15.00	01500	PHARMACY	3,757	2,878	0	1,271	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,679	10,477	0	4,629	16.00
17.00	01700	SOCIAL SERVICE	811	621	0	275	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESPTHER	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	103,180	79,027	68,052	34,919	99,580
31.00	03100	INTENSIVE CARE UNIT	13,892	10,640	8,369	4,701	12,246
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	26,406	20,225	0	8,936	0
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0
50.02	05002	OUTPATIENT SURGERY	20,171	15,449	0	6,826	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,912	9,889	0	4,369	0
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	2,238	1,714	0	757	0
54.02	05402	ULTRASOUND	1,467	1,123	0	496	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	COMPUTED TOMOGRAPHY	1,500	1,149	0	508	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	10,018	7,673	0	3,390	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
63.01	06301	NUCLEAR MEDICINE	1,983	1,519	0	671	0
65.00	06500	RESPIRATORY THERAPY	3,980	3,048	0	1,347	0
66.00	06600	PHYSICAL THERAPY	10,296	7,886	0	3,484	0
67.00	06700	OCCUPATIONAL THERAPY	951	729	0	322	0
68.00	06800	SPEECH PATHOLOGY	2,948	2,258	0	997	0
69.00	06900	ELECTROCARDIOLOGY	1,656	1,269	0	561	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,345	1,030	0	455	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
76.00	03020	PAIN CLINIC	0	0	0	0	0
76.01	03021	ORTHOPEDICS	668	511	0	226	0
76.02	03022	CARDIOVASCULAR SERVICES	5,878	4,502	0	1,989	0
76.03	03023	CARDIAC REHAB	1,266	970	0	428	0
76.04	03024	RADIATION ONCOLOGY	13,191	10,103	0	4,464	0
76.05	03025	MRI	2,888	2,212	0	977	0
76.06	03026	BARIATRIC CENTER	0	0	0	0	0
76.07	03027	PSYCH ACTIVITY THERAPY	0	0	0	0	0
76.08	03028	WOUND CARE	4,716	3,612	0	1,596	0
76.09	03029	RENAL DIALYSIS	9,109	6,977	0	3,082	0
76.10	03030	INFUSION	479	367	0	162	0
76.11	03031	CARE TRANSITION CENTER	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

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

Worksheet B  
Part II  
Date/Time Prepared:  
6/1/2015 5:59 pm

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0 90.01
91.00	09100	EMERGENCY	11,254	8,619	0	3,808	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0	0	0 99.00
99.10	09910	CORF	0	0	0	0	0 99.10
101.00	10100	HOME HEALTH AGENCY	2,965	2,271	0	1,003	0 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	341,657	245,168	76,421	105,451	111,826 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	977	748	0	331	0 190.00
190.01	19001	CONVENT	8,192	6,275	0	2,772	0 190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0 190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	0 190.03
190.04	19004	WOMEN'S HEALTH CENTER	829	635	0	280	0 190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0 190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0 190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0 190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0 190.08
190.09	19009	MDWISE	0	0	0	0	0 190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	0	0 190.10
190.11	19011	CENTER OF HOPE	363	278	0	123	0 190.11
190.12	19012	SELECT	28,475	21,809	0	9,636	0 190.12
190.13	19013	PERCINI AS	0	0	0	0	0 190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,868	2,197	0	971	0 192.00
192.01	19201	WORKING WELL	0	0	0	0	0 192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.01	07951	REHAB	12,780	9,788	14,581	4,325	18,179 194.01
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)	396,141	286,898	91,002	123,889	130,005 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150004		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 6/1/2015 5:59 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00590						5.03
5.04	00570						5.04
5.05	00591						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	77,131					11.00
13.00	01300	4,978	171,561				13.00
14.00	01400	1,369	7,045	196,909			14.00
15.00	01500	3,601	0	204	151,870		15.00
16.00	01600	3,575	0	5	0	462,274	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	61	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	95	0	0	0	0	23.01
23.02	02302	104	0	0	0	0	23.02
23.03	02303	88	0	0	0	0	23.03
23.04	02304	641	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	21,743	2,227	10,462	197	39,935	30.00
31.00	03100	3,720	38,685	2,456	2	7,900	31.00
32.00	02060	0	0	0	0	0	32.00
35.00	02040	0	0	0	0	0	35.00
40.00	04000	0	0	209	0	29,278	40.00
43.00	04300	0	0	0	0	795	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	2,283	23,738	3,752	489	18,451	50.00
50.01	05001	116	1,210	529	1	1,914	50.01
50.02	05002	1,631	11,885	2,042	33	7,899	50.02
51.00	05100	505	5,247	178	0	3,302	51.00
53.00	05300	478	0	640	1	9,450	53.00
54.00	05400	2,700	0	112	0	12,536	54.00
54.01	05401	857	0	1,731	0	10,253	54.01
54.02	05402	565	0	234	0	9,313	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	689	0	1,813	0	31,446	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	5	0	51,524	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	0	3,621	63.00
63.01	06301	296	0	23	5,887	5,988	63.01
65.00	06500	2,625	0	1,755	0	11,470	65.00
66.00	06600	2,790	0	91	0	5,144	66.00
67.00	06700	605	0	26	0	2,514	67.00
68.00	06800	298	0	55	0	1,229	68.00
69.00	06900	723	0	222	8	10,710	69.00
70.00	07000	400	0	139	0	2,187	70.00
71.00	07100	0	0	90,665	0	17,949	71.00
72.00	07200	0	0	68,523	0	5,954	72.00
73.00	07300	0	0	0	142,976	64,383	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03021	89	921	132	0	90	76.01
76.02	03022	1,057	10,996	2,030	62	14,041	76.02
76.03	03023	572	5,942	110	0	1,444	76.03
76.04	03024	935	0	309	54	6,480	76.04
76.05	03025	258	0	208	0	8,610	76.05
76.06	03026	0	0	0	0	0	76.06
76.07	03027	0	0	0	0	2,744	76.07
76.08	03028	537	0	226	261	1,672	76.08
76.09	03029	0	0	0	0	2,087	76.09
76.10	03030	81	0	640	0	463	76.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

Period:  
From 01/01/2013  
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
76.11	03031 CARE TRANSITION CENTER	15	0	0	0	0	76.11
	OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	7,749	63,665	6,774	245	54,017	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
	OTHER REIMBURSABLE COST CENTERS						
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	4,595	0	528	176	5,481	101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	73,424	171,561	196,828	150,392	462,274	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	154	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	49	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	312	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	88	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	607	0	0	204	0	190.10
190.11	19011 CENTER OF HOPE	25	0	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	482	0	32	464	0	192.00
192.01	19201 WORKING WELL	330	0	0	810	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	1,709	0	0	0	0	194.01
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)	77,131	171,561	196,909	151,870	462,274	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 6/1/2015 5:59 pm
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - LAB	PARAMED PRGM - RADIOLOGY	
		SERVICES-OTHER PRGM COSTS APPRV				
	17.00	22.00	23.00	23.01	23.02	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.01 01160						5.01
5.02 00550						5.02
5.03 00590						5.03
5.04 00570						5.04
5.05 00591						5.05
6.00 00600						6.00
7.00 00700						7.00
8.00 00800						8.00
9.00 00900						9.00
10.00 01000						10.00
11.00 01100						11.00
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
22.00 02200	10,825	3,388				22.00
23.00 02300	0		13			23.00
23.01 02301	0			1,129		23.01
23.02 02302	0				633	23.02
23.03 02303	0					23.03
23.04 02304	0					23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	948					30.00
31.00 03100	188					31.00
32.00 02060	0					32.00
35.00 02040	0					35.00
40.00 04000	695					40.00
43.00 04300	19					43.00
44.00 04400	0					44.00
45.00 04500	0					45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	438					50.00
50.01 05001	45					50.01
50.02 05002	188					50.02
51.00 05100	78					51.00
53.00 05300	224					53.00
54.00 05400	298					54.00
54.01 05401	243					54.01
54.02 05402	221					54.02
55.00 05500	0					55.00
55.01 05501	746					55.01
57.00 05700	0					57.00
58.00 05800	0					58.00
59.00 05900	0					59.00
60.00 06000	1,223					60.00
60.01 06001	0					60.01
63.00 06300	86					63.00
63.01 06301	142					63.01
65.00 06500	272					65.00
66.00 06600	122					66.00
67.00 06700	60					67.00
68.00 06800	29					68.00
69.00 06900	254					69.00
70.00 07000	52					70.00
71.00 07100	426					71.00
72.00 07200	141					72.00
73.00 07300	1,382					73.00
76.00 03020	0					76.00
76.01 03021	2					76.01
76.02 03022	333					76.02
76.03 03023	34					76.03
76.04 03024	154					76.04
76.05 03025	204					76.05
76.06 03026	0					76.06
76.07 03027	65					76.07
76.08 03028	40					76.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

Period:  
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To 12/31/2013

Worksheet B  
Part II  
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Cost Center Description		SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB	PARAMED ED PRGM - RADIOLOGY	
		17.00	22.00	23.00	23.01	23.02	
76.09	03029 RENAL DIALYSIS	50					76.09
76.10	03030 INFUSION	11					76.10
76.11	03031 CARE TRANSITION CENTER	0					76.11
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0					88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0					89.00
90.00	09000 CLINIC	0					90.00
90.01	09001 OCC HEALTH CLINIC	0					90.01
91.00	09100 EMERGENCY	1,282					91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0					99.00
99.10	09910 CORF	0					99.10
101.00	10100 HOME HEALTH AGENCY	130					101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	10,825	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
190.01	19001 CONVENT	0					190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0					190.02
190.03	19003 MEDICAL ARTS BUILDING	0					190.03
190.04	19004 WOMEN'S HEALTH CENTER	0					190.04
190.05	19005 DEVELOPMENT	0					190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0					190.06
190.07	19007 IMAGE RECOVERY	0					190.07
190.08	19008 FAMILY SERVICES	0					190.08
190.09	19009 MDWISE	0					190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0					190.10
190.11	19011 CENTER OF HOPE	0					190.11
190.12	19012 SELECT	0					190.12
190.13	19013 PERCINI AS	0					190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0					192.00
192.01	19201 WORKING WELL	0					192.01
193.00	19300 NONPAID WORKERS	0					193.00
194.01	07951 REHAB	0					194.01
200.00	Cross Foot Adjustments		3,388	13	1,129	633	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	10,825	3,388	13	1,129	633	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 6/1/2015 5:59 pm
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Cost Center Description			PARAMED PRGM - RESPTHER	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.03	23.04	24.00	25.00	26.00	
<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
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING, AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED PRGM - LAB						23.01
23.02	02302	PARAMED PRGM - RADIOLOGY						23.02
23.03	02303	PARAMED PRGM - RESP THER	568					23.03
23.04	02304	PARAMED PRGM-PHARMACY		5,249				23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS			2,479,529	0	2,479,529	30.00
31.00	03100	INTENSIVE CARE UNIT			344,594	0	344,594	31.00
32.00	02060	CORONARY CARE UNIT			0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT			0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF			73,907	0	73,907	40.00
43.00	04300	NURSERY			7,296	0	7,296	43.00
44.00	04400	SKILLED NURSING FACILITY			0	0	0	44.00
45.00	04500	NURSING FACILITY			0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM			658,266	0	658,266	50.00
50.01	05001	OPEN HEART SURGERY			27,389	0	27,389	50.01
50.02	05002	OUTPATIENT SURGERY			387,663	0	387,663	50.02
51.00	05100	RECOVERY ROOM			14,705	0	14,705	51.00
53.00	05300	ANESTHESIOLOGY			161,799	0	161,799	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			335,114	0	335,114	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES			84,045	0	84,045	54.01
54.02	05402	ULTRASOUND			63,840	0	63,840	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC			0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY			69,040	0	69,040	55.01
57.00	05700	CT SCAN			0	0	0	57.00
58.00	05800	MRI			0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION			0	0	0	59.00
60.00	06000	LABORATORY			362,157	0	362,157	60.00
60.01	06001	BLOOD LABORATORY			0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.			8,962	0	8,962	63.00
63.01	06301	NUCLEAR MEDICINE			124,153	0	124,153	63.01
65.00	06500	RESPIRATORY THERAPY			175,363	0	175,363	65.00
66.00	06600	PHYSICAL THERAPY			166,594	0	166,594	66.00
67.00	06700	OCCUPATIONAL THERAPY			20,747	0	20,747	67.00
68.00	06800	SPEECH PATHOLOGY			46,789	0	46,789	68.00
69.00	06900	ELECTROCARDIOLOGY			54,098	0	54,098	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			47,886	0	47,886	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			129,107	0	129,107	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			89,391	0	89,391	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			244,093	0	244,093	73.00
76.00	03020	PAIN CLINIC			0	0	0	76.00
76.01	03021	ORTHOPEDICS			10,738	0	10,738	76.01
76.02	03022	CARDIOVASCULAR SERVICES			273,847	0	273,847	76.02
76.03	03023	CARDIAC REHAB			70,553	0	70,553	76.03
76.04	03024	RADIATION ONCOLOGY			447,890	0	447,890	76.04
76.05	03025	MRI			401,194	0	401,194	76.05
76.06	03026	BARIATRIC CENTER			0	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY			5,567	0	5,567	76.07
76.08	03028	WOUND CARE			72,139	0	72,139	76.08

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 6/1/2015 5:59 pm
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Cost Center Description			PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.03	23.04	24.00	25.00	26.00	
76.09	03029	RENAL DIALYSIS			128,194	0	128,194	76.09
76.10	03030	INFUSION			8,859	0	8,859	76.10
76.11	03031	CARE TRANSITION CENTER			124	0	124	76.11
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC			0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	89.00
90.00	09000	CLINIC			0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC			0	0	0	90.01
91.00	09100	EMERGENCY			409,439	0	409,439	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC			0	0	0	99.00
99.10	09910	CORF			0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY			137,609	0	137,609	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	8,142,680	0	8,142,680	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			13,893	0	13,893	190.00
190.01	19001	CONVENT			109,861	0	109,861	190.01
190.02	19002	HOME MEDICAL EQUIPMENT			0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING			1,058	0	1,058	190.03
190.04	19004	WOMEN'S HEALTH CENTER			12,075	0	12,075	190.04
190.05	19005	DEVELOPMENT			0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES			0	0	0	190.06
190.07	19007	IMAGE RECOVERY			0	0	0	190.07
190.08	19008	FAMILY SERVICES			0	0	0	190.08
190.09	19009	MDWISE			25,801	0	25,801	190.09
190.10	19010	CATHERINE MCAULEY CLINIC			5,935	0	5,935	190.10
190.11	19011	CENTER OF HOPE			4,988	0	4,988	190.11
190.12	19012	SELECT			379,949	0	379,949	190.12
190.13	19013	PERCINI AS			0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES			44,921	0	44,921	192.00
192.01	19201	WORKING WELL			54,397	0	54,397	192.01
193.00	19300	NONPAID WORKERS			0	0	0	193.00
194.01	07951	REHAB			210,051	0	210,051	194.01
200.00		Cross Foot Adjustments	568	5,249	10,980	0	10,980	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	568	5,249	9,016,589	0	9,016,589	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
6/1/2015 5:59 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHON)	DATA PROCESSING (ALLOC OF TIME)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	648,548				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,714,192			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,741	3,590	61,741,738		4.00
5.01	01160	COMMUNICATIONS	1,505	7,981	395,663	1,319,341	5.01
5.02	00550	DATA PROCESSING	7,553	943,625	0	0	1,056,600
5.03	00590	PURCHASING, RECEIVING, AND STORES	1,918	4,272	330,586	18,667	34,300
5.04	00570	ADMINISTRATIVE	4,378	0	760,162	56,667	74,925
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	36,286	55,547	4,532,174	164,668	314,430
6.00	00600	MAINTENANCE & REPAIRS	43,286	20,333	1,684,505	91,334	0
7.00	00700	OPERATION OF PLANT	29,872	6,095	321,243	40,000	0
8.00	00800	LAUNDRY & LINEN SERVICE	754	78,641	0	8,667	0
9.00	00900	HOUSEKEEPING	11,001	8,098	1,445,521	9,333	0
10.00	01000	DIETARY	10,503	24,309	327,418	18,000	0
11.00	01100	CAFETERIA	7,657	0	449,070	0	0
13.00	01300	NURSING ADMINISTRATION	7,206	53,720	3,626,966	44,667	12,253
14.00	01400	CENTRAL SERVICES & SUPPLY	10,673	73,140	466,362	22,667	0
15.00	01500	PHARMACY	5,206	4,525	2,271,172	35,334	69,558
16.00	01600	MEDICAL RECORDS & LIBRARY	18,953	2,132	1,526,971	11,333	264,987
17.00	01700	SOCIAL SERVICE	1,124	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	20,880	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	667	0
23.01	02301	PARAMED ED PRGM - LAB	0	0	71,230	667	0
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	67,295	667	0
23.03	02303	PARAMED ED PRGM - RESPIRATORY	0	0	64,082	667	0
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	632,005	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	142,963	742,179	10,653,377	209,999	0
31.00	03100	INTENSIVE CARE UNIT	19,248	62,795	2,332,189	33,334	0
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	2,234	2,585,807	0	0
43.00	04300	NURSERY	0	0	766,148	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	36,588	198,784	1,236,822	78,000	22,226
50.01	05001	OPEN HEART SURGERY	0	19,875	130,876	0	0
50.02	05002	OUTPATIENT SURGERY	27,948	79,507	1,161,685	30,667	0
51.00	05100	RECOVERY ROOM	0	1,572	388,749	0	0
53.00	05300	ANESTHESIOLOGY	0	110,824	1,026,574	6,000	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,890	72,667	1,168,070	56,667	61,013
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	3,101	20,359	662,990	4,000	0
54.02	05402	ULTRASOUND	2,032	26,348	484,677	8,667	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	COMPUTED TOMOGRAPHY	2,079	1,175	442,771	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	13,880	0	0	30,667	141,402
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	30,000	0
63.01	06301	NUCLEAR MEDICINE	2,748	78,407	299,237	8,667	0
65.00	06500	RESPIRATORY THERAPY	5,514	86,906	1,660,082	18,000	0
66.00	06600	PHYSICAL THERAPY	14,266	4,678	1,157,482	35,334	0
67.00	06700	OCCUPATIONAL THERAPY	1,318	79	455,856	8,000	0
68.00	06800	SPEECH PATHOLOGY	4,084	2,786	249,026	2,000	0
69.00	06900	ELECTROCARDIOLOGY	2,295	14,024	355,634	9,333	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,864	23,598	273,886	12,667	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	127,772	0	0
76.00	03020	PAIN CLINIC	0	0	0	0	0
76.01	03021	ORTHOPEDICS	925	0	45,801	0	0
76.02	03022	CARDIOVASCULAR SERVICES	8,144	141,145	850,445	50,667	0
76.03	03023	CARDIAC REHAB	1,754	41,492	367,127	2,000	0
76.04	03024	RADIATION ONCOLOGY	18,277	250,515	726,075	0	0
76.05	03025	MRI	4,002	341,912	174,039	0	0
76.06	03026	BARIATRIC CENTER	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1  
Date/Time Prepared:  
6/1/2015 5:59 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHON)	DATA PROCESSING (ALLOC OF TIME)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
76.07	03027	PSYCH ACTIVITY THERAPY	0	0	0	0	76.07
76.08	03028	WOUND CARE	6,535	2,523	317,577	20,000	76.08
76.09	03029	RENAL DIALYSIS	12,621	0	461,564	0	76.09
76.10	03030	INFUSION	664	0	100,571	0	76.10
76.11	03031	CARE TRANSITION CENTER	0	0	15,214	0	76.11
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	15,593	42,299	8,055,920	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	4,108	1,086	2,951,703	61,334	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	573,057	3,655,777	60,679,051	1,240,008	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354	0	40,573	3,333	190.00
190.01	19001	CONVENT	11,351	0	0	22,000	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	611	0	0	190.03
190.04	19004	WOMEN'S HEALTH CENTER	1,148	0	84,593	3,333	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	55,108	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	1,983	372,976	4,000	190.10
190.11	19011	CENTER OF HOPE	503	0	16,733	0	190.11
190.12	19012	SELECT	39,454	0	0	0	190.12
190.13	19013	PERCINI AS	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,974	1,716	233,635	28,000	192.00
192.01	19201	WORKING WELL	0	49,531	259,069	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.01	07951	REHAB	17,707	4,574	0	18,667	194.01
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)	5,237,146	3,779,443	27,212,316	1,475,135	3,035,569
203.00		Unit cost multiplier (Wkst. B, Part I)	8.075186	1.017568	0.440744	1.118085	2.872959
204.00		Cost to be allocated (per Wkst. B, Part II)			41,937	20,543	1,021,195
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000679	0.015571	0.966492

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
6/1/2015 5:59 pm

Cost Center Description			PURCHASING, RECEIVING, AND STORES (COSTED REQUIS.)	ADMINISTRATIVE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
			5.03	5.04	5A.05	5.05	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00590	PURCHASING, RECEIVING, AND STORES	8,676,212					5.03
5.04	00570	ADMINISTRATIVE	6,294	457,095,603				5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	114	0	-25,470,702	146,793,569		5.05
6.00	00600	MAINTENANCE & REPAIRS	897	0	0	5,197,404	548,881	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	3,802,563	29,872	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	215,270	0	0	549,429	754	8.00
9.00	00900	HOUSEKEEPING	4,318	0	0	2,592,168	11,001	9.00
10.00	01000	DIETARY	43,532	0	0	831,735	10,503	10.00
11.00	01100	CAFETERIA	0	0	0	749,406	7,657	11.00
13.00	01300	NURSING ADMINISTRATION	46,782	0	0	6,123,905	7,206	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	543,675	0	0	1,704,315	10,673	14.00
15.00	01500	PHARMACY	217,457	0	0	5,090,516	5,206	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	198	0	0	3,868,380	18,953	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	9,077	1,124	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	737,847	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	746	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	217,366	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	105,342	0	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	0	0	0	94,957	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	930,786	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	799,804	39,500,699	0	18,868,915	142,963	30.00
31.00	03100	INTENSIVE CARE UNIT	231,467	7,814,005	0	3,801,436	19,248	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	9,838	28,959,604	0	7,285,932	0	40.00
43.00	04300	NURSERY	0	786,663	0	1,285,983	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,154,058	18,249,944	0	3,258,302	36,588	50.00
50.01	05001	OPEN HEART SURGERY	206,038	1,892,721	0	342,812	0	50.01
50.02	05002	OUTPATIENT SURGERY	293,187	7,813,002	0	2,228,937	27,948	50.02
51.00	05100	RECOVERY ROOM	14,927	3,265,855	0	591,923	0	51.00
53.00	05300	ANESTHESIOLOGY	118,774	9,347,044	0	7,679,065	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,683	12,399,959	0	2,280,530	17,890	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	847,381	10,141,681	0	2,746,782	3,101	54.01
54.02	05402	ULTRASOUND	41,227	9,211,455	0	953,486	2,032	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	82,143	31,103,564	0	1,105,598	2,079	55.01
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	203	50,963,644	0	5,994,971	13,880	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,581,361	0	875,635	0	63.00
63.01	06301	NUCLEAR MEDICINE	2,526	5,922,697	0	868,447	2,748	63.01
65.00	06500	RESPIRATORY THERAPY	179,494	11,344,770	0	2,824,250	5,514	65.00
66.00	06600	PHYSICAL THERAPY	11,480	5,088,054	0	3,161,898	14,266	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,263	2,487,106	0	829,691	1,318	67.00
68.00	06800	SPEECH PATHOLOGY	40,278	1,215,368	0	539,710	4,084	68.00
69.00	06900	ELECTROCARDIOLOGY	10,554	10,593,627	0	647,846	2,295	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,617	2,162,999	0	501,940	1,864	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	19	17,753,639	0	3,524,208	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,889,155	0	2,976,512	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	63,533,576	0	4,481,473	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03021	ORTHOPEDICS	33,104	89,196	0	82,988	925	76.01
76.02	03022	CARDIOVASCULAR SERVICES	1,669,209	13,888,677	0	1,913,897	8,144	76.02
76.03	03023	CARDIAC REHAB	4,822	1,427,840	0	612,723	1,754	76.03
76.04	03024	RADIATION ONCOLOGY	13,392	6,409,863	0	1,689,635	18,277	76.04
76.05	03025	MRI	14,395	8,516,613	0	748,078	4,002	76.05
76.06	03026	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0	2,714,541	0	469,751	0	76.07
76.08	03028	WOUND CARE	102,254	1,653,692	0	576,613	6,535	76.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
6/1/2015 5:59 pm

Cost Center Description		PURCHASING, RECEIVING, AND STORES (COSTED REQUIS.)	ADMITTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	6.00	
76.09	03029 RENAL DIALYSIS	0	2,064,125	0	927,794	12,621	76.09
76.10	03030 INFUSION	29,741	458,102	0	208,021	664	76.10
76.11	03031 CARE TRANSITION CENTER	0	0	0	21,954	0	76.11
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	555,823	53,429,676	0	13,675,040	15,593	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	80,521	5,421,086	0	4,896,609	4,108	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,651,759	457,095,603	-25,470,702	138,085,327	473,390	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	148,964	1,354	190.00
190.01	19001 CONVENT	0	0	0	126,837	11,351	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	14	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	97,065	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	142,467	1,148	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	5,718,497	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	13,536	0	0	603,137	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	28,170	503	190.11
190.12	19012 SELECT	0	0	0	318,598	39,454	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,308	0	0	770,830	3,974	192.00
192.01	19201 WORKING WELL	8,609	0	0	585,151	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	168,512	17,707	194.01
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)	773,910	2,419,564		25,470,702	6,099,226	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.089199	0.005293		0.173514	11.112110	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	53,501	109,204		659,075	396,141	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.006166	0.000239		0.004490	0.721725	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
6/1/2015 5:59 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	
		7.00	8.00	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
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00590	PURCHASING, RECEIVING, AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	519,009				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	754	817,033			8.00
9.00	00900	HOUSEKEEPING	11,001	0	507,254		9.00
10.00	01000	DIETARY	10,503	0	10,503	217,332	10.00
11.00	01100	CAFETERIA	7,657	0	7,657	0	11.00
13.00	01300	NURSING ADMINISTRATION	7,206	0	7,206	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,673	0	10,673	0	14.00
15.00	01500	PHARMACY	5,206	0	5,206	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18,953	0	18,953	0	16.00
17.00	01700	SOCIAL SERVICE	1,124	0	1,124	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESPIRATORY	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	142,963	610,983	142,963	166,470	30.00
31.00	03100	INTENSIVE CARE UNIT	19,248	75,137	19,248	20,472	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	36,588	0	36,588	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	27,948	0	27,948	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,890	0	17,890	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	3,101	0	3,101	0	54.01
54.02	05402	ULTRASOUND	2,032	0	2,032	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	2,079	0	2,079	0	55.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	13,880	0	13,880	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	2,748	0	2,748	0	63.01
65.00	06500	RESPIRATORY THERAPY	5,514	0	5,514	0	65.00
66.00	06600	PHYSICAL THERAPY	14,266	0	14,266	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,318	0	1,318	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,084	0	4,084	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,295	0	2,295	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,864	0	1,864	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
76.00	03020	PAIN CLINIC	0	0	0	0	76.00
76.01	03021	ORTHOPEDICS	925	0	925	0	76.01
76.02	03022	CARDIOVASCULAR SERVICES	8,144	0	8,144	0	76.02
76.03	03023	CARDIAC REHAB	1,754	0	1,754	0	76.03
76.04	03024	RADIATION ONCOLOGY	18,277	0	18,277	0	76.04
76.05	03025	MRI	4,002	0	4,002	0	76.05
76.06	03026	BARIATRIC CENTER	0	0	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0	0	0	0	76.07
76.08	03028	WOUND CARE	6,535	0	6,535	0	76.08
76.09	03029	RENAL DIALYSIS	12,621	0	12,621	0	76.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
6/1/2015 5:59 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	
		7.00	8.00	9.00	10.00	11.00	
76.10	03030 INFUSION	664	0	664	0	1,645	76.10
76.11	03031 CARE TRANSITION CENTER	0	0	0	0	305	76.11
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	15,593	0	15,593	0	156,527	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	4,108	0	4,108	0	92,824	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	443,518	686,120	431,763	186,942	1,483,065	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354	0	1,354	0	3,118	190.00
190.01	19001 CONVENT	11,351	0	11,351	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	1,148	0	1,148	0	6,305	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	1,786	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	12,263	190.10
190.11	19011 CENTER OF HOPE	503	0	503	0	495	190.11
190.12	19012 SELECT	39,454	0	39,454	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,974	0	3,974	0	9,745	192.00
192.01	19201 WORKING WELL	0	0	0	0	6,669	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	17,707	130,913	17,707	30,390	34,524	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,794,302	660,107	3,265,810	1,257,405	1,084,551	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	9.237416	0.807932	6.438214	5.785641	0.696131	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	286,898	91,002	123,889	130,005	77,131	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.552780	0.111381	0.244235	0.598186	0.049507	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1  
Date/Time Prepared:  
6/1/2015 5:59 pm

Cost Center Description		NURSING ADMINISTRATION  (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE  (GROSS CHAR GES)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00590						5.03
5.04	00570						5.04
5.05	00591						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	16,023					13.00
14.00	01400	658	8,463,632				14.00
15.00	01500	0	8,758	4,549,212			15.00
16.00	01600	0	198	0	457,095,603		16.00
17.00	01700	0	0	0	0	457,095,603	17.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
23.04	02304	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	208	449,667	5,914	39,500,699	39,500,699	30.00
31.00	03100	3,613	105,553	57	7,814,005	7,814,005	31.00
32.00	02060	0	0	0	0	0	32.00
35.00	02040	0	0	0	0	0	35.00
40.00	04000	0	8,988	0	28,959,604	28,959,604	40.00
43.00	04300	0	0	0	786,663	786,663	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,217	161,277	14,661	18,249,944	18,249,944	50.00
50.01	05001	113	22,731	36	1,892,721	1,892,721	50.01
50.02	05002	1,110	87,784	984	7,813,002	7,813,002	50.02
51.00	05100	490	7,672	5	3,265,855	3,265,855	51.00
53.00	05300	0	27,518	27	9,347,044	9,347,044	53.00
54.00	05400	0	4,794	3	12,399,959	12,399,959	54.00
54.01	05401	0	74,393	1	10,141,681	10,141,681	54.01
54.02	05402	0	10,062	0	9,211,455	9,211,455	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	77,910	0	31,103,564	31,103,564	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	199	0	50,963,644	50,963,644	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	3,581,361	3,581,361	63.00
63.01	06301	0	989	176,331	5,922,697	5,922,697	63.01
65.00	06500	0	75,424	0	11,344,770	11,344,770	65.00
66.00	06600	0	3,921	0	5,088,054	5,088,054	66.00
67.00	06700	0	1,135	0	2,487,106	2,487,106	67.00
68.00	06800	0	2,364	0	1,215,368	1,215,368	68.00
69.00	06900	0	9,552	254	10,593,627	10,593,627	69.00
70.00	07000	0	5,990	0	2,162,999	2,162,999	70.00
71.00	07100	0	3,896,965	0	17,753,639	17,753,639	71.00
72.00	07200	0	2,945,341	0	5,889,155	5,889,155	72.00
73.00	07300	0	0	4,282,773	63,533,576	63,533,576	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03021	86	5,689	0	89,196	89,196	76.01
76.02	03022	1,027	87,263	1,850	13,888,677	13,888,677	76.02
76.03	03023	555	4,735	0	1,427,840	1,427,840	76.03
76.04	03024	0	13,284	1,605	6,409,863	6,409,863	76.04
76.05	03025	0	8,924	0	8,516,613	8,516,613	76.05
76.06	03026	0	0	0	0	0	76.06
76.07	03027	0	0	0	2,714,541	2,714,541	76.07
76.08	03028	0	9,727	7,818	1,653,692	1,653,692	76.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
6/1/2015 5:59 pm

Cost Center Description		NURSING ADMINISTRATION  (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE  (GROSS CHAR GES)	
		13.00	14.00	15.00	16.00	17.00	
76.09	03029	RENAL DIALYSIS	0	0	0	2,064,125	76.09
76.10	03030	INFUSION	0	27,506	0	458,102	76.10
76.11	03031	CARE TRANSITION CENTER	0	0	0	0	76.11
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	5,946	291,149	7,338	53,429,676	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	22,689	5,271	5,421,086	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,023	8,460,151	4,504,928	457,095,603	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	CONVENT	0	2,097	0	0	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	0	0	0	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	6,114	0	190.10
190.11	19011	CENTER OF HOPE	0	0	0	0	190.11
190.12	19012	SELECT	0	0	0	0	190.12
190.13	19013	PERCINI AS	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,384	13,904	0	192.00
192.01	19201	WORKING WELL	0	0	24,266	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.01	07951	REHAB	0	0	0	0	194.01
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)	7,449,525	2,611,122	6,166,584	5,097,639	40,762
203.00		Unit cost multiplier (Wkst. B, Part I)	464.926980	0.308511	1.355528	0.011152	0.000089
204.00		Cost to be allocated (per Wkst. B, Part II)	171,561	196,909	151,870	462,274	10,825
205.00		Unit cost multiplier (Wkst. B, Part II)	10.707171	0.023265	0.033384	0.001011	0.000024

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1  
Date/Time Prepared:  
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED PRGM - RESPTHER (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00	23.00	23.01	23.02	23.03	
<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
5.01 01160 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00590 PURCHASING, RECEIVING, AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00591 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	101					22.00
23.00 02300 PARAMED PRGM-(SPECIFY)		764				23.00
23.01 02301 PARAMED PRGM - LAB		0	177,707			23.01
23.02 02302 PARAMED PRGM - RADIOLOGY		0	0	179,458		23.02
23.03 02303 PARAMED PRGM - RESPTHER		0	0	0	114,230	23.03
23.04 02304 PARAMED PRGM-PHARMACY		0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	1	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 02060 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	170,485	0	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	3,589	0	54.01
54.02 05402 ULTRASOUND	0	0	0	1,795	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0	0	3,589	0	55.01
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	145,720	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	28,433	0	0	63.00
63.01 06301 NUCLEAR MEDICINE	0	0	3,554	0	0	63.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	114,230	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	764	0	0	0	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01 03021 ORTHOPEDICS	0	0	0	0	0	76.01
76.02 03022 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03 03023 CARDIAC REHAB	0	0	0	0	0	76.03
76.04 03024 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05 03025 MRI	0	0	0	0	0	76.05
76.06 03026 BARIATRIC CENTER	0	0	0	0	0	76.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1  
Date/Time Prepared:  
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED PRGM - RESPTHER (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00	23.00	23.01	23.02	23.03	
76.07 03027 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08 03028 WOUND CARE	0	0	0	0	0	76.08
76.09 03029 RENAL DIALYSIS	0	0	0	0	0	76.09
76.10 03030 INFUSION	0	0	0	0	0	76.10
76.11 03031 CARE TRANSITION CENTER	0	0	0	0	0	76.11
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	100	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	101	764	177,707	179,458	114,230	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 CONVENT	0	0	0	0	0	190.01
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04 19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 19009 MDWISE	0	0	0	0	0	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11 19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12 19012 SELECT	0	0	0	0	0	190.12
190.13 19013 PERCINI AS	0	0	0	0	0	190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 WORKING WELL	0	0	0	0	0	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 07951 REHAB	0	0	0	0	0	194.01
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)	866,736	875	256,423	125,078	112,664	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	8,581.544554	1.145288	1.442954	0.696976	0.986291	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	3,388	13	1,129	633	568	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	33.544554	0.017016	0.006353	0.003527	0.004972	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

Period:  
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To 12/31/2013

Worksheet B-1  
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Cost Center Description		PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
		23.04	
<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
5.01	01160	COMMUNICATIONS	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00590	PURCHASING, RECEIVING, AND STORES	5.03
5.04	00570	ADMITTING	5.04
5.05	00591	OTHER ADMINISTRATIVE AND GENERAL	5.05
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	23.00
23.01	02301	PARAMED PRGM - LAB	23.01
23.02	02302	PARAMED PRGM - RADIOLOGY	23.02
23.03	02303	PARAMED PRGM - RESPTHER	23.03
23.04	02304	PARAMED PRGM-PHARMACY	23.04
		715,898	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	02060	CORONARY CARE UNIT	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	35.00
40.00	04000	SUBPROVIDER - I/PF	40.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	OPEN HEART SURGERY	50.01
50.02	05002	OUTPATIENT SURGERY	50.02
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	54.01
54.02	05402	ULTRASOUND	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
55.01	05501	COMPUTED TOMOGRAPHY	55.01
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
63.01	06301	NUCLEAR MEDICINE	63.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
		715,898	
76.00	03020	PAIN CLINIC	76.00
76.01	03021	ORTHOPEDICS	76.01
76.02	03022	CARDIOVASCULAR SERVICES	76.02
76.03	03023	CARDIAC REHAB	76.03
76.04	03024	RADIATION ONCOLOGY	76.04
76.05	03025	MRI	76.05
76.06	03026	BARIATRIC CENTER	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	76.07
76.08	03028	WOUND CARE	76.08
76.09	03029	RENAL DIALYSIS	76.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

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Cost Center Description		PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
		23.04	
76.10	03030 INFUSION	0	76.10
76.11	03031 CARE TRANSITION CENTER	0	76.11
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	90.01
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	715,898	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001 CONVENT	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	190.04
190.05	19005 DEVELOPMENT	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	190.06
190.07	19007 IMAGE RECOVERY	0	190.07
190.08	19008 FAMILY SERVICES	0	190.08
190.09	19009 MDWISE	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	190.10
190.11	19011 CENTER OF HOPE	0	190.11
190.12	19012 SELECT	0	190.12
190.13	19013 PERCINI AS	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 WORKING WELL	0	192.01
193.00	19300 NONPAID WORKERS	0	193.00
194.01	07951 REHAB	0	194.01
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,101,301	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.538349	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	5,249	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.007332	205.00

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Period:  
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Worksheet B-2  
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	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	0	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00
7.00	PROGRAM FEES		1 23.01	-26,034	7.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 6/1/2015 5:59 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		28,422,511	0	28,422,511
31.00	03100 INTENSIVE CARE UNIT		7,008,371	0	7,008,371
32.00	02060 CORONARY CARE UNIT		0	0	0
35.00	02040 NEWBORN INTENSIVE CARE UNIT		0	0	0
40.00	04000 SUBPROVIDER - IPF		8,878,451	0	8,878,451
43.00	04300 NURSERY		1,517,962	0	1,517,962
44.00	04400 SKILLED NURSING FACILITY		0	0	0
45.00	04500 NURSING FACILITY		0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM		6,141,387	3,867	6,145,254
50.01	05001 OPEN HEART SURGERY		484,800	24,859	509,659
50.02	05002 OUTPATIENT SURGERY		4,019,592	0	4,019,592
51.00	05100 RECOVERY ROOM		968,628	0	968,628
53.00	05300 ANESTHESIOLOGY		9,131,807	0	9,131,807
54.00	05400 RADIOLOGY-DIAGNOSTIC		3,453,133	0	3,453,133
54.01	05401 RADIOLOGY SPECIAL PROCEDURES		3,457,958	0	3,457,958
54.02	05402 ULTRASOUND		1,289,213	0	1,289,213
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0
55.01	05501 COMPUTED TOMOGRAPHY		1,738,982	0	1,738,982
57.00	05700 CT SCAN		0	0	0
58.00	05800 MRI		0	0	0
59.00	05900 CARDIAC CATHETERIZATION		0	0	0
60.00	06000 LABORATORY		8,190,206	17,357	8,207,563
60.01	06001 BLOOD LABORATORY		0	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		1,108,856	0	1,108,856
63.01	06301 NUCLEAR MEDICINE		1,407,935	0	1,407,935
65.00	06500 RESPIRATORY THERAPY	0	3,762,371	931	3,763,302
66.00	06600 PHYSICAL THERAPY	0	4,190,319	0	4,190,319
67.00	06700 OCCUPATIONAL THERAPY	0	1,045,772	0	1,045,772
68.00	06800 SPEECH PATHOLOGY	0	761,335	0	761,335
69.00	06900 ELECTROCARDIOLOGY		954,272	0	954,272
70.00	07000 ELECTROENCEPHALOGRAPHY		670,760	4,223	674,983
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		5,537,531	0	5,537,531
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		4,467,849	0	4,467,849
73.00	07300 DRUGS CHARGED TO PATIENTS		12,881,031	0	12,881,031
76.00	03020 PAIN CLINIC		0	0	0
76.01	03021 ORTHOPEDICS		166,154	0	166,154
76.02	03022 CARDIOVASCULAR SERVICES		3,142,042	52,902	3,194,944
76.03	03023 CARDIAC REHAB		1,049,612	0	1,049,612
76.04	03024 RADIATION ONCOLOGY		2,563,887	0	2,563,887
76.05	03025 MRI		1,087,196	0	1,087,196
76.06	03026 BARIATRIC CENTER		0	0	0
76.07	03027 PSYCH ACTIVITY THERAPY		581,774	0	581,774
76.08	03028 WOUND CARE		891,466	0	891,466
76.09	03029 RENAL DIALYSIS		1,450,070	0	1,450,070
76.10	03030 INFUSION		276,684	0	276,684
76.11	03031 CARE TRANSITION CENTER		25,975	0	25,975
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC		0	0	0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0
90.00	09000 CLINIC		0	0	0
90.01	09001 OCC HEALTH CLINIC		0	0	0
91.00	09100 EMERGENCY		20,039,344	44,850	20,084,194
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		4,344,088	0	4,344,088
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.00	09900 CMHC		0	0	0
99.10	09910 CORF		0	0	0
101.00	10100 HOME HEALTH AGENCY		5,995,984	0	5,995,984
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300 INTEREST EXPENSE		0	0	0
200.00	Subtotal (see instructions)		163,105,308	148,989	163,254,297
201.00	Less Observation Beds		4,344,088	0	4,344,088
202.00	Total (see instructions)		158,761,220	148,989	158,910,209

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150004

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

Worksheet C  
Part I  
Date/Time Prepared:  
6/1/2015 5:59 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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	33,605,998		33,605,998		30.00
31.00	03100	INTENSIVE CARE UNIT	7,814,005		7,814,005		31.00
32.00	02060	CORONARY CARE UNIT	0		0		32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0		0		35.00
40.00	04000	SUBPROVIDER - IPF	28,959,604		28,959,604		40.00
43.00	04300	NURSERY	786,663		786,663		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	7,961,313	10,288,631	18,249,944	0.336515	50.00
50.01	05001	OPEN HEART SURGERY	1,892,721	0	1,892,721	0.256139	50.01
50.02	05002	OUTPATIENT SURGERY	3,336,398	4,476,604	7,813,002	0.514475	50.02
51.00	05100	RECOVERY ROOM	1,469,821	1,796,034	3,265,855	0.296592	51.00
53.00	05300	ANESTHESIOLOGY	4,089,740	5,257,304	9,347,044	0.976973	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,049,934	8,350,025	12,399,959	0.278479	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	3,937,622	6,204,059	10,141,681	0.340965	54.01
54.02	05402	ULTRASOUND	3,154,366	6,057,089	9,211,455	0.139958	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	11,174,388	19,929,176	31,103,564	0.055909	55.01
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	27,253,227	23,710,417	50,963,644	0.160707	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,242,784	1,338,577	3,581,361	0.309619	63.00
63.01	06301	NUCLEAR MEDICINE	1,829,743	4,092,954	5,922,697	0.237719	63.01
65.00	06500	RESPIRATORY THERAPY	10,279,627	1,065,143	11,344,770	0.331639	65.00
66.00	06600	PHYSICAL THERAPY	3,209,547	1,878,507	5,088,054	0.823560	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,166,810	320,296	2,487,106	0.420477	67.00
68.00	06800	SPEECH PATHOLOGY	952,967	262,401	1,215,368	0.626423	68.00
69.00	06900	ELECTROCARDIOLOGY	5,906,784	4,686,843	10,593,627	0.090080	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	47,916	2,115,083	2,162,999	0.310106	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,254,905	5,498,734	17,753,639	0.311910	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,430,812	2,458,343	5,889,155	0.758657	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,067,332	17,466,244	63,533,576	0.202744	73.00
76.00	03020	PAIN CLINIC	0	0	0	0.000000	76.00
76.01	03021	ORTHOPEDI CS	14,818	74,378	89,196	1.862797	76.01
76.02	03022	CARDIOVASCULAR SERVICES	8,016,664	5,872,013	13,888,677	0.226230	76.02
76.03	03023	CARDIAC REHAB	385,251	1,042,589	1,427,840	0.735105	76.03
76.04	03024	RADIATION ONCOLOGY	493,400	5,916,463	6,409,863	0.399991	76.04
76.05	03025	MRI	3,448,437	5,068,176	8,516,613	0.127656	76.05
76.06	03026	BARITRIC CENTER	0	0	0	0.000000	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	2,714,541	0	2,714,541	0.214318	76.07
76.08	03028	WOUND CARE	15,541	1,638,151	1,653,692	0.539076	76.08
76.09	03029	RENAL DIALYSIS	2,020,317	43,808	2,064,125	0.702511	76.09
76.10	03030	INFUSION	0	458,102	458,102	0.603979	76.10
76.11	03031	CARE TRANSITION CENTER	0	0	0	0.000000	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	13,416,557	40,013,119	53,429,676	0.375060	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,635,450	4,259,251	5,894,701	0.736948	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	5,421,086	5,421,086		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	260,036,003	197,059,600	457,095,603		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	260,036,003	197,059,600	457,095,603		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 6/1/2015 5:59 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	02060 CORONARY CARE UNIT			32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT			35.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.336727		50.00
50.01	05001 OPEN HEART SURGERY	0.269273		50.01
50.02	05002 OUTPATIENT SURGERY	0.514475		50.02
51.00	05100 RECOVERY ROOM	0.296592		51.00
53.00	05300 ANESTHESIOLOGY	0.976973		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.278479		54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.340965		54.01
54.02	05402 ULTRASOUND	0.139958		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.055909		55.01
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	0.161047		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.309619		63.00
63.01	06301 NUCLEAR MEDICINE	0.237719		63.01
65.00	06500 RESPIRATORY THERAPY	0.331721		65.00
66.00	06600 PHYSICAL THERAPY	0.823560		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.420477		67.00
68.00	06800 SPEECH PATHOLOGY	0.626423		68.00
69.00	06900 ELECTROCARDIOLOGY	0.090080		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.312059		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.311910		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.758657		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.202744		73.00
76.00	03020 PAIN CLINIC	0.000000		76.00
76.01	03021 ORTHOPEDICS	1.862797		76.01
76.02	03022 CARDIOVASCULAR SERVICES	0.230039		76.02
76.03	03023 CARDIAC REHAB	0.735105		76.03
76.04	03024 RADIATION ONCOLOGY	0.399991		76.04
76.05	03025 MRI	0.127656		76.05
76.06	03026 BARIATRIC CENTER	0.000000		76.06
76.07	03027 PSYCH ACTIVITY THERAPY	0.214318		76.07
76.08	03028 WOUND CARE	0.539076		76.08
76.09	03029 RENAL DIALYSIS	0.702511		76.09
76.10	03030 INFUSION	0.603979		76.10
76.11	03031 CARE TRANSITION CENTER	0.000000		76.11
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 OCC HEALTH CLINIC	0.000000		90.01
91.00	09100 EMERGENCY	0.375900		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.736948		92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
	<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: 150004

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

Worksheet C  
Part I  
Date/Time Prepared:  
6/1/2015 5:59 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	28,422,511		28,422,511	0	28,422,511	30.00
31.00	03100 INTENSIVE CARE UNIT	7,008,371		7,008,371	0	7,008,371	31.00
32.00	02060 CORONARY CARE UNIT	0		0	0	0	32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT	0		0	0	0	35.00
40.00	04000 SUBPROVIDER - IPF	8,878,451		8,878,451	0	8,878,451	40.00
43.00	04300 NURSERY	1,517,962		1,517,962	0	1,517,962	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	6,141,387		6,141,387	3,867	6,145,254	50.00
50.01	05001 OPEN HEART SURGERY	484,800		484,800	24,859	509,659	50.01
50.02	05002 OUTPATIENT SURGERY	4,019,592		4,019,592	0	4,019,592	50.02
51.00	05100 RECOVERY ROOM	968,628		968,628	0	968,628	51.00
53.00	05300 ANESTHESIOLOGY	9,131,807		9,131,807	0	9,131,807	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,453,133		3,453,133	0	3,453,133	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	3,457,958		3,457,958	0	3,457,958	54.01
54.02	05402 ULTRASOUND	1,289,213		1,289,213	0	1,289,213	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	1,738,982		1,738,982	0	1,738,982	55.01
57.00	05700 CT SCAN	0		0	0	0	57.00
58.00	05800 MRI	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	8,190,206		8,190,206	17,357	8,207,563	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,108,856		1,108,856	0	1,108,856	63.00
63.01	06301 NUCLEAR MEDICINE	1,407,935		1,407,935	0	1,407,935	63.01
65.00	06500 RESPIRATORY THERAPY	3,762,371	0	3,762,371	931	3,763,302	65.00
66.00	06600 PHYSICAL THERAPY	4,190,319	0	4,190,319	0	4,190,319	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,045,772	0	1,045,772	0	1,045,772	67.00
68.00	06800 SPEECH PATHOLOGY	761,335	0	761,335	0	761,335	68.00
69.00	06900 ELECTROCARDIOLOGY	954,272		954,272	0	954,272	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	670,760		670,760	4,223	674,983	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	5,537,531		5,537,531	0	5,537,531	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,467,849		4,467,849	0	4,467,849	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,881,031		12,881,031	0	12,881,031	73.00
76.00	03020 PAIN CLINIC	0		0	0	0	76.00
76.01	03021 ORTHOPEDICS	166,154		166,154	0	166,154	76.01
76.02	03022 CARDIOVASCULAR SERVICES	3,142,042		3,142,042	52,902	3,194,944	76.02
76.03	03023 CARDIAC REHAB	1,049,612		1,049,612	0	1,049,612	76.03
76.04	03024 RADIATION ONCOLOGY	2,563,887		2,563,887	0	2,563,887	76.04
76.05	03025 MRI	1,087,196		1,087,196	0	1,087,196	76.05
76.06	03026 BARIATRIC CENTER	0		0	0	0	76.06
76.07	03027 PSYCH ACTIVITY THERAPY	581,774		581,774	0	581,774	76.07
76.08	03028 WOUND CARE	891,466		891,466	0	891,466	76.08
76.09	03029 RENAL DIALYSIS	1,450,070		1,450,070	0	1,450,070	76.09
76.10	03030 INFUSION	276,684		276,684	0	276,684	76.10
76.11	03031 CARE TRANSITION CENTER	25,975		25,975	0	25,975	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0		0	0	0	90.01
91.00	09100 EMERGENCY	20,039,344		20,039,344	44,850	20,084,194	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,344,088		4,344,088	0	4,344,088	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900 CMHC	0		0	0	0	99.00
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	5,995,984		5,995,984	0	5,995,984	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
200.00	Subtotal (see instructions)	163,105,308	0	163,105,308	148,989	163,254,297	200.00
201.00	Less Observation Beds	4,344,088		4,344,088	0	4,344,088	201.00
202.00	Total (see instructions)	158,761,220	0	158,761,220	148,989	158,910,209	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150004

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

Worksheet C  
Part I  
Date/Time Prepared:  
6/1/2015 5:59 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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	33,605,998		33,605,998		30.00
31.00	03100	INTENSIVE CARE UNIT	7,814,005		7,814,005		31.00
32.00	02060	CORONARY CARE UNIT	0		0		32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0		0		35.00
40.00	04000	SUBPROVIDER - IPF	28,959,604		28,959,604		40.00
43.00	04300	NURSERY	786,663		786,663		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	7,961,313	10,288,631	18,249,944	0.336515	50.00
50.01	05001	OPEN HEART SURGERY	1,892,721	0	1,892,721	0.256139	50.01
50.02	05002	OUTPATIENT SURGERY	3,336,398	4,476,604	7,813,002	0.514475	50.02
51.00	05100	RECOVERY ROOM	1,469,821	1,796,034	3,265,855	0.296592	51.00
53.00	05300	ANESTHESIOLOGY	4,089,740	5,257,304	9,347,044	0.976973	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,049,934	8,350,025	12,399,959	0.278479	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	3,937,622	6,204,059	10,141,681	0.340965	54.01
54.02	05402	ULTRASOUND	3,154,366	6,057,089	9,211,455	0.139958	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	11,174,388	19,929,176	31,103,564	0.055909	55.01
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	27,253,227	23,710,417	50,963,644	0.160707	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,242,784	1,338,577	3,581,361	0.309619	63.00
63.01	06301	NUCLEAR MEDICINE	1,829,743	4,092,954	5,922,697	0.237719	63.01
65.00	06500	RESPIRATORY THERAPY	10,279,627	1,065,143	11,344,770	0.331639	65.00
66.00	06600	PHYSICAL THERAPY	3,209,547	1,878,507	5,088,054	0.823560	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,166,810	320,296	2,487,106	0.420477	67.00
68.00	06800	SPEECH PATHOLOGY	952,967	262,401	1,215,368	0.626423	68.00
69.00	06900	ELECTROCARDIOLOGY	5,906,784	4,686,843	10,593,627	0.090080	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	47,916	2,115,083	2,162,999	0.310106	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,254,905	5,498,734	17,753,639	0.311910	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,430,812	2,458,343	5,889,155	0.758657	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,067,332	17,466,244	63,533,576	0.202744	73.00
76.00	03020	PAIN CLINIC	0	0	0	0.000000	76.00
76.01	03021	ORTHOPEDI CS	14,818	74,378	89,196	1.862797	76.01
76.02	03022	CARDIOVASCULAR SERVICES	8,016,664	5,872,013	13,888,677	0.226230	76.02
76.03	03023	CARDIAC REHAB	385,251	1,042,589	1,427,840	0.735105	76.03
76.04	03024	RADIATION ONCOLOGY	493,400	5,916,463	6,409,863	0.399991	76.04
76.05	03025	MRI	3,448,437	5,068,176	8,516,613	0.127656	76.05
76.06	03026	BARITRIC CENTER	0	0	0	0.000000	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	2,714,541	0	2,714,541	0.214318	76.07
76.08	03028	WOUND CARE	15,541	1,638,151	1,653,692	0.539076	76.08
76.09	03029	RENAL DIALYSIS	2,020,317	43,808	2,064,125	0.702511	76.09
76.10	03030	INFUSION	0	458,102	458,102	0.603979	76.10
76.11	03031	CARE TRANSITION CENTER	0	0	0	0.000000	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	13,416,557	40,013,119	53,429,676	0.375060	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,635,450	4,259,251	5,894,701	0.736948	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	5,421,086	5,421,086		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	260,036,003	197,059,600	457,095,603		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	260,036,003	197,059,600	457,095,603		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 6/1/2015 5:59 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	02060 CORONARY CARE UNIT			32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT			35.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.336727		50.00
50.01	05001 OPEN HEART SURGERY	0.269273		50.01
50.02	05002 OUTPATIENT SURGERY	0.514475		50.02
51.00	05100 RECOVERY ROOM	0.296592		51.00
53.00	05300 ANESTHESIOLOGY	0.976973		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.278479		54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.340965		54.01
54.02	05402 ULTRASOUND	0.139958		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.055909		55.01
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	0.161047		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.309619		63.00
63.01	06301 NUCLEAR MEDICINE	0.237719		63.01
65.00	06500 RESPIRATORY THERAPY	0.331721		65.00
66.00	06600 PHYSICAL THERAPY	0.823560		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.420477		67.00
68.00	06800 SPEECH PATHOLOGY	0.626423		68.00
69.00	06900 ELECTROCARDIOLOGY	0.090080		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.312059		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.311910		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.758657		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.202744		73.00
76.00	03020 PAIN CLINIC	0.000000		76.00
76.01	03021 ORTHOPEDICS	1.862797		76.01
76.02	03022 CARDIOVASCULAR SERVICES	0.230039		76.02
76.03	03023 CARDIAC REHAB	0.735105		76.03
76.04	03024 RADIATION ONCOLOGY	0.399991		76.04
76.05	03025 MRI	0.127656		76.05
76.06	03026 BARIATRIC CENTER	0.000000		76.06
76.07	03027 PSYCH ACTIVITY THERAPY	0.214318		76.07
76.08	03028 WOUND CARE	0.539076		76.08
76.09	03029 RENAL DIALYSIS	0.702511		76.09
76.10	03030 INFUSION	0.603979		76.10
76.11	03031 CARE TRANSITION CENTER	0.000000		76.11
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 OCC HEALTH CLINIC	0.000000		90.01
91.00	09100 EMERGENCY	0.375900		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.736948		92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
	<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: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 6/1/2015 5:59 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital 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	2,479,529	0	2,479,529	33,918	73.10	30.00
31.00	INTENSIVE CARE UNIT	344,594		344,594	3,594	95.88	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
35.00	NEWBORN INTENSIVE CARE UNIT	0		0	0	0.00	35.00
40.00	SUBPROVIDER - IPF	73,907	0	73,907	9,202	8.03	40.00
43.00	NURSERY	7,296		7,296	1,024	7.13	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (Lines 30-199)	2,905,326		2,905,326	47,738		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	16,240	1,187,144				30.00
31.00	INTENSIVE CARE UNIT	2,067	198,184				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
35.00	NEWBORN INTENSIVE CARE UNIT	0	0				35.00
40.00	SUBPROVIDER - IPF	1,387	11,138				40.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (Lines 30-199)	19,694	1,396,466				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150004		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 6/1/2015 5:59 pm	
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)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	658,266	18,249,944	0.036069	3,306,523	119,263	50.00
50.01	05001 OPEN HEART SURGERY	27,389	1,892,721	0.014471	1,029,626	14,900	50.01
50.02	05002 OUTPATIENT SURGERY	387,663	7,813,002	0.049618	1,934,945	96,008	50.02
51.00	05100 RECOVERY ROOM	14,705	3,265,855	0.004503	768,446	3,460	51.00
53.00	05300 ANESTHESIOLOGY	161,799	9,347,044	0.017310	1,793,690	31,049	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	335,114	12,399,959	0.027025	2,230,584	60,282	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	84,045	10,141,681	0.008287	2,408,316	19,958	54.01
54.02	05402 ULTRASOUND	63,840	9,211,455	0.006931	1,666,920	11,553	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	69,040	31,103,564	0.002220	5,411,658	12,014	55.01
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	362,157	50,963,644	0.007106	13,685,959	97,252	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	8,962	3,581,361	0.002502	1,178,598	2,949	63.00
63.01	06301 NUCLEAR MEDICINE	124,153	5,922,697	0.020962	944,278	19,794	63.01
65.00	06500 RESPIRATORY THERAPY	175,363	11,344,770	0.015458	6,122,858	94,647	65.00
66.00	06600 PHYSICAL THERAPY	166,594	5,088,054	0.032742	1,032,941	33,821	66.00
67.00	06700 OCCUPATIONAL THERAPY	20,747	2,487,106	0.008342	419,022	3,495	67.00
68.00	06800 SPEECH PATHOLOGY	46,789	1,215,368	0.038498	281,234	10,827	68.00
69.00	06900 ELECTROCARDIOLOGY	54,098	10,593,627	0.005107	3,173,097	16,205	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	47,886	2,162,999	0.022139	6,460	143	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	129,107	17,753,639	0.007272	6,830,784	49,673	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	89,391	5,889,155	0.015179	2,054,908	31,191	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	244,093	63,533,576	0.003842	25,277,170	97,115	73.00
76.00	03020 PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03021 ORTHOPEDICS	10,738	89,196	0.120387	3,087	372	76.01
76.02	03022 CARDIOVASCULAR SERVICES	273,847	13,888,677	0.019717	4,573,454	90,175	76.02
76.03	03023 CARDIAC REHAB	70,553	1,427,840	0.049412	210,980	10,425	76.03
76.04	03024 RADIATION ONCOLOGY	447,890	6,409,863	0.069875	225,872	15,783	76.04
76.05	03025 MRI	401,194	8,516,613	0.047107	1,422,886	67,028	76.05
76.06	03026 BARIATRIC CENTER	0	0	0.000000	0	0	76.06
76.07	03027 PSYCH ACTIVITY THERAPY	5,567	2,714,541	0.002051	0	0	76.07
76.08	03028 WOUND CARE	72,139	1,653,692	0.043623	0	0	76.08
76.09	03029 RENAL DIALYSIS	128,194	2,064,125	0.062106	1,335,150	82,921	76.09
76.10	03030 INFUSION	8,859	458,102	0.019338	0	0	76.10
76.11	03031 CARE TRANSITION CENTER	124	0	0.000000	0	0	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0.000000	0	0	90.01
91.00	09100 EMERGENCY	409,439	53,429,676	0.007663	4,092,224	31,359	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	378,970	5,894,701	0.064290	892,674	57,390	92.00
200.00	Total (lines 50-199)	5,478,715	380,508,247		94,314,344	1,181,052	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150004		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part III Date/Time Prepared: 6/1/2015 5:59 pm	
Cost Center Description			Title XVIII			Hospital		PPS
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	33,918	0.00	16,240	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,594	0.00	2,067	0		31.00
32.00	02060	CORONARY CARE UNIT	0	0.00	0	0		32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0.00	0	0		35.00
40.00	04000	SUBPROVIDER - IPF	9,202	0.00	1,387	0		40.00
43.00	04300	NURSERY	1,024	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
200.00		Total (lines 30-199)	47,738		19,694	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 6/1/2015 5:59 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		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
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0 50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	0	0 50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	118,825	0	118,825 54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	0	2,501	0	2,501 54.01
54.02	05402	ULTRASOUND	0	0	1,251	0	1,251 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0	2,501	0	2,501 55.01
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	184,233	0	184,233 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	41,028	0	41,028 63.00
63.01	06301	NUCLEAR MEDICINE	0	0	5,128	0	5,128 63.01
65.00	06500	RESPIRATORY THERAPY	0	0	112,664	0	112,664 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	1,102,176	0	1,102,176 73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0 76.00
76.01	03021	ORTHOPEDI CS	0	0	0	0	0 76.01
76.02	03022	CARDIOVASCULAR SERVICES	0	0	0	0	0 76.02
76.03	03023	CARDIAC REHAB	0	0	0	0	0 76.03
76.04	03024	RADIATION ONCOLOGY	0	0	0	0	0 76.04
76.05	03025	MRI	0	0	0	0	0 76.05
76.06	03026	BARIATRIC CENTER	0	0	0	0	0 76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0	0	0	0	0 76.07
76.08	03028	WOUND CARE	0	0	0	0	0 76.08
76.09	03029	RENAL DIALYSIS	0	0	0	0	0 76.09
76.10	03030	INFUSION	0	0	0	0	0 76.10
76.11	03031	CARE TRANSITION CENTER	0	0	0	0	0 76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0 90.01
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	1,570,307	0	1,570,307 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 6/1/2015 5:59 pm
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Cost Center Description	Title XVIII			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	18,249,944	0.000000	0.000000	3,306,523	50.00
50.01 05001 OPEN HEART SURGERY	0	1,892,721	0.000000	0.000000	1,029,626	50.01
50.02 05002 OUTPATIENT SURGERY	0	7,813,002	0.000000	0.000000	1,934,945	50.02
51.00 05100 RECOVERY ROOM	0	3,265,855	0.000000	0.000000	768,446	51.00
53.00 05300 ANESTHESIOLOGY	0	9,347,044	0.000000	0.000000	1,793,690	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	118,825	12,399,959	0.009583	0.009583	2,230,584	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	2,501	10,141,681	0.000247	0.000247	2,408,316	54.01
54.02 05402 ULTRASOUND	1,251	9,211,455	0.000136	0.000136	1,666,920	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	2,501	31,103,564	0.000080	0.000080	5,411,658	55.01
57.00 05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	184,233	50,963,644	0.003615	0.003615	13,685,959	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	41,028	3,581,361	0.011456	0.011456	1,178,598	63.00
63.01 06301 NUCLEAR MEDICINE	5,128	5,922,697	0.000866	0.000866	944,278	63.01
65.00 06500 RESPIRATORY THERAPY	112,664	11,344,770	0.009931	0.009931	6,122,858	65.00
66.00 06600 PHYSICAL THERAPY	0	5,088,054	0.000000	0.000000	1,032,941	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,487,106	0.000000	0.000000	419,022	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,215,368	0.000000	0.000000	281,234	68.00
69.00 06900 ELECTROCARDIOLOGY	0	10,593,627	0.000000	0.000000	3,173,097	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,162,999	0.000000	0.000000	6,460	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,753,639	0.000000	0.000000	6,830,784	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,889,155	0.000000	0.000000	2,054,908	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,102,176	63,533,576	0.017348	0.017348	25,277,170	73.00
76.00 03020 PAIN CLINIC	0	0	0.000000	0.000000	0	76.00
76.01 03021 ORTHOPEDICS	0	89,196	0.000000	0.000000	3,087	76.01
76.02 03022 CARDIOVASCULAR SERVICES	0	13,888,677	0.000000	0.000000	4,573,454	76.02
76.03 03023 CARDIAC REHAB	0	1,427,840	0.000000	0.000000	210,980	76.03
76.04 03024 RADIATION ONCOLOGY	0	6,409,863	0.000000	0.000000	225,872	76.04
76.05 03025 MRI	0	8,516,613	0.000000	0.000000	1,422,886	76.05
76.06 03026 BARIATRIC CENTER	0	0	0.000000	0.000000	0	76.06
76.07 03027 PSYCH ACTIVITY THERAPY	0	2,714,541	0.000000	0.000000	0	76.07
76.08 03028 WOUND CARE	0	1,653,692	0.000000	0.000000	0	76.08
76.09 03029 RENAL DIALYSIS	0	2,064,125	0.000000	0.000000	1,335,150	76.09
76.10 03030 INFUSION	0	458,102	0.000000	0.000000	0	76.10
76.11 03031 CARE TRANSITION CENTER	0	0	0.000000	0.000000	0	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0.000000	0.000000	0	90.01
91.00 09100 EMERGENCY	0	53,429,676	0.000000	0.000000	4,092,224	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,894,701	0.000000	0.000000	892,674	92.00
200.00 Total (lines 50-199)	1,570,307	380,508,247			94,314,344	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 6/1/2015 5:59 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	2,862,488	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	1,113,202	0	50.02
51.00 05100 RECOVERY ROOM	0	907,814	0	51.00
53.00 05300 ANESTHESIOLOGY	0	1,515,274	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	21,376	1,751,027	16,780	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	595	3,925,682	970	54.01
54.02 05402 ULTRASOUND	227	1,365,619	186	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	433	5,390,374	431	55.01
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	49,475	608,180	2,199	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	13,502	125,958	1,443	63.00
63.01 06301 NUCLEAR MEDICINE	818	1,702,022	1,474	63.01
65.00 06500 RESPIRATORY THERAPY	60,806	455,216	4,521	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	13,864	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	1,589,164	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,123,386	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,444,953	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,464,964	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	438,508	7,505,448	130,205	73.00
76.00 03020 PAIN CLINIC	0	0	0	76.00
76.01 03021 ORTHOPEDICS	0	8,709	0	76.01
76.02 03022 CARDIOVASCULAR SERVICES	0	2,807,270	0	76.02
76.03 03023 CARDIAC REHAB	0	400,195	0	76.03
76.04 03024 RADIATION ONCOLOGY	0	3,159,400	0	76.04
76.05 03025 MRI	0	1,608,502	0	76.05
76.06 03026 BARIATRIC CENTER	0	0	0	76.06
76.07 03027 PSYCH ACTIVITY THERAPY	0	0	0	76.07
76.08 03028 WOUND CARE	0	249	0	76.08
76.09 03029 RENAL DIALYSIS	0	0	0	76.09
76.10 03030 INFUSION	0	0	0	76.10
76.11 03031 CARE TRANSITION CENTER	0	0	0	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	90.01
91.00 09100 EMERGENCY	0	4,490,806	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,356,833	0	92.00
200.00 Total (lines 50-199)	585,740	49,696,599	158,209	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 6/1/2015 5:59 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	0.336515	2,862,488	0	963,270	50.00
50.01	05001 OPEN HEART SURGERY	0.256139	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0.514475	1,113,202	0	572,715	50.02
51.00	05100 RECOVERY ROOM	0.296592	907,814	0	269,250	51.00
53.00	05300 ANESTHESIOLOGY	0.976973	1,515,274	0	1,480,382	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.278479	1,751,027	0	487,624	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.340965	3,925,682	0	1,338,520	54.01
54.02	05402 ULTRASOUND	0.139958	1,365,619	0	191,129	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.055909	5,390,374	0	301,370	55.01
57.00	05700 CT SCAN	0.000000	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000 LABORATORY	0.160707	608,180	0	97,739	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.309619	125,958	0	38,999	63.00
63.01	06301 NUCLEAR MEDICINE	0.237719	1,702,022	0	404,603	63.01
65.00	06500 RESPIRATORY THERAPY	0.331639	455,216	0	150,967	65.00
66.00	06600 PHYSICAL THERAPY	0.823560	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.420477	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.626423	13,864	0	8,685	68.00
69.00	06900 ELECTROCARDIOLOGY	0.090080	1,589,164	0	143,152	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.310106	1,123,386	0	348,369	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.311910	2,444,953	0	762,605	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.758657	1,464,964	0	1,111,405	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.202744	7,505,448	0	1,521,685	73.00
76.00	03020 PAIN CLINIC	0.000000	0	0	0	76.00
76.01	03021 ORTHOPEDICS	1.862797	8,709	0	16,223	76.01
76.02	03022 CARDIOVASCULAR SERVICES	0.226230	2,807,270	0	635,089	76.02
76.03	03023 CARDIAC REHAB	0.735105	400,195	0	294,185	76.03
76.04	03024 RADIATION ONCOLOGY	0.399991	3,159,400	0	1,263,732	76.04
76.05	03025 MRI	0.127656	1,608,502	0	205,335	76.05
76.06	03026 BARIATRIC CENTER	0.000000	0	0	0	76.06
76.07	03027 PSYCH ACTIVITY THERAPY	0.214318	0	0	0	76.07
76.08	03028 WOUND CARE	0.539076	249	0	134	76.08
76.09	03029 RENAL DIALYSIS	0.702511	0	0	0	76.09
76.10	03030 INFUSION	0.603979	0	0	0	76.10
76.11	03031 CARE TRANSITION CENTER	0.000000	0	0	0	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0.000000	0	0	0	90.01
91.00	09100 EMERGENCY	0.375060	4,490,806	0	1,684,322	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.736948	1,356,833	0	999,915	92.00
200.00	Subtotal (see instructions)		49,696,599	0	15,291,404	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		49,696,599	0	15,291,404	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 6/1/2015 5:59 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 OPEN HEART SURGERY	0	0		50.01
50.02 05002 OUTPATIENT SURGERY	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0		54.01
54.02 05402 ULTRASOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0		55.01
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
60.01 06001 BLOOD LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
63.01 06301 NUCLEAR MEDICINE	0	0		63.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO 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
76.00 03020 PAIN CLINIC	0	0		76.00
76.01 03021 ORTHOPEDICS	0	0		76.01
76.02 03022 CARDIOVASCULAR SERVICES	0	0		76.02
76.03 03023 CARDIAC REHAB	0	0		76.03
76.04 03024 RADIATION ONCOLOGY	0	0		76.04
76.05 03025 MRI	0	0		76.05
76.06 03026 BARIATRIC CENTER	0	0		76.06
76.07 03027 PSYCH ACTIVITY THERAPY	0	0		76.07
76.08 03028 WOUND CARE	0	0		76.08
76.09 03029 RENAL DIALYSIS	0	0		76.09
76.10 03030 INFUSION	0	0		76.10
76.11 03031 CARE TRANSITION CENTER	0	0		76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OCC HEALTH CLINIC	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150004		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 6/1/2015 5:59 pm	
		Component CCN: 15S004		Title XVIII		Subprovider - IPF PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	658,266	18,249,944	0.036069	2,431	88	50.00
50.01	05001 OPEN HEART SURGERY	27,389	1,892,721	0.014471	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	387,663	7,813,002	0.049618	0	0	50.02
51.00	05100 RECOVERY ROOM	14,705	3,265,855	0.004503	0	0	51.00
53.00	05300 ANESTHESIOLOGY	161,799	9,347,044	0.017310	1,138	20	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	335,114	12,399,959	0.027025	7,168	194	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	84,045	10,141,681	0.008287	375	3	54.01
54.02	05402 ULTRASOUND	63,840	9,211,455	0.006931	1,317	9	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	69,040	31,103,564	0.002220	27,386	61	55.01
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	362,157	50,963,644	0.007106	301,018	2,139	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	8,962	3,581,361	0.002502	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	124,153	5,922,697	0.020962	0	0	63.01
65.00	06500 RESPIRATORY THERAPY	175,363	11,344,770	0.015458	12,253	189	65.00
66.00	06600 PHYSICAL THERAPY	166,594	5,088,054	0.032742	3,986	131	66.00
67.00	06700 OCCUPATIONAL THERAPY	20,747	2,487,106	0.008342	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	46,789	1,215,368	0.038498	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	54,098	10,593,627	0.005107	43,432	222	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	47,886	2,162,999	0.022139	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	129,107	17,753,639	0.007272	21,480	156	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	89,391	5,889,155	0.015179	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	244,093	63,533,576	0.003842	584,965	2,247	73.00
76.00	03020 PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03021 ORTHOPEDICS	10,738	89,196	0.120387	0	0	76.01
76.02	03022 CARDIOVASCULAR SERVICES	273,847	13,888,677	0.019717	0	0	76.02
76.03	03023 CARDIAC REHAB	70,553	1,427,840	0.049412	0	0	76.03
76.04	03024 RADIATION ONCOLOGY	447,890	6,409,863	0.069875	0	0	76.04
76.05	03025 MRI	401,194	8,516,613	0.047107	10,323	486	76.05
76.06	03026 BARIATRIC CENTER	0	0	0.000000	0	0	76.06
76.07	03027 PSYCH ACTIVITY THERAPY	5,567	2,714,541	0.002051	291,226	597	76.07
76.08	03028 WOUND CARE	72,139	1,653,692	0.043623	0	0	76.08
76.09	03029 RENAL DIALYSIS	128,194	2,064,125	0.062106	0	0	76.09
76.10	03030 INFUSION	8,859	458,102	0.019338	0	0	76.10
76.11	03031 CARE TRANSITION CENTER	124	0	0.000000	0	0	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0.000000	0	0	90.01
91.00	09100 EMERGENCY	409,439	53,429,676	0.007663	158,279	1,213	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,894,701	0.000000	0	0	92.00
200.00	Total (lines 50-199)	5,099,745	380,508,247		1,466,777	7,755	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 6/1/2015 5:59 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	118,825	0	118,825	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0	0	2,501	0	2,501	54.01
54.02	05402 ULTRASOUND	0	0	1,251	0	1,251	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0	0	2,501	0	2,501	55.01
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	210,267	0	210,267	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	41,028	0	41,028	63.00
63.01	06301 NUCLEAR MEDICINE	0	0	5,128	0	5,128	63.01
65.00	06500 RESPIRATORY THERAPY	0	0	112,664	0	112,664	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	1,102,176	0	1,102,176	73.00
76.00	03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01	03021 ORTHOPEDICS	0	0	0	0	0	76.01
76.02	03022 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03	03023 CARDIAC REHAB	0	0	0	0	0	76.03
76.04	03024 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05	03025 MRI	0	0	0	0	0	76.05
76.06	03026 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03027 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03028 WOUND CARE	0	0	0	0	0	76.08
76.09	03029 RENAL DIALYSIS	0	0	0	0	0	76.09
76.10	03030 INFUSION	0	0	0	0	0	76.10
76.11	03031 CARE TRANSITION CENTER	0	0	0	0	0	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
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	1,596,341	0	1,596,341	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150004 Component CCN: 15S004		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part IV Date/Time Prepared: 6/1/2015 5:59 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	18,249,944	0.000000	0.000000	2,431	50.00
50.01	05001 OPEN HEART SURGERY	0	1,892,721	0.000000	0.000000	0	50.01
50.02	05002 OUTPATIENT SURGERY	0	7,813,002	0.000000	0.000000	0	50.02
51.00	05100 RECOVERY ROOM	0	3,265,855	0.000000	0.000000	0	51.00
53.00	05300 ANESTHESIOLOGY	0	9,347,044	0.000000	0.000000	1,138	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	118,825	12,399,959	0.009583	0.009583	7,168	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	2,501	10,141,681	0.000247	0.000247	375	54.01
54.02	05402 ULTRASOUND	1,251	9,211,455	0.000136	0.000136	1,317	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	2,501	31,103,564	0.000080	0.000080	27,386	55.01
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	210,267	50,963,644	0.004126	0.004126	301,018	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	41,028	3,581,361	0.011456	0.011456	0	63.00
63.01	06301 NUCLEAR MEDICINE	5,128	5,922,697	0.000866	0.000866	0	63.01
65.00	06500 RESPIRATORY THERAPY	112,664	11,344,770	0.009931	0.009931	12,253	65.00
66.00	06600 PHYSICAL THERAPY	0	5,088,054	0.000000	0.000000	3,986	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,487,106	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,215,368	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	10,593,627	0.000000	0.000000	43,432	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,162,999	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,753,639	0.000000	0.000000	21,480	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,889,155	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,102,176	63,533,576	0.017348	0.017348	584,965	73.00
76.00	03020 PAIN CLINIC	0	0	0.000000	0.000000	0	76.00
76.01	03021 ORTHOPEDICS	0	89,196	0.000000	0.000000	0	76.01
76.02	03022 CARDIOVASCULAR SERVICES	0	13,888,677	0.000000	0.000000	0	76.02
76.03	03023 CARDIAC REHAB	0	1,427,840	0.000000	0.000000	0	76.03
76.04	03024 RADIATION ONCOLOGY	0	6,409,863	0.000000	0.000000	0	76.04
76.05	03025 MRI	0	8,516,613	0.000000	0.000000	10,323	76.05
76.06	03026 BARIATRIC CENTER	0	0	0.000000	0.000000	0	76.06
76.07	03027 PSYCH ACTIVITY THERAPY	0	2,714,541	0.000000	0.000000	291,226	76.07
76.08	03028 WOUND CARE	0	1,653,692	0.000000	0.000000	0	76.08
76.09	03029 RENAL DIALYSIS	0	2,064,125	0.000000	0.000000	0	76.09
76.10	03030 INFUSION	0	458,102	0.000000	0.000000	0	76.10
76.11	03031 CARE TRANSITION CENTER	0	0	0.000000	0.000000	0	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	0	53,429,676	0.000000	0.000000	158,279	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,894,701	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	1,596,341	380,508,247			1,466,777	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 6/1/2015 5:59 pm
	Component CCN: 15S004	Title XVIII	Subprovider - IPF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	69	0	0	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	54.01
54.02 05402 ULTRASOUND	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	2	0	0	55.01
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	1,242	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
63.01 06301 NUCLEAR MEDICINE	0	0	0	63.01
65.00 06500 RESPIRATORY THERAPY	122	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	10,148	0	0	73.00
76.00 03020 PAIN CLINIC	0	0	0	76.00
76.01 03021 ORTHOPEDICS	0	0	0	76.01
76.02 03022 CARDIOVASCULAR SERVICES	0	0	0	76.02
76.03 03023 CARDIAC REHAB	0	0	0	76.03
76.04 03024 RADIATION ONCOLOGY	0	0	0	76.04
76.05 03025 MRI	0	0	0	76.05
76.06 03026 BARIATRIC CENTER	0	0	0	76.06
76.07 03027 PSYCH ACTIVITY THERAPY	0	0	0	76.07
76.08 03028 WOUND CARE	0	0	0	76.08
76.09 03029 RENAL DIALYSIS	0	0	0	76.09
76.10 03030 INFUSION	0	0	0	76.10
76.11 03031 CARE TRANSITION CENTER	0	0	0	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00 Total (lines 50-199)	11,583	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150004 Component CCN: 15S004		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 6/1/2015 5:59 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	658,266	18,249,944	0.036069	0	0	50.00
50.01	05001 OPEN HEART SURGERY	27,389	1,892,721	0.014471	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	387,663	7,813,002	0.049618	0	0	50.02
51.00	05100 RECOVERY ROOM	14,705	3,265,855	0.004503	0	0	51.00
53.00	05300 ANESTHESIOLOGY	161,799	9,347,044	0.017310	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	335,114	12,399,959	0.027025	0	0	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	84,045	10,141,681	0.008287	0	0	54.01
54.02	05402 ULTRASOUND	63,840	9,211,455	0.006931	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	69,040	31,103,564	0.002220	0	0	55.01
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	362,157	50,963,644	0.007106	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	8,962	3,581,361	0.002502	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	124,153	5,922,697	0.020962	0	0	63.01
65.00	06500 RESPIRATORY THERAPY	175,363	11,344,770	0.015458	0	0	65.00
66.00	06600 PHYSICAL THERAPY	166,594	5,088,054	0.032742	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	20,747	2,487,106	0.008342	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	46,789	1,215,368	0.038498	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	54,098	10,593,627	0.005107	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	47,886	2,162,999	0.022139	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	129,107	17,753,639	0.007272	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	89,391	5,889,155	0.015179	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	244,093	63,533,576	0.003842	0	0	73.00
76.00	03020 PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03021 ORTHOPEDICS	10,738	89,196	0.120387	0	0	76.01
76.02	03022 CARDIOVASCULAR SERVICES	273,847	13,888,677	0.019717	0	0	76.02
76.03	03023 CARDIAC REHAB	70,553	1,427,840	0.049412	0	0	76.03
76.04	03024 RADIATION ONCOLOGY	447,890	6,409,863	0.069875	0	0	76.04
76.05	03025 MRI	401,194	8,516,613	0.047107	0	0	76.05
76.06	03026 BARIATRIC CENTER	0	0	0.000000	0	0	76.06
76.07	03027 PSYCH ACTIVITY THERAPY	5,567	2,714,541	0.002051	0	0	76.07
76.08	03028 WOUND CARE	72,139	1,653,692	0.043623	0	0	76.08
76.09	03029 RENAL DIALYSIS	128,194	2,064,125	0.062106	0	0	76.09
76.10	03030 INFUSION	8,859	458,102	0.019338	0	0	76.10
76.11	03031 CARE TRANSITION CENTER	124	0	0.000000	0	0	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0.000000	0	0	90.01
91.00	09100 EMERGENCY	409,439	53,429,676	0.007663	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,894,701	0.000000	0	0	92.00
200.00	Total (lines 50-199)	5,099,745	380,508,247		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 6/1/2015 5:59 pm
Title XIX		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	118,825	0	118,825	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0	0	2,501	0	2,501	54.01
54.02	05402 ULTRASOUND	0	0	1,251	0	1,251	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0	0	2,501	0	2,501	55.01
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	210,267	0	210,267	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	41,028	0	41,028	63.00
63.01	06301 NUCLEAR MEDICINE	0	0	5,128	0	5,128	63.01
65.00	06500 RESPIRATORY THERAPY	0	0	112,664	0	112,664	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	1,102,176	0	1,102,176	73.00
76.00	03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01	03021 ORTHOPEDICS	0	0	0	0	0	76.01
76.02	03022 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03	03023 CARDIAC REHAB	0	0	0	0	0	76.03
76.04	03024 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05	03025 MRI	0	0	0	0	0	76.05
76.06	03026 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03027 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03028 WOUND CARE	0	0	0	0	0	76.08
76.09	03029 RENAL DIALYSIS	0	0	0	0	0	76.09
76.10	03030 INFUSION	0	0	0	0	0	76.10
76.11	03031 CARE TRANSITION CENTER	0	0	0	0	0	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
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	1,596,341	0	1,596,341	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 6/1/2015 5:59 pm
	Title XIX	Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	18,249,944	0.000000	0.000000	0 50.00
50.01 05001 OPEN HEART SURGERY	0	1,892,721	0.000000	0.000000	0 50.01
50.02 05002 OUTPATIENT SURGERY	0	7,813,002	0.000000	0.000000	0 50.02
51.00 05100 RECOVERY ROOM	0	3,265,855	0.000000	0.000000	0 51.00
53.00 05300 ANESTHESIOLOGY	0	9,347,044	0.000000	0.000000	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	118,825	12,399,959	0.009583	0.009583	0 54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	2,501	10,141,681	0.000247	0.000247	0 54.01
54.02 05402 ULTRASOUND	1,251	9,211,455	0.000136	0.000136	0 54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0 55.00
55.01 05501 COMPUTED TOMOGRAPHY	2,501	31,103,564	0.000080	0.000080	0 55.01
57.00 05700 CT SCAN	0	0	0.000000	0.000000	0 57.00
58.00 05800 MRI	0	0	0.000000	0.000000	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	210,267	50,963,644	0.004126	0.004126	0 60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0 60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	41,028	3,581,361	0.011456	0.011456	0 63.00
63.01 06301 NUCLEAR MEDICINE	5,128	5,922,697	0.000866	0.000866	0 63.01
65.00 06500 RESPIRATORY THERAPY	112,664	11,344,770	0.009931	0.009931	0 65.00
66.00 06600 PHYSICAL THERAPY	0	5,088,054	0.000000	0.000000	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,487,106	0.000000	0.000000	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	1,215,368	0.000000	0.000000	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	10,593,627	0.000000	0.000000	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,162,999	0.000000	0.000000	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,753,639	0.000000	0.000000	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,889,155	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,102,176	63,533,576	0.017348	0.017348	0 73.00
76.00 03020 PAIN CLINIC	0	0	0.000000	0.000000	0 76.00
76.01 03021 ORTHOPEDICS	0	89,196	0.000000	0.000000	0 76.01
76.02 03022 CARDIOVASCULAR SERVICES	0	13,888,677	0.000000	0.000000	0 76.02
76.03 03023 CARDIAC REHAB	0	1,427,840	0.000000	0.000000	0 76.03
76.04 03024 RADIATION ONCOLOGY	0	6,409,863	0.000000	0.000000	0 76.04
76.05 03025 MRI	0	8,516,613	0.000000	0.000000	0 76.05
76.06 03026 BARIATRIC CENTER	0	0	0.000000	0.000000	0 76.06
76.07 03027 PSYCH ACTIVITY THERAPY	0	2,714,541	0.000000	0.000000	0 76.07
76.08 03028 WOUND CARE	0	1,653,692	0.000000	0.000000	0 76.08
76.09 03029 RENAL DIALYSIS	0	2,064,125	0.000000	0.000000	0 76.09
76.10 03030 INFUSION	0	458,102	0.000000	0.000000	0 76.10
76.11 03031 CARE TRANSITION CENTER	0	0	0.000000	0.000000	0 76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0 89.00
90.00 09000 CLINIC	0	0	0.000000	0.000000	0 90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0.000000	0.000000	0 90.01
91.00 09100 EMERGENCY	0	53,429,676	0.000000	0.000000	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,894,701	0.000000	0.000000	0 92.00
200.00 Total (lines 50-199)	1,596,341	380,508,247			0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 6/1/2015 5:59 pm
	Component CCN: 15S004	Title XIX	Subprovider - IPF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	54.01
54.02 05402 ULTRASOUND	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0	0	55.01
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
63.01 06301 NUCLEAR MEDICINE	0	0	0	63.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00 03020 PAIN CLINIC	0	0	0	76.00
76.01 03021 ORTHOPEDICS	0	0	0	76.01
76.02 03022 CARDIOVASCULAR SERVICES	0	0	0	76.02
76.03 03023 CARDIAC REHAB	0	0	0	76.03
76.04 03024 RADIATION ONCOLOGY	0	0	0	76.04
76.05 03025 MRI	0	0	0	76.05
76.06 03026 BARIATRIC CENTER	0	0	0	76.06
76.07 03027 PSYCH ACTIVITY THERAPY	0	0	0	76.07
76.08 03028 WOUND CARE	0	0	0	76.08
76.09 03029 RENAL DIALYSIS	0	0	0	76.09
76.10 03030 INFUSION	0	0	0	76.10
76.11 03031 CARE TRANSITION CENTER	0	0	0	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 6/1/2015 5:59 pm
Cost Center Description		Title XVIII	Hospital	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)		33,918	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		33,918	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		28,734	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)		16,240	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)		28,422,511	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		28,422,511	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)		28,422,511	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)		837.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,608,795	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)		13,608,795	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 6/1/2015 5:59 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,008,371	3,594	1,950.02	2,067	4,030,691	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					26,093,397	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					43,732,883	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)					1,385,328	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,766,792	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,152,120	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					40,580,763	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,184	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					837.98	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,344,088	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 6/1/2015 5:59 pm	
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	2,479,529	28,422,511	0.087238	4,344,088	378,970	90.00
91.00	Nursing School cost	0	28,422,511	0.000000	4,344,088	0	91.00
92.00	Allied health cost	0	28,422,511	0.000000	4,344,088	0	92.00
93.00	All other Medical Education	0	28,422,511	0.000000	4,344,088	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 6/1/2015 5:59 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				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)			9,202 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			9,202 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)			9,202 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			1,387 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)			8,878,451 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)			8,878,451 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)			8,878,451 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)			964.84 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,338,233 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			1,338,233 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1		
		Component CCN: 15S004				Date/Time Prepared: 6/1/2015 5:59 pm		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00	
<b>Cost Center Description</b>								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						314,036		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						1,652,269		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>								
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						11,138		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						19,338		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						30,476		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						1,621,793		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>								
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004 Component CCN: 15S004		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 6/1/2015 5:59 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	73,907	8,878,451	0.008324	0	0	90.00
91.00	Nursing School cost	0	8,878,451	0.000000	0	0	91.00
92.00	Allied health cost	0	8,878,451	0.000000	0	0	92.00
93.00	All other Medical Education	0	8,878,451	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 6/1/2015 5:59 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				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)			9,202 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			9,202 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)			9,202 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			2,914 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)			1,024 15.00
16.00	Nursery days (title V or XIX only)			177 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)			8,878,451 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)			8,878,451 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)			8,878,451 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)			964.84 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,811,544 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			2,811,544 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1		
		Component CCN: 15S004				Date/Time Prepared: 6/1/2015 5:59 pm		
		Title XIX		Subprovider - IPF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00	
<b>Cost Center Description</b>								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						2,811,544		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>								
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						2,811,544		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>								
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004 Component CCN: 15S004		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 6/1/2015 5:59 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	8,878,451	0.000000	0	0	90.00
91.00	Nursing School cost	0	8,878,451	0.000000	0	0	91.00
92.00	Allied health cost	0	8,878,451	0.000000	0	0	92.00
93.00	All other Medical Education	0	8,878,451	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 6/1/2015 5:59 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		17,575,191	30.00
31.00	03100	INTENSIVE CARE UNIT		4,149,661	31.00
32.00	02060	CORONARY CARE UNIT		0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.336727	3,306,523	50.00
50.01	05001	OPEN HEART SURGERY	0.269273	1,029,626	50.01
50.02	05002	OUTPATIENT SURGERY	0.514475	1,934,945	50.02
51.00	05100	RECOVERY ROOM	0.296592	768,446	51.00
53.00	05300	ANESTHESIOLOGY	0.976973	1,793,690	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.278479	2,230,584	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.340965	2,408,316	54.01
54.02	05402	ULTRASOUND	0.139958	1,666,920	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.055909	5,411,658	55.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.161047	13,685,959	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.309619	1,178,598	63.00
63.01	06301	NUCLEAR MEDICINE	0.237719	944,278	63.01
65.00	06500	RESPIRATORY THERAPY	0.331721	6,122,858	65.00
66.00	06600	PHYSICAL THERAPY	0.823560	1,032,941	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.420477	419,022	67.00
68.00	06800	SPEECH PATHOLOGY	0.626423	281,234	68.00
69.00	06900	ELECTROCARDIOLOGY	0.090080	3,173,097	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.312059	6,460	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.311910	6,830,784	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.758657	2,054,908	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.202744	25,277,170	73.00
76.00	03020	PAIN CLINIC	0.000000	0	76.00
76.01	03021	ORTHOPEDI CS	1.862797	3,087	76.01
76.02	03022	CARDIOVASCULAR SERVICES	0.230039	4,573,454	76.02
76.03	03023	CARDIAC REHAB	0.735105	210,980	76.03
76.04	03024	RADIATION ONCOLOGY	0.399991	225,872	76.04
76.05	03025	MRI	0.127656	1,422,886	76.05
76.06	03026	BARIATRIC CENTER	0.000000	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0.214318	0	76.07
76.08	03028	WOUND CARE	0.539076	0	76.08
76.09	03029	RENAL DIALYSIS	0.702511	1,335,150	76.09
76.10	03030	INFUSION	0.603979	0	76.10
76.11	03031	CARE TRANSITION CENTER	0.000000	0	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	90.01
91.00	09100	EMERGENCY	0.375900	4,092,224	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.736948	892,674	92.00
200.00		Total (sum of lines 50-94 and 96-98)		94,314,344	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		94,314,344	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15S004		Date/Time Prepared: 6/1/2015 5:59 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	02060 CORONARY CARE UNIT		0		32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		2,170,537		40.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.336727	2,431	819	50.00
50.01	05001 OPEN HEART SURGERY	0.269273	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0.514475	0	0	50.02
51.00	05100 RECOVERY ROOM	0.296592	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.976973	1,138	1,112	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.278479	7,168	1,996	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.340965	375	128	54.01
54.02	05402 ULTRASOUND	0.139958	1,317	184	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.055909	27,386	1,531	55.01
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.161047	301,018	48,478	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.309619	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	0.237719	0	0	63.01
65.00	06500 RESPIRATORY THERAPY	0.331721	12,253	4,065	65.00
66.00	06600 PHYSICAL THERAPY	0.823560	3,986	3,283	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.420477	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.626423	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.090080	43,432	3,912	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.312059	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.311910	21,480	6,700	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.758657	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.202744	584,965	118,598	73.00
76.00	03020 PAIN CLINIC	0.000000	0	0	76.00
76.01	03021 ORTHOPEDICS	1.862797	0	0	76.01
76.02	03022 CARDIOVASCULAR SERVICES	0.230039	0	0	76.02
76.03	03023 CARDIAC REHAB	0.735105	0	0	76.03
76.04	03024 RADIATION ONCOLOGY	0.399991	0	0	76.04
76.05	03025 MRI	0.127656	10,323	1,318	76.05
76.06	03026 BARIATRIC CENTER	0.000000	0	0	76.06
76.07	03027 PSYCH ACTIVITY THERAPY	0.214318	291,226	62,415	76.07
76.08	03028 WOUND CARE	0.539076	0	0	76.08
76.09	03029 RENAL DIALYSIS	0.702511	0	0	76.09
76.10	03030 INFUSION	0.603979	0	0	76.10
76.11	03031 CARE TRANSITION CENTER	0.000000	0	0	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0.000000	0	0	90.01
91.00	09100 EMERGENCY	0.375900	158,279	59,497	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.736948	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,466,777	314,036	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)		1,466,777		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 6/1/2015 5:59 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</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 (see instructions)		20,815,221	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		6,050,787	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,281,547	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		2,553,526	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		160.51	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)		6.11	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)		1.72	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), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		1.30	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)		5.69	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		4.73	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.33	11.00
12.00	Current year allowable FTE (see instructions)		7.06	12.00
13.00	Total allowable FTE count for the prior year.		6.30	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.		6.50	14.00
15.00	Sum of lines 12 through 14 divided by 3.		6.62	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		6.62	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.041244	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.036981	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.036981	21.00
22.00	IME payment adjustment (see instructions)		588,450	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<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)		-0.96	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
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		588,450	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.27	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.50	31.00
32.00	Sum of lines 30 and 31		29.77	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.77	33.00
34.00	Disproportionate share adjustment (see instructions)		3,074,554	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 6/1/2015 5:59 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)			0	35.00
35.01	Factor 3 (see instructions)			0.00000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			2,456,669	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			619,216	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		619,216		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</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
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)				41.01
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)		32,429,775		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 (see instructions)		32,429,775		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,366,447		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		198,534		52.00
53.00	Nursing and Allied Health Managed Care payment		94,747		53.00
54.00	Special add-on payments for new technologies			0	54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		585,740		58.00
59.00	Total (sum of amounts on lines 49 through 58)		35,675,243		59.00
60.00	Primary payer payments			4,632	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		35,670,611		61.00
62.00	Deductibles billed to program beneficiaries		2,309,740		62.00
63.00	Coinurance billed to program beneficiaries		373,899		63.00
64.00	Allowable bad debts (see instructions)		1,023,902		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		665,536		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		501,644		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		33,652,508		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS FROM PSR		94,564		70.00
70.50	RURAL DEMONSTRATION PROJECT			0	70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-40,539		70.93
70.94	HRR adjustment amount (see instructions)		-263,820		70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 6/1/2015 5:59 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
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
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		33,442,713		71.00
71.01	Sequestration adjustment (see instructions)		504,985		71.01
72.00	Interim payments		32,196,894		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)		740,834		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		0		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. 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 (see instructions)		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
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)				0
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)				0
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)				0
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)				0

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 6/1/2015 5:59 pm
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,133,195	2.00
3.00	PPS payments		9,552,411	3.00
4.00	Outlier payment (see instructions)		164,569	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 Wkst. D, Pt. IV, col. 13, line 200		158,209	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		9,875,189	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,082,464	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		7,792,725	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		66,892	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		7,859,617	30.00
31.00	Primary payer payments		1,470	31.00
32.00	Subtotal (line 30 minus line 31)		7,858,147	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		577,774	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		375,553	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		328,198	36.00
37.00	Subtotal (see instructions)		8,233,700	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
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)		8,233,700	40.00
40.01	Sequestration adjustment (see instructions)		124,329	40.01
41.00	Interim payments		7,973,362	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		136,009	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150004

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
6/1/2015 5:59 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		32,196,894		7,973,362	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		32,196,894		7,973,362	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		740,834		136,009	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		32,937,728		8,109,371	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part I Date/Time Prepared: 6/1/2015 5:59 pm	
		Title XVIII	Subprovider - IPF	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		836,362		0
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
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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		836,362		0
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		39,775		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		876,137		0
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part II Date/Time Prepared: 6/1/2015 5:59 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, Pt. I col. 15 line 14			6,431 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			18,307 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			1,794 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			32,328 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			457,095,603 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			32,538,800 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,534,466 8.00
9.00	Sequestration adjustment amount (see instructions)			30,689 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,503,777 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,664,474 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)			-160,697 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part II Date/Time Prepared: 6/1/2015 5:59 pm
		Title XVIIII	Subprovider - IPF	PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,050,783 1.00
2.00	Net IPF PPS Outlier Payments			13,899 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			25.210959 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,064,682 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,064,682 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,064,682 18.00
19.00	Deductibles			178,756 19.00
20.00	Subtotal (line 18 minus line 19)			885,926 20.00
21.00	Coinsurance			36,704 21.00
22.00	Subtotal (line 20 minus line 21)			849,222 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			44,680 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			29,042 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			839 25.00
26.00	Subtotal (sum of lines 22 and 24)			878,264 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			11,583 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	PSR AMOUNT - OTHER ADJUSTMENTS			-278 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			889,569 31.00
31.01	Sequestration adjustment (see instructions)			13,432 31.01
32.00	Interim payments			836,362 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			39,775 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			13,899 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 6/1/2015 5:59 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 6/1/2015 5:59 pm
		Title XIX	Subprovider - IPF	PPS
			Inpatient 1.00	Outpatient 2.00
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		0	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	12.00
<b>CUSTOMARY CHARGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	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	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 6/1/2015 5:59 pm	
		Title XVII I	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			6.11	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.75	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			1.33	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			5.69	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			4.73	6.00
7.00	Enter the lesser of line 5 or line 6			4.73	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	4.73	4.73	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	4.73	4.73	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.12		10.00
11.00	Total weighted FTE count	0.00	6.85		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	6.13		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	6.36		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	6.45		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.00	6.45		17.00
18.00	Per resident amount	84,649.24	80,155.36		18.00
19.00	Approved amount for resident costs	0	517,002	517,002	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			517,002	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	19,694	1,895		26.00
27.00	Total Inpatient Days (see instructions)	41,530	41,530		27.00
28.00	Ratio of inpatient days to total inpatient days	0.474211	0.045630		28.00
29.00	Program direct GME amount	245,168	23,591		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		3,333		30.00
31.00	Net Program direct GME amount			265,426	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 6/1/2015 5:59 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		45,385,152	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		4,632	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		45,380,520	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		15,291,404	42.00
43.00	Primary payer payments (see instructions)		1,470	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		15,289,934	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		60,670,454	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.747984	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.252016	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		265,426	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		198,534	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		66,892	50.00

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

Provider CCN: 150004

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

Worksheet G

Date/Time Prepared:  
6/1/2015 5:59 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	-122,458,172	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	107,805,243	0	0	0	4.00
5.00	Other receivable	61,251,680	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-19,892,841	0	0	0	6.00
7.00	Inventory	3,177,520	0	0	0	7.00
8.00	Prepaid expenses	1,392,646	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)	31,276,076	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	5,547,620	0	0	0	12.00
13.00	Land improvements	3,492,686	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	44,603,040	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	157,134	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	145,636,928	0	0	0	19.00
20.00	Accumulated depreciation	-141,819,372	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	57,618,036	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	2,099,630	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	1,820,830	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,920,460	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	92,814,572	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	10,266,674	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,063,832	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	157,885	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	10,178,876	0	0	0	43.00
44.00	Other current liabilities	2,407,947	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	29,075,214	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	459,020	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-22,235,820	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-21,776,800	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	7,298,414	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	85,516,158				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)	85,516,158	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	92,814,572	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150004

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

Worksheet G-1

Date/Time Prepared:  
6/1/2015 5:59 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		79,485,031		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		6,031,127			2.00
3.00	Total (sum of line 1 and line 2)		85,516,158		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		85,516,158		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)		85,516,158		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150004

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
6/1/2015 5:59 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	33,605,998		33,605,998	1.00
2.00	SUBPROVIDER - IPF	28,959,604		28,959,604	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	0		0	7.00
8.00	NURSING FACILITY	786,663		786,663	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	63,352,265		63,352,265	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,814,005		7,814,005	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEWBORN INTENSIVE CARE UNIT	0		0	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,814,005		7,814,005	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	71,166,270		71,166,270	17.00
18.00	Ancillary services	173,817,725	146,908,042	320,725,767	18.00
19.00	Outpatient services	15,052,007	44,272,370	59,324,377	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		5,421,086	5,421,086	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON REIMBURSABLE	-23,006,828	19,788,113	-3,218,715	27.00
27.01	RECONCILIATION	0	449,612	449,612	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	237,029,174	216,839,223	453,868,397	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		185,223,940		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	RECONCILIATION	3			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)		3		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		185,223,937		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150004

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

Worksheet G-3

Date/Time Prepared:  
6/1/2015 5:59 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	453,868,397	1.00
2.00	Less contractual allowances and discounts on patients' accounts	297,626,949	2.00
3.00	Net patient revenues (line 1 minus line 2)	156,241,448	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	185,223,937	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-28,982,489	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	PREMIUM REVENUE	8,694,348	24.00
24.01	OTHER OPERATING REVENUE	6,918,648	24.01
24.02	NET ASSETS RELEASED FROM OPERATIONS	389,320	24.02
24.03	NON-OPERATING REVENUE	421,050	24.03
24.04	EQUITY TRANSFERS	30,418,135	24.04
24.05	NET ASSETS RELEASED FROM RESTRICTION	64,261	24.05
25.00	Total other income (sum of lines 6-24)	46,905,762	25.00
26.00	Total (line 5 plus line 25)	17,923,273	26.00
27.00	OTHER EXPENSES (SPECIFY)	11,892,146	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	11,892,146	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	6,031,127	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150004

Period: From 01/01/2013

Worksheet H

HHA CCN: 157145

To 12/31/2013

Date/Time Prepared: 6/1/2015 5:59 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00			0		0	0	1.00
2.00			0		4,880	4,880	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	924,368	0	11,942	22,011	71,995	1,030,316	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	1,401,513	0	56,456	0	10,077	1,468,046	6.00
7.00	403,257	0	22,054	126,350	2,052	553,713	7.00
8.00	153,940	0	7,556	0	604	162,100	8.00
9.00	6,797	0	267	0	0	7,064	9.00
10.00	1,507	0	8	0	0	1,515	10.00
11.00	60,321	0	11,139	175	1,282	72,917	11.00
12.00	0	0	0	0	112,510	112,510	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	2,951,703	0	109,422	148,536	203,400	3,413,061	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	0	0	0	0			1.00
2.00	0	4,880	0	4,880			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	0	1,030,316	-75,000	955,316			5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	0	1,468,046	0	1,468,046			6.00
7.00	0	553,713	0	553,713			7.00
8.00	0	162,100	0	162,100			8.00
9.00	0	7,064	0	7,064			9.00
10.00	0	1,515	0	1,515			10.00
11.00	0	72,917	0	72,917			11.00
12.00	-57,832	54,678	0	54,678			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	-57,832	3,355,229	-75,000	3,280,229			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet H-1 Part I Date/Time Prepared: 6/1/2015 5:59 pm
		HHA CCN: 157145	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	4,880		4,880		0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	955,316	0	4,880	0	960,196	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,468,046	0	0	0	1,468,046	6.00
7.00	Physical Therapy	553,713	0	0	0	553,713	7.00
8.00	Occupational Therapy	162,100	0	0	0	162,100	8.00
9.00	Speech Pathology	7,064	0	0	0	7,064	9.00
10.00	Medical Social Services	1,515	0	0	0	1,515	10.00
11.00	Home Health Aide	72,917	0	0	0	72,917	11.00
12.00	Supplies (see instructions)	54,678	0	0	0	54,678	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	3,280,229	0	4,880	0	3,280,229	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	960,196					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	607,582	2,075,628				6.00
7.00	Physical Therapy	229,166	782,879				7.00
8.00	Occupational Therapy	67,089	229,189				8.00
9.00	Speech Pathology	2,924	9,988				9.00
10.00	Medical Social Services	627	2,142				10.00
11.00	Home Health Aide	30,178	103,095				11.00
12.00	Supplies (see instructions)	22,630	77,308				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		3,280,229				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2013 To 12/31/2013	Worksheet H-1 Part II Date/Time Prepared: 6/1/2015 5:59 pm PPS
		Home Health Agency I		

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		4,880		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	4,880	0	0	-960,196	2,320,033
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	1,468,046	6.00
7.00	Physical Therapy	0	0	0	0	553,713	7.00
8.00	Occupational Therapy	0	0	0	0	162,100	8.00
9.00	Speech Pathology	0	0	0	0	7,064	9.00
10.00	Medical Social Services	0	0	0	0	1,515	10.00
11.00	Home Health Aide	0	0	0	0	72,917	11.00
12.00	Supplies (see instructions)	0	0	0	0	54,678	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	4,880	0	0	-960,196	2,320,033
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	4,880	0	0		960,196
26.00	Unit Cost Multiplier	0.000000	1.000000	0.000000	0.000000		0.413872

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150004

Period: From 01/01/2013

Worksheet H-2

HHA CCN: 157145

To 12/31/2013

Part I  
Date/Time Prepared:  
6/1/2015 5:59 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
	0	33,173	1,105	1,300,945	68,577	176,704	1.00	
1.00 Administrative and General	0	33,173	1,105	1,300,945	68,577	176,704	1.00	
2.00 Skilled Nursing Care	2,075,628	0	0	0	0	0	2.00	
3.00 Physical Therapy	782,879	0	0	0	0	0	3.00	
4.00 Occupational Therapy	229,189	0	0	0	0	0	4.00	
5.00 Speech Pathology	9,988	0	0	0	0	0	5.00	
6.00 Medical Social Services	2,142	0	0	0	0	0	6.00	
7.00 Home Health Aide	103,095	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	77,308	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
20.00 Total (sum of lines 1-19) (2)	3,280,229	33,173	1,105	1,300,945	68,577	176,704	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	
Cost Center Description	PURCHASING, RECEIVING, AND STORES	ADMITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT		
	5.03	5.04	5A.04	5.05	6.00	7.00		
1.00 Administrative and General	7,182	28,694	1,616,380	280,465	45,649	37,947	1.00	
2.00 Skilled Nursing Care	0	0	2,075,628	360,150	0	0	2.00	
3.00 Physical Therapy	0	0	782,879	135,840	0	0	3.00	
4.00 Occupational Therapy	0	0	229,189	39,768	0	0	4.00	
5.00 Speech Pathology	0	0	9,988	1,733	0	0	5.00	
6.00 Medical Social Services	0	0	2,142	372	0	0	6.00	
7.00 Home Health Aide	0	0	103,095	17,888	0	0	7.00	
8.00 Supplies (see instructions)	0	0	77,308	13,414	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
20.00 Total (sum of lines 1-19) (2)	7,182	28,694	4,896,609	849,630	45,649	37,947	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000				21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150004

Period: From 01/01/2013

Worksheet H-2

HHA CCN: 157145

To 12/31/2013

Part I  
Date/Time Prepared:  
6/1/2015 5:59 pm

Home Health Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	26,448	0	64,618	0	7,000	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	26,448	0	64,618	0	7,000	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

  

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED PRGM	PARAMED PRGM - LAB	
		15.00	16.00	17.00	22.00	23.00	23.01	
1.00	Administrative and General	7,145	60,456	482	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	7,145	60,456	482	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150004

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

Worksheet H-2 Part I

HHA CCN: 157145

Date/Time Prepared: 6/1/2015 5:59 pm

Home Health Agency I

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Cost Center Description		PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		23.02	23.03	23.04	24.00	25.00	26.00	
1.00	Administrative and General	0	0	0	2,146,590	0	2,146,590	1.00
2.00	Skilled Nursing Care	0	0	0	2,435,778	0	2,435,778	2.00
3.00	Physical Therapy	0	0	0	918,719	0	918,719	3.00
4.00	Occupational Therapy	0	0	0	268,957	0	268,957	4.00
5.00	Speech Pathology	0	0	0	11,721	0	11,721	5.00
6.00	Medical Social Services	0	0	0	2,514	0	2,514	6.00
7.00	Home Health Aide	0	0	0	120,983	0	120,983	7.00
8.00	Supplies (see instructions)	0	0	0	90,722	0	90,722	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	5,995,984	0	5,995,984	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs					
		27.00	28.00					
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	1,358,296	3,794,074					2.00
3.00	Physical Therapy	512,318	1,431,037					3.00
4.00	Occupational Therapy	149,982	418,939					4.00
5.00	Speech Pathology	6,536	18,257					5.00
6.00	Medical Social Services	1,402	3,916					6.00
7.00	Home Health Aide	67,465	188,448					7.00
8.00	Supplies (see instructions)	50,591	141,313					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
20.00	Total (sum of lines 1-19) (2)	2,146,590	5,995,984					20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.557644						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150004

Period: From 01/01/2013

Worksheet H-2

HHA CCN: 157145

To 12/31/2013

Part II  
Date/Time Prepared: 6/1/2015 5:59 pm

Home Health Agency I

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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHON)	DATA PROCESSING (ALLOC OF TIME)	PURCHASING, RECEIVING, AND STORES (COSTED REQUIS.)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	4,108	1,086	2,951,703	61,334	61,506	80,521	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	4,108	1,086	2,951,703	61,334	61,506	80,521	20.00
21.00 Total cost to be allocated	33,173	1,105	1,300,945	68,577	176,704	7,182	21.00
22.00 Unit cost multiplier	8.075219	1.017495	0.440744	1.118091	2.872955	0.089194	22.00
Cost Center Description	ADMINISTRATIVE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.04	5A.05	5.05	6.00	7.00	8.00	
1.00 Administrative and General	5,421,086	0	1,616,380	4,108	4,108	0	1.00
2.00 Skilled Nursing Care	0	0	2,075,628	0	0	0	2.00
3.00 Physical Therapy	0	0	782,879	0	0	0	3.00
4.00 Occupational Therapy	0	0	229,189	0	0	0	4.00
5.00 Speech Pathology	0	0	9,988	0	0	0	5.00
6.00 Medical Social Services	0	0	2,142	0	0	0	6.00
7.00 Home Health Aide	0	0	103,095	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	77,308	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	5,421,086	0	4,896,609	4,108	4,108	0	20.00
21.00 Total cost to be allocated	28,694	0	849,630	45,649	37,947	0	21.00
22.00 Unit cost multiplier	0.005293	0	0.173514	11.112220	9.237342	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2013 To 12/31/2013	Worksheet H-2 Part II Date/Time Prepared: 6/1/2015 5:59 pm
			Home Health Agency I	PPS

Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS)	
	9.00	10.00	11.00	13.00	14.00	15.00	
1.00 Administrative and General	4,108	0	92,824	0	22,689	5,271	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	4,108	0	92,824	0	22,689	5,271	20.00
21.00 Total cost to be allocated	26,448	0	64,618	0	7,000	7,145	21.00
22.00 Unit cost multiplier	6.438169	0.000000	0.696135	0.000000	0.308520	1.355530	22.00

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICES (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	
	16.00	17.00	22.00	23.00	23.01	23.02	
1.00 Administrative and General	5,421,086	5,421,086	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	5,421,086	5,421,086	0	0	0	0	20.00
21.00 Total cost to be allocated	60,456	482	0	0	0	0	21.00
22.00 Unit cost multiplier	0.011152	0.000089	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150004  
HHA CCN: 157145

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

Worksheet H-2  
Part II  
Date/Time Prepared:  
6/1/2015 5:59 pm  
PPS

Cost Center Description	PARAMED ED PRGM - RESP THER (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)		
	23.03	23.04		
1.00 Administrative and General	0	0		1.00
2.00 Skilled Nursing Care	0	0		2.00
3.00 Physical Therapy	0	0		3.00
4.00 Occupational Therapy	0	0		4.00
5.00 Speech Pathology	0	0		5.00
6.00 Medical Social Services	0	0		6.00
7.00 Home Health Aide	0	0		7.00
8.00 Supplies (see instructions)	0	0		8.00
9.00 Drugs	0	0		9.00
10.00 DME	0	0		10.00
11.00 Home Dialysis Aide Services	0	0		11.00
12.00 Respiratory Therapy	0	0		12.00
13.00 Private Duty Nursing	0	0		13.00
14.00 Clinic	0	0		14.00
15.00 Health Promotion Activities	0	0		15.00
16.00 Day Care Program	0	0		16.00
17.00 Home Delivered Meals Program	0	0		17.00
18.00 Homemaker Service	0	0		18.00
19.00 All Others (specify)	0	0		19.00
20.00 Total (sum of lines 1-19)	0	0		20.00
21.00 Total cost to be allocated	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS					Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part I Date/Time Prepared: 6/1/2015 5:59 pm	
					Title XVIII	Home Health Agency I	PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	3,794,074		3,794,074	15,362	246.98	1.00
2.00	Physical Therapy	3.00	1,431,037	0	1,431,037	6,978	205.08	2.00
3.00	Occupational Therapy	4.00	418,939	0	418,939	1,917	218.54	3.00
4.00	Speech Pathology	5.00	18,257	0	18,257	135	135.24	4.00
5.00	Medical Social Services	6.00	3,916		3,916	30	130.53	5.00
6.00	Home Health Aide	7.00	188,448		188,448	2,311	81.54	6.00
7.00	Total (sum of lines 1-6)		5,854,671	0	5,854,671	26,733		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		23844	5,409	6,167			8.00
8.01	Skilled Nursing Care		16974	0	0			8.01
9.00	Physical Therapy		23844	2,787	2,159			9.00
9.01	Physical Therapy		16974	0	0			9.01
10.00	Occupational Therapy		23844	766	723			10.00
10.01	Occupational Therapy		16974	0	0			10.01
11.00	Speech Pathology		23844	67	26			11.00
11.01	Speech Pathology		16974	0	0			11.01
12.00	Medical Social Services		23844	12	21			12.00
12.01	Medical Social Services		16974	0	0			12.01
13.00	Home Health Aide		23844	608	1,486			13.00
13.01	Home Health Aide		16974	0	0			13.01
14.00	Total (sum of lines 8-13)			9,649	10,582			14.00
Cost Center Description								
From Wkst. H-2 Part I, col. 28, line								
Facility Costs (from Wkst. H-2, Part I)								
Shared Ancillary Costs (from Part II)								
Total HHA Costs (cols. 1 + 2)								
Total Charges (From HHA Record)								
Ratio (col. 3 ÷ col. 4)								
	0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	141,313	0	141,313	92,306	1.530919	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Cost of Services								
Part A								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
	6.00	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	5,409	6,167		1,335,915	1,523,126		1.00
2.00	Physical Therapy	2,787	2,159		571,558	442,768		2.00
3.00	Occupational Therapy	766	723		167,402	158,004		3.00
4.00	Speech Pathology	67	26		9,061	3,516		4.00
5.00	Medical Social Services	12	21		1,566	2,741		5.00
6.00	Home Health Aide	608	1,486		49,576	121,168		6.00
7.00	Total (sum of lines 1-6)	9,649	10,582		2,135,078	2,251,323		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part I Date/Time Prepared: 6/1/2015 5:59 pm
				Title XVII I	Home Health Agency I	PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00
Cost Center Description		Program Covered Charges			Cost of Services		
		Part A	Part B		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0			15.00
16.00	Cost of Drugs		0	0		0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2,859,041					1.00
2.00	Physical Therapy	1,014,326					2.00
3.00	Occupational Therapy	325,406					3.00
4.00	Speech Pathology	12,577					4.00
5.00	Medical Social Services	4,307					5.00
6.00	Home Health Aide	170,744					6.00
7.00	Total (sum of lines 1-6)	4,386,401					7.00
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part II Date/Time Prepared: 6/1/2015 5:59 pm PPS
		Title XVIII	Home Health Agency I	

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00	Physical Therapy	66.00	0.823560	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.420477	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.626423	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.311910	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.202744	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2013 To 12/31/2013	Worksheet H-4 Part I-II Date/Time Prepared: 6/1/2015 5:59 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		1,489,135	1,511,135
12.00	Total PPS Reimbursement - Full Episodes with Outliers		15,499	12,799
13.00	Total PPS Reimbursement - LUPA Episodes		18,578	29,919
14.00	Total PPS Reimbursement - PEP Episodes		6,965	4,335
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		2,679	2,073
16.00	Total PPS Outlier Reimbursement - PEP Episodes		159	0
17.00	Total Other Payments		0	-4,771
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		1,533,015	1,555,490
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		1,533,015	1,555,490
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		1,533,015	1,555,490
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		1,533,015	1,555,490
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		1,533,015	1,555,490
31.01	Sequestration adjustment (see instructions)		20,843	24,544
32.00	Interim payments (see instructions)		1,512,172	1,530,946
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 150004  
HHA CCN: 157145

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

Worksheet H-5  
Date/Time Prepared:  
6/1/2015 5:59 pm  
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,512,172		1,530,946	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		1,512,172		1,530,946	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,512,172		1,530,946	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 6/1/2015 5:59 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		2,138,848	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		49,006	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)		88.57	3.00
4.00	Number of interns & residents (see instructions)		6.62	4.00
5.00	Indirect medical education percentage (see instructions)		2.13	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		45,557	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		8.27	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		21.50	8.00
9.00	Sum of lines 7 and 8		29.77	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.22	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		133,036	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		2,366,447	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