

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: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet S Parts I-III Date/Time Prepared: 2/28/2014 8:16 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 2/28/2014 Time: 8:16 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 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 DEACONESS HOSPITAL (150082) for the cost reporting period beginning 10/01/2012 and ending 09/30/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	623,261	425,011	-29,453	0	1.00
2.00 Subprovider - IPF	0	15,047	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
9.00 HOME HEALTH AGENCY I	0	1	1		0	9.00
200.00 Total	0	638,309	425,012	-29,453	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150082		Period: From 10/01/2012 To 09/30/2013		Worksheet S-2 Part I Date/Time Prepared: 2/27/2014 5:17 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 600 MARY STREET		PO Box:								
2.00	City: EVANSVILLE		State: IN		Zip Code: 47747-		County: VANDERBURGH				
		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		DEACONESS HOSPITAL	150082	21780	1	06/02/1966	N	P	P	3.00
4.00	Subprovider - IPF		DEACONESS PSYCHIATRIC UNIT	15S082	21780	4	10/01/2009	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		DEACONESS - HHA	157132	21780		11/09/1984	N	P	P	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		DEACONESS - HOSPICE	151512	21780		02/06/1991				14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					10/01/2012	09/30/2013		20.00		
21.00	Type of Control (see instructions)					2			21.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		6,591	769	1,703	693	5,286	0	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.		0	0	0	0	0		25.00		
						Urban/Rural S	Date of Geogr				
						1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet S-2 Part I Date/Time Prepared: 2/27/2014 5:17 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N				39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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 Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN and general surgery) added as a result of section 5503. (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
			Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.				0.00	0.00

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20		
				1.00			
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			0.00	62.01		
Teaching Hospitals that Claim Residents in Non-Provider Settings							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			Y	63.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	2.30	16.16	0.124594	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
					1.00	2.00	3.00	
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)	FAMILY PRACTICE	1350	4.89	13.42	0.267067		67.00
					1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	N	0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)						0	76.00
					1.00			
Long Term Care Hospital PPS								
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.						N	80.00
TEFRA Providers								
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.						N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.							86.00
					V	XIX		
					1.00	2.00		
Title V and XIX Services								
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.				N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.				N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.						N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.				N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.				N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00
Rural Providers								
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?				N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				N			106.00

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		V	XIX			
		1.00	2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00	
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00	
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	894,927	72,000		0118.01	
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02	
119.00	DO NOT USE THIS LINE				119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N		N	120.00	
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00	
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y			140.00	

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1.00		2.00		3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00
142.00	Street:	PO Box:				142.00
143.00	City:	State:		Zip Code:		143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y	145.00

		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00

		Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
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 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	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
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.50	169.00

		Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2012	09/30/2013	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet S-2 Part II Date/Time Prepared: 2/27/2014 5:17 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	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.	Y			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y		15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	02/07/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet S-2 Part II Date/Time Prepared: 2/27/2014 5:17 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.	0	1.00	2.00	3.00	21.00
		N			N	
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
			Y/N	Date		
			1.00	2.00		
Home Office Costs						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
			1.00	2.00		
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	WENDY		FRUMKIN		41.00
42.00	Enter the employer/company name of the cost report preparer.	DEACONESS HOSPITAL				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	812-450-7423		WENDY.FRUMKIN@DEACONESS.COM		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	02/07/2014	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT COORDINATOR	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: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2014 5:17 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	385	141,379	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)		385	141,379	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	67	24,455	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	16	5,840	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)		468	171,674	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	16	5,840		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						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	116.00	5	1,825			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		489				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: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2014 5:17 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)	40,249	6,897	86,417			1.00
2.00 HMO and other (see instructions)	13,093	6,504				2.00
3.00 HMO IPF Subprovider	45	123				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)	40,249	6,897	86,417			7.00
8.00 INTENSIVE CARE UNIT	7,306	1,223	14,508			8.00
9.00 CORONARY CARE UNIT	2,015	418	3,791			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	49,570	8,538	104,716	18.15	3,409.50	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,001	363	3,656	0.00	23.20	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						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	14,567	1,943	25,705	0.00	38.60	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	1,358	88	1,595	0.00	30.40	24.00
24.10 HOSPICE (non-distinct part)	286	19	355			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				18.15	3,501.70	27.00
28.00 Observation Bed Days		2,507	17,849			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			1,083			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		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: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2014 5:17 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	9,666	2,426	21,977	1.00
2.00 HMO and other (see instructions)			2,530			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	9,666	2,426	21,977	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	179	78	520	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						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	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet S-3 Part II Date/Time Prepared: 2/27/2014 5:17 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		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	194,152,645	1,002,068	195,154,713	7,257,376.79	26.89	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		22,201	0	22,201	288.62	76.92	3.00
4.00	Physician-Part A - Administrative		966,080	0	966,080	5,875.75	164.42	4.00
4.01	Physicians - Part A - Teaching		836,413	0	836,413	8,486.79	98.55	4.01
5.00	Physician-Part B		27,226,926	0	27,226,926	156,108.00	174.41	5.00
6.00	Non-physician-Part B		2,524,838	0	2,524,838	48,153.78	52.43	6.00
7.00	Interns & residents (in an approved program)	21.00	0	1,052,402	1,052,402	37,939.79	27.74	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)		10,855,390	1,418,395	12,273,785	600,402.25	20.44	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		1,118,809	0	1,118,809	10,118.28	110.57	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		5,862,371	0	5,862,371	49,629.09	118.12	13.00
14.00	Home office salaries & wage-related costs		10,275,107	0	10,275,107	312,326.00	32.90	14.00
15.00	Home office: Physician Part A - Administrative		25,000	0	25,000	114.00	219.30	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		57,145,581	0	57,145,581			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		14,194,346	0	14,194,346			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		5,127	0	5,127			21.00
22.00	Physician Part A - Administrative		138,241	0	138,241			22.00
22.01	Physician Part A - Teaching		140,395	0	140,395			22.01
23.00	Physician Part B		4,160,110	0	4,160,110			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		254,582	0	254,582			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,344,503	71,202	1,415,705	62,698.86	22.58	26.00
27.00	Administrative & General	5.00	32,221,989	-3,007,714	29,214,275	1,059,712.99	27.57	27.00
28.00	Administrative & General under contract (see inst.)		1,774,043	0	1,774,043	7,290.00	243.35	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,892,542	179,637	3,072,179	122,137.63	25.15	30.00
31.00	Laundry & Linen Service	8.00	304,794	229,137	533,931	48,977.16	10.90	31.00
32.00	Housekeeping	9.00	3,150,576	59,854	3,210,430	291,025.62	11.03	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,872,228	-1,441,701	1,430,527	115,374.91	12.40	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	829,953	829,953	70,095.84	11.84	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,301,590	33,864	2,335,454	110,817.75	21.07	38.00
39.00	Central Services and Supply	14.00	1,960,009	19,247	1,979,256	118,465.40	16.71	39.00
40.00	Pharmacy	15.00	7,107,539	115,754	7,223,293	205,700.32	35.12	40.00
41.00	Medical Records & Medical Records Library	16.00	2,269,944	1,466,840	3,736,784	195,625.05	19.10	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2014 5:17 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	
42.00	Soci al Servi ce	17.00	2,416,412	7,352	2,423,764	97,410.64	24.88	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-3
Part III
Date/Time Prepared:
2/27/2014 5:17 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	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	165,316,310	-50,334	165,265,976	7,013,689.81	23.56	1.00
2.00	Excluded area salaries (see instructions)	10,855,390	1,418,395	12,273,785	600,402.25	20.44	2.00
3.00	Subtotal salaries (line 1 minus line 2)	154,460,920	-1,468,729	152,992,191	6,413,287.56	23.86	3.00
4.00	Subtotal other wages & related costs (see inst.)	17,281,287	0	17,281,287	372,187.37	46.43	4.00
5.00	Subtotal wage-related costs (see inst.)	57,283,822	0	57,283,822	0.00	37.44	5.00
6.00	Total (sum of lines 3 thru 5)	229,026,029	-1,468,729	227,557,300	6,785,474.93	33.54	6.00
7.00	Total overhead cost (see instructions)	60,616,169	-1,436,575	59,179,594	2,505,332.17	23.62	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet S-3 Part IV Date/Time Prepared: 2/27/2014 5:17 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			7,693,318 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			10,886,866 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			31,700 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			95,111 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			34,281,134 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			1,157,654 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			99,639 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			2,290 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			3,290,881 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,636,287 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			13,900,408 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			136,126 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			866,795 21.00
22.00	Day Care Cost and Allowances			1,388,612 22.00
23.00	Tuition Reimbursement			571,561 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			76,038,382 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-3
Part V
Date/Time Prepared:
2/27/2014 5:17 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	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			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	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150082 Component CCN: 157132		Period: From 10/01/2012 To 09/30/2013		Worksheet S-4 Date/Time Prepared: 2/27/2014 5:17 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			VANDERBURGH		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	4,088	135	70	4,293	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	696.00	114.00	293.00	1,103.00	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		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.32	0.00	0.32	4.00
5.00	Other Administrative Personnel			16.82	0.00	16.82	5.00
6.00	Direct Nursing Service			18.54	0.00	18.54	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			0.00	6.30	6.30	8.00
9.00	Physical Therapy Supervisor			0.00	1.00	1.00	9.00
10.00	Occupational Therapy Service			0.00	2.70	2.70	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.47	0.47	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.97	0.00	0.97	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.06	0.00	2.06	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).			21780			20.00
20.01				99915			20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	6,102	450	282	84	6,918	21.00
22.00	Skilled Nursing Visit Charges	1,259,580	93,433	55,517	17,335	1,425,865	22.00
23.00	Physical Therapy Visits	3,837	45	74	85	4,041	23.00
24.00	Physical Therapy Visit Charges	857,285	10,215	16,096	18,013	901,609	24.00
25.00	Occupational Therapy Visits	1,469	23	16	42	1,550	25.00
26.00	Occupational Therapy Visit Charges	331,850	5,221	3,632	9,324	350,027	26.00
27.00	Speech Pathology Visits	225	14	1	3	243	27.00
28.00	Speech Pathology Visit Charges	50,865	3,178	227	660	54,930	28.00
29.00	Medical Social Service Visits	116	2	0	3	121	29.00
30.00	Medical Social Service Visit Charges	35,212	610	0	915	36,737	30.00
31.00	Home Health Aide Visits	1,601	72	6	15	1,694	31.00
32.00	Home Health Aide Visit Charges	190,596	8,640	600	1,800	201,636	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	13,350	606	379	232	14,567	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)	2,725,388	121,297	76,072	48,047	2,970,804	35.00
36.00	Total Number of Episodes (standard/non outlier)	831		128	18	977	36.00
37.00	Total Number of Outlier Episodes		14		2	16	37.00
38.00	Total Non-Routine Medical Supply Charges	53,442	4,131	5,597	896	64,066	38.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 150082
Component CCN: 151512

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-9
Parts I & II
Date/Time Prepared:
2/27/2014 5:17 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of col.s. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	
2.00	Routine Home Care	9,823	592	0	38	1,316	11,731	
3.00	Inpatient Respite Care	200	6	0	0	58	264	
4.00	General Inpatient Care	1,310	87	0	0	264	1,661	
5.00	Total Hospice Days	11,333	685	0	38	1,638	13,656	
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	438	24	0	3	49	511	
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				
8.00	Average Length of Stay (line 5/line 6)	25.87	28.54	0.00	12.67	33.43	26.72	
9.00	Unduplicated Census Count	418	24	0	3	49	491	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet S-10 Date/Time Prepared: 2/27/2014 5:17 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.268368		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		27,217,059		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		162,160,293		6.00
7.00	Medicaid cost (line 1 times line 6)		43,518,634		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)		16,301,575		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		16,301,575		19.00
				1.00	
				2.00	
				3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	51,103,908	3,652,467	54,756,375	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	13,714,654	980,205	14,694,859	21.00
22.00	Partial payment by patients approved for charity care	187,381	0	187,381	22.00
23.00	Cost of charity care (line 21 minus line 22)	13,527,273	980,205	14,507,478	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		37,354,077		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,173,352		27.00
28.00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line 26 minus line 27)		36,180,725		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		9,709,749		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		24,217,227		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		40,518,802		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150082		Period: From 10/01/2012 To 09/30/2013		Worksheet A	
Date/Time Prepared: 2/27/2014 5:17 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	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		28,777,484	28,777,484	-368,952	28,408,532	1.00
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT		0	0	81,422	81,422	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		5,595,669	5,595,669	20,680,823	26,276,492	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,344,503	62,175,458	63,519,961	2,829,396	66,349,357	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	32,221,989	47,154,115	79,376,104	-17,081,068	62,295,036	5.00
7.00	00700	OPERATION OF PLANT	2,892,542	7,905,183	10,797,725	84,015	10,881,740	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	304,794	100,638	405,432	383,101	788,533	8.00
9.00	00900	HOUSEKEEPING	3,150,576	778,708	3,929,284	11,810	3,941,094	9.00
10.00	01000	DIETARY	2,872,228	2,461,548	5,333,776	-2,826,028	2,507,748	10.00
11.00	01100	CAFETERIA	0	0	0	1,541,237	1,541,237	11.00
13.00	01300	NURSING ADMINISTRATION	2,301,590	837,864	3,139,454	-256,333	2,883,121	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,960,009	3,228,319	5,188,328	-3,065,436	2,122,892	14.00
15.00	01500	PHARMACY	7,107,539	26,581,874	33,689,413	-26,758,959	6,930,454	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,269,944	57,344	2,327,288	64,050	2,391,338	16.00
17.00	01700	SOCIAL SERVICE	2,416,412	860,895	3,277,307	4,185	3,281,492	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,052,402	1,052,402	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	956,413	956,413	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	194,683	10,760	205,443	718	206,161	23.00
23.01	02301	PARAMED ED PRGM- CHAPLAIN RESIDENCY	0	0	0	199,855	199,855	23.01
23.03	02302	PARAMED ED PRGM- NURSING	0	0	0	338,140	338,140	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	38,672,581	3,976,360	42,648,941	-770,369	41,878,572	30.00
31.00	03100	INTENSIVE CARE UNIT	11,628,779	1,345,694	12,974,473	-584,222	12,390,251	31.00
32.00	03200	CORONARY CARE UNIT	2,172,508	234,037	2,406,545	-98,550	2,307,995	32.00
40.00	04000	SUBPROVIDER - IPF	1,031,251	4,071	1,035,322	709	1,036,031	40.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,281,529	61,604,857	79,886,386	-30,476,597	49,409,789	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,412,272	11,353,977	19,766,249	-4,021,222	15,745,027	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	373,048	3,149,848	3,522,896	-33,352	3,489,544	55.00
59.00	05900	CARDIAC CATHETERIZATION	1,231,826	4,534,405	5,766,231	-3,744,398	2,021,833	59.00
60.00	06000	LABORATORY	10,731,472	15,579,067	26,310,539	-476,702	25,833,837	60.00
64.00	06400	INTRAVENOUS THERAPY	760,380	990,226	1,750,606	-430,943	1,319,663	64.00
65.00	06500	RESPIRATORY THERAPY	2,659,937	624,616	3,284,553	-494,823	2,789,730	65.00
66.00	06600	PHYSICAL THERAPY	0	9,872,861	9,872,861	-52,335	9,820,526	66.00
69.00	06900	ELECTROCARDIOLOGY	356,675	412,963	769,638	-934	768,704	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	14,953,497	14,953,497	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	24,223,387	24,223,387	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	26,542,728	26,542,728	73.00
74.00	07400	RENAL DIALYSIS	215,493	998,151	1,213,644	-8,408	1,205,236	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	960,623	9,175	969,798	14,063	983,861	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,511,360	406,473	1,917,833	7,736	1,925,569	90.00
90.01	09001	FAMILY PRACTICE CLINIC	2,689,849	642,788	3,332,637	-1,948,906	1,383,731	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	373,414	143,375	516,789	5,448	522,237	90.02
90.03	09003	INFUSION CENTER	77,086	602,737	679,823	-11,118	668,705	90.03
90.04	09004	PRIMARY CARE SENIORS	1,893,943	415,155	2,309,098	2,900	2,311,998	90.04
90.05	09005	PAIN MANAGEMENT	1,989,033	1,523,779	3,512,812	-841,312	2,671,500	90.05
90.06	09006	WOUND CARE CENTER	258,400	199,562	457,962	-104,203	353,759	90.06
90.07	09007	SLEEP CENTER	837,037	165,187	1,002,224	-33,061	969,163	90.07
91.00	09100	EMERGENCY	16,981,483	7,330,527	24,312,010	-324,096	23,987,914	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,386,401	2,752,910	4,139,311	-219,122	3,920,189	96.00
101.00	10100	HOME HEALTH AGENCY	2,174,925	1,639,397	3,814,322	-229,443	3,584,879	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	1,537,120	683,554	2,220,674	131,804	2,352,478	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	188,235,234	317,721,611	505,956,845	-1,151,053	504,805,792	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,255,729	1,255,729	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,249,749	733,308	2,983,057	-5,669	2,977,388	192.00
192.01	19201	DEACONESS URGENT CARE	0	5,499	5,499	0	5,499	192.01
192.02	19202	HEARTCARE OFFICES	276,657	1,025,169	1,301,826	10,545	1,312,371	192.02
192.03	19203	FAMILY PHARMACY	546,154	7,043,007	7,589,161	-35,835	7,553,326	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	1,043,881	637,206	1,681,087	44,404	1,725,491	194.00
194.01	07951	OCCUPATIONAL HEALTH	388,299	301,217	689,516	-3,055	686,461	194.01
194.02	07952	OTHER FACILITIES	95,502	3,090,280	3,185,782	-148,749	3,037,033	194.02
194.03	07953	THE HEART HOSPITAL	0	234,660	234,660	0	234,660	194.03
194.04	07954	PUBLIC RELATIONS	302,016	1,615,596	1,917,612	-20,576	1,897,036	194.04
194.05	07955	CHILD CARE CENTER	1,015,153	200,822	1,215,975	54,259	1,270,234	194.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150082		Period: From 10/01/2012 To 09/30/2013		Worksheet A Date/Time Prepared: 2/27/2014 5:17 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
200.00	TOTAL (SUM OF LINES 118-199)		194,152,645	332,608,375	526,761,020	0	526,761,020	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet A
Date/Time Prepared:
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-3,888,208	24,520,324	1.00
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT	0	81,422	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-72,662	26,203,830	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-14,794,605	51,554,752	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-1,593,062	60,701,974	5.00
7.00	00700	OPERATION OF PLANT	0	10,881,740	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	113,135	901,668	8.00
9.00	00900	HOUSEKEEPING	0	3,941,094	9.00
10.00	01000	DIETARY	271,926	2,779,674	10.00
11.00	01100	CAFETERIA	-921,299	619,938	11.00
13.00	01300	NURSING ADMINISTRATION	100,000	2,983,121	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,122,892	14.00
15.00	01500	PHARMACY	0	6,930,454	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	531,496	2,922,834	16.00
17.00	01700	SOCIAL SERVICE	-852,300	2,429,192	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,052,402	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	956,413	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	0	206,161	23.00
23.01	02301	PARAMED ED PRGM- CHAPLAIN RESIDENCY	0	199,855	23.01
23.03	02302	PARAMED ED PRGM- NURSING	0	338,140	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-9,284,353	32,594,219	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,680,713	9,709,538	31.00
32.00	03200	CORONARY CARE UNIT	0	2,307,995	32.00
40.00	04000	SUBPROVIDER - IPF	0	1,036,031	40.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-26,731,905	22,677,884	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-262,295	15,482,732	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	-1,575,157	1,914,387	55.00
59.00	05900	CARDIAC CATHETERIZATION	-82,609	1,939,224	59.00
60.00	06000	LABORATORY	-604,917	25,228,920	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,319,663	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,789,730	65.00
66.00	06600	PHYSICAL THERAPY	-3,570,261	6,250,265	66.00
69.00	06900	ELECTROCARDIOLOGY	-63,262	705,442	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	922,809	15,876,306	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	106,718	24,330,105	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,542,728	73.00
74.00	07400	RENAL DIALYSIS	123,156	1,328,392	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	0	983,861	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-47,736	1,877,833	90.00
90.01	09001	FAMILY PRACTICE CLINIC	96,335	1,480,066	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	522,237	90.02
90.03	09003	INFUSION CENTER	-182	668,523	90.03
90.04	09004	PRIMARY CARE SENIORS	-1,395,482	916,516	90.04
90.05	09005	PAIN MANAGEMENT	-364,547	2,306,953	90.05
90.06	09006	WOUND CARE CENTER	-36,453	317,306	90.06
90.07	09007	SLEEP CENTER	-3,765	965,398	90.07
91.00	09100	EMERGENCY	-9,643,483	14,344,431	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	3,920,189	96.00
101.00	10100	HOME HEALTH AGENCY	-169,065	3,415,814	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	189,681	2,542,159	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-76,183,065	428,622,727	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,255,729	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,977,388	192.00
192.01	19201	DEACONESS URGENT CARE	0	5,499	192.01
192.02	19202	HEARTCARE OFFICES	0	1,312,371	192.02
192.03	19203	FAMILY PHARMACY	0	7,553,326	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	1,725,491	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	686,461	194.01
194.02	07952	OTHER FACILITIES	0	3,037,033	194.02
194.03	07953	THE HEART HOSPITAL	0	234,660	194.03
194.04	07954	PUBLIC RELATIONS	0	1,897,036	194.04
194.05	07955	CHILD CARE CENTER	0	1,270,234	194.05
200.00		TOTAL (SUM OF LINES 118-199)	-76,183,065	450,577,955	200.00

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BUILDING DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	165,266	1.00
	TOTALS		0	165,266	
B - EQUIPMENT DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	19,929,264	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
	TOTALS		0	19,929,264	
C - HSB BUILDING DEPRECIATION					
1.00	NEW CAP REL COSTS- BLDG & FI XT	1.01	0	73,211	1.00
	TOTALS		0	73,211	
D - INTEREST					
1.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	313,394	1.00
	TOTALS		0	313,394	
E - CAFETERIA					
1.00	CAFETERIA	11.00	829,953	711,284	1.00
2.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	676,208	579,521	2.00
	TOTALS		1,506,161	1,290,805	
F - INCENTIVE COMP					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	84,551	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	2,329,823	0	2.00
3.00	OPERATION OF PLANT	7.00	187,449	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	10,495	0	4.00
5.00	HOUSEKEEPING	9.00	93,829	0	5.00
6.00	DIETARY	10.00	80,782	0	6.00
7.00	NURSING ADMINISTRATION	13.00	47,747	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	35,242	0	8.00

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

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Date/Time Prepared:
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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
9.00	PHARMACY	15.00	166,177	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	74,353	0		10.00
11.00	SOCIAL SERVICE	17.00	32,667	0		11.00
12.00	PARAMED ED PRGM - PHARMACY	23.00	718	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	437,860	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	103,279	0		14.00
15.00	CORONARY CARE UNIT	32.00	30,130	0		15.00
16.00	SUBPROVIDER - IPF	40.00	9,604	0		16.00
17.00	OPERATING ROOM	50.00	236,533	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	145,590	0		18.00
19.00	RADIOLOGY - THERAPEUTIC	55.00	10,537	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	12,379	0		20.00
21.00	LABORATORY	60.00	193,091	0		21.00
22.00	INTRAVENOUS THERAPY	64.00	12,708	0		22.00
23.00	RESPIRATORY THERAPY	65.00	31,426	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	6,303	0		24.00
25.00	BEHAVIORAL HEALTH SERVICES	76.00	17,425	0		25.00
26.00	CLINIC	90.00	22,802	0		26.00
27.00	FAMILY PRACTICE CLINIC	90.01	74,180	0		27.00
28.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	5,962	0		28.00
29.00	PRIMARY CARE SENIORS	90.04	18,564	0		29.00
30.00	PAIN MANAGEMENT	90.05	43,102	0		30.00
31.00	WOUND CARE CENTER	90.06	3,050	0		31.00
32.00	SLEEP CENTER	90.07	18,398	0		32.00
33.00	EMERGENCY	91.00	156,576	0		33.00
34.00	DURABLE MEDICAL EQUIP-RENTED	96.00	49,693	0		34.00
35.00	HOME HEALTH AGENCY	101.00	43,361	0		35.00
36.00	HOSPICE	116.00	52,622	0		36.00
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	15,560	0		37.00
38.00	HEARTCARE OFFICES	192.02	11,231	0		38.00
39.00	FAMILY PHARMACY	192.03	1,435	0		39.00
40.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	68,960	0		40.00
41.00	OCCUPATIONAL HEALTH	194.01	5,089	0		41.00
42.00	OTHER FACILITIES	194.02	17,299	0		42.00
43.00	PUBLIC RELATIONS	194.04	29,901	0		43.00
44.00	CHILD CARE CENTER	194.05	71,348	0		44.00
	TOTALS		5,099,831	0		
G - LEASES						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	398,314		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	294,270		2.00
3.00		0.00	0	0		3.00
	TOTALS		0	692,584		
H - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	26,542,728		1.00
	TOTALS		0	26,542,728		
I - MEDICAL SUPPLIES CHARGED						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,870,450		1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	17,413		2.00
	TOTALS		0	2,887,863		
J - RESIDENTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,052,402	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	836,413	120,000		2.00
	TOTALS		1,888,815	120,000		
K - ALLIED HEALTH - CHAPLAIN RESIDENTS						
1.00	PARAMED ED PRGM- CHAPLAIN RESIDENCY	23.01	192,062	7,793		1.00
	TOTALS		192,062	7,793		
L - INSURANCE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	479,874		1.00
2.00	NEW CAP REL COSTS- BLDG & FIXT	1.01	0	8,211		2.00
	TOTALS		0	488,085		

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
M - HOME SERVICES ADMIN					
1.00	HOSPICE	116.00	51,890	36,368	1.00
2.00	DURABLE MEDICAL EQUIP-RENTED	96.00	96,722	67,789	2.00
	TOTALS		148,612	104,157	
N - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	220,000	353,535	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
	TOTALS		220,000	353,535	
O - ALLIED HEALTH - NURSING					
1.00	PARAMED ED PRGM- NURSING	23.03	338,140	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
	TOTALS		338,140	0	
P - PUBLIC RELATIONS					
1.00	ADMINISTRATIVE & GENERAL	5.00	7,556	40,419	1.00
	TOTALS		7,556	40,419	
Q - SALARIES					
1.00	MEDICAL RECORDS & LIBRARY	16.00	1,400,000	0	1.00
2.00	HOSPICE	116.00	15,000	0	2.00
	TOTALS		1,415,000	0	
R - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,083,047	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	24,205,974	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
	TOTALS		0	36,289,021	
S - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,627,156	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	18,600	0	2.00
	TOTALS		18,600	1,627,156	
T - PROPERTY TAXES					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	143,895	1.00
	TOTALS		0	143,895	

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-6
Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
U - HOME VISITS DME					
1.00	HOME HEALTH AGENCY	101.00	0	29,016	1.00
	TOTALS		0	29,016	
V - DISABILITY BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,144,047	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
	TOTALS		0	1,144,047	
W - SALARIES IN NON SALARY ACCOUNTS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	3,635	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	35,386	0	2.00
3.00	OPERATION OF PLANT	7.00	6,179	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	162	0	4.00
5.00	HOUSEKEEPING	9.00	3,484	0	5.00
6.00	DIETARY	10.00	2,490	0	6.00
7.00	NURSING ADMINISTRATION	13.00	651	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	240	0	8.00
9.00	PHARMACY	15.00	780	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	1,250	0	10.00
11.00	SOCIAL SERVICE	17.00	2,052	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	27,438	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	4,982	0	13.00
14.00	OPERATING ROOM	50.00	4,440	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	2,372	0	15.00
16.00	RADIOLOGY - THERAPEUTIC	55.00	920	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	462	0	17.00
18.00	LABORATORY	60.00	4,771	0	18.00
19.00	RESPIRATORY THERAPY	65.00	325	0	19.00
20.00	ELECTROCARDIOLOGY	69.00	600	0	20.00
21.00	BEHAVIORAL HEALTH SERVICES	76.00	642	0	21.00
22.00	CLINIC	90.00	960	0	22.00
23.00	FAMILY PRACTICE CLINIC	90.01	4,140	0	23.00
24.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	162	0	24.00
25.00	PRIMARY CARE SENIORS	90.04	4,521	0	25.00
26.00	PAIN MANAGEMENT	90.05	1,130	0	26.00
27.00	WOUND CARE CENTER	90.06	350	0	27.00

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-6

Date/Time Prepared:
2/27/2014 5:17 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
28.00	EMERGENCY	91.00	2,980	0		28.00
29.00	DURABLE MEDICAL EQUIP-RENTED	96.00	2,160	0		29.00
30.00	HOME HEALTH AGENCY	101.00	16,220	0		30.00
31.00	HOSPICE	116.00	10,810	0		31.00
32.00	PHYSICIANS' PRIVATE OFFICES	192.00	1,581	0		32.00
33.00	HEARTCARE OFFICES	192.02	480	0		33.00
34.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	4,120	0		34.00
35.00	OCCUPATIONAL HEALTH	194.01	420	0		35.00
36.00	OTHER FACILITIES	194.02	720	0		36.00
38.00	PUBLIC RELATIONS	194.04	360	0		38.00
	TOTALS		154,375	0		
500.00	Grand Total: Increases		10,989,152	92,242,239		500.00

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-6
Date/Time Prepared:
2/27/2014 5:17 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - BUILDING DEPRECIATION						
1.00	OTHER FACILITIES	194.02	0	165,266	9	1.00
	TOTALS		0	165,266		
B - EQUIPMENT DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,025,801	9	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,713	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	11,778,706	0	3.00
4.00	OPERATION OF PLANT	7.00	0	89,443	0	4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	199,409	0	5.00
6.00	HOUSEKEEPING	9.00	0	44,560	0	6.00
7.00	DIETARY	10.00	0	86,993	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	289,546	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	191,541	0	9.00
10.00	PHARMACY	15.00	0	331,205	0	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,540	0	11.00
12.00	SOCIAL SERVICE	17.00	0	1,115	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	485,401	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	476,689	0	14.00
15.00	CORONARY CARE UNIT	32.00	0	60,315	0	15.00
16.00	SUBPROVIDER - IPF	40.00	0	1,107	0	16.00
17.00	OPERATING ROOM	50.00	0	1,959,153	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,298,553	0	18.00
19.00	RADIOLOGY - THERAPEUTIC	55.00	0	36,283	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	119,133	0	20.00
21.00	LABORATORY	60.00	0	580,291	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0	7,063	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0	100,754	0	23.00
24.00	PHYSICAL THERAPY	66.00	0	41,598	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	1,901	0	25.00
26.00	RENAL DIALYSIS	74.00	0	8,408	0	26.00
27.00	CLINIC	90.00	0	7,413	0	27.00
28.00	FAMILY PRACTICE CLINIC	90.01	0	6,650	0	28.00
29.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	0	514	0	29.00
30.00	INFUSION CENTER	90.03	0	7,174	0	30.00
31.00	PRIMARY CARE SENIORS	90.04	0	6,503	0	31.00
32.00	PAIN MANAGEMENT	90.05	0	87,856	0	32.00
33.00	WOUND CARE CENTER	90.06	0	3,768	0	33.00
34.00	SLEEP CENTER	90.07	0	42,415	0	34.00
35.00	EMERGENCY	91.00	0	344,270	0	35.00
36.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	95,614	0	36.00
37.00	HOME HEALTH AGENCY	101.00	0	26,707	0	37.00
38.00	HOSPICE	116.00	0	2,349	0	38.00
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	13,115	0	39.00
40.00	FAMILY PHARMACY	192.03	0	37,270	0	40.00
41.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	4,263	0	41.00
42.00	OCCUPATIONAL HEALTH	194.01	0	6,632	0	42.00
43.00	OTHER FACILITIES	194.02	0	782	0	43.00
44.00	PUBLIC RELATIONS	194.04	0	541	0	44.00
45.00	CHILD CARE CENTER	194.05	0	11,207	0	45.00
	TOTALS		0	19,929,264		
C - HSB BUILDING DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	73,211	9	1.00
	TOTALS		0	73,211		
D - INTEREST						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	313,394	11	1.00
	TOTALS		0	313,394		
E - CAFETERIA						
1.00	DIETARY	10.00	1,506,161	1,290,805	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		1,506,161	1,290,805		
F - INCENTIVE COMP						
1.00	ADMINISTRATIVE & GENERAL	5.00	5,099,831	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
9.00	0.00	0	0	0	0	9.00	
10.00	0.00	0	0	0	0	10.00	
11.00	0.00	0	0	0	0	11.00	
12.00	0.00	0	0	0	0	12.00	
13.00	0.00	0	0	0	0	13.00	
14.00	0.00	0	0	0	0	14.00	
15.00	0.00	0	0	0	0	15.00	
16.00	0.00	0	0	0	0	16.00	
17.00	0.00	0	0	0	0	17.00	
18.00	0.00	0	0	0	0	18.00	
19.00	0.00	0	0	0	0	19.00	
20.00	0.00	0	0	0	0	20.00	
21.00	0.00	0	0	0	0	21.00	
22.00	0.00	0	0	0	0	22.00	
23.00	0.00	0	0	0	0	23.00	
24.00	0.00	0	0	0	0	24.00	
25.00	0.00	0	0	0	0	25.00	
26.00	0.00	0	0	0	0	26.00	
27.00	0.00	0	0	0	0	27.00	
28.00	0.00	0	0	0	0	28.00	
29.00	0.00	0	0	0	0	29.00	
30.00	0.00	0	0	0	0	30.00	
31.00	0.00	0	0	0	0	31.00	
32.00	0.00	0	0	0	0	32.00	
33.00	0.00	0	0	0	0	33.00	
34.00	0.00	0	0	0	0	34.00	
35.00	0.00	0	0	0	0	35.00	
36.00	0.00	0	0	0	0	36.00	
37.00	0.00	0	0	0	0	37.00	
38.00	0.00	0	0	0	0	38.00	
39.00	0.00	0	0	0	0	39.00	
40.00	0.00	0	0	0	0	40.00	
41.00	0.00	0	0	0	0	41.00	
42.00	0.00	0	0	0	0	42.00	
43.00	0.00	0	0	0	0	43.00	
44.00	0.00	0	0	0	0	44.00	
TOTALS		5,099,831	0				
G - LEASES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	14,152	10	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	630,384	10	2.00	
3.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	48,048	10	3.00	
TOTALS			0	692,584			
H - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	26,542,728	0	1.00	
TOTALS			0	26,542,728			
I - MEDICAL SUPPLIES CHARGED							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,887,863	0	1.00	
2.00		0.00	0	0	0	2.00	
TOTALS			0	2,887,863			
J - RESIDENTS							
1.00	FAMILY PRACTICE CLINIC	90.01	1,888,815	120,000	0	1.00	
2.00		0.00	0	0	0	2.00	
TOTALS			1,888,815	120,000			
K - ALLIED HEALTH - CHAPLAIN RESIDENTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	192,062	7,793	0	1.00	
TOTALS			192,062	7,793			
L - INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	488,085	12	1.00	
2.00		0.00	0	0	12	2.00	
TOTALS			0	488,085			
M - HOME SERVICES ADMIN							
1.00	HOME HEALTH AGENCY	101.00	148,612	104,157	0	1.00	
2.00		0.00	0	0	0	2.00	
TOTALS			148,612	104,157			
N - LAUNDRY							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,661	0	1.00	
2.00	DIETARY	10.00	0	4,039	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,039	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	250,004	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	53,443	0	5.00	
6.00	CORONARY CARE UNIT	32.00	0	22,326	0	6.00	
7.00	OPERATING ROOM	50.00	0	65,683	0	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	52,324	0	8.00	
9.00	CARDIAC CATHETERIZATION	59.00	0	19,405	0	9.00	

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-6
Date/Time Prepared:
2/27/2014 5:17 pm

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
10.00	LABORATORY	60.00	0	1,289	0		10.00	
11.00	RESPIRATORY THERAPY	65.00	0	167	0		11.00	
12.00	PHYSICAL THERAPY	66.00	0	10,737	0		12.00	
13.00	ELECTROCARDIOLOGY	69.00	0	1,784	0		13.00	
14.00	CLINIC	90.00	0	1,030	0		14.00	
15.00	FAMILY PRACTICE CLINIC	90.01	0	2,053	0		15.00	
16.00	INFUSION CENTER	90.03	0	3,944	0		16.00	
17.00	PRIMARY CARE SENIORS	90.04	0	232	0		17.00	
18.00	PAIN MANAGEMENT	90.05	0	5,995	0		18.00	
19.00	WOUND CARE CENTER	90.06	0	1,061	0		19.00	
20.00	SLEEP CENTER	90.07	0	2,995	0		20.00	
21.00	EMERGENCY	91.00	0	53,299	0		21.00	
22.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	294	0		22.00	
23.00	HOSPICE	116.00	0	3,189	0		23.00	
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	63	0		24.00	
25.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	8,682	0		25.00	
26.00	OCCUPATIONAL HEALTH	194.01	0	713	0		26.00	
27.00	CHILD CARE CENTER	194.05	0	2,084	0		27.00	
	TOTALS		0	573,535				
O - ALLIED HEALTH - NURSING								
1.00	ADULTS & PEDIATRICS	30.00	0	192,875	0		1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	85,766	0		2.00	
3.00	CORONARY CARE UNIT	32.00	0	20,993	0		3.00	
4.00	OPERATING ROOM	50.00	0	7,523	0		4.00	
5.00	CARDIAC CATHETERIZATION	59.00	0	4,014	0		5.00	
6.00	INTRAVENOUS THERAPY	64.00	0	3,850	0		6.00	
7.00	PAIN MANAGEMENT	90.05	0	3,174	0		7.00	
8.00	WOUND CARE CENTER	90.06	0	3,945	0		8.00	
9.00	EMERGENCY	91.00	0	16,000	0		9.00	
	TOTALS		0	338,140				
P - PUBLIC RELATIONS								
1.00	PUBLIC RELATIONS	194.04	7,556	40,419	0		1.00	
	TOTALS		7,556	40,419				
Q - SALARIES								
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,400,000	0		1.00	
2.00	HOSPICE	116.00	0	15,000	0		2.00	
	TOTALS		0	1,415,000				
R - MEDICAL SUPPLIES								
1.00	OPERATING ROOM	50.00	0	28,602,636	0		1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,134,145	0		2.00	
3.00	CARDIAC CATHETERIZATION	59.00	0	3,612,390	0		3.00	
4.00	INTRAVENOUS THERAPY	64.00	0	426,287	0		4.00	
5.00	RESPIRATORY THERAPY	65.00	0	390,490	0		5.00	
6.00	PAIN MANAGEMENT	90.05	0	775,723	0		6.00	
7.00	WOUND CARE CENTER	90.06	0	98,454	0		7.00	
8.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	248,896	0		8.00	
	TOTALS		0	36,289,021				
S - BENEFITS								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,627,156	0		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	18,600	0		2.00	
	TOTALS		0	1,645,756				
T - PROPERTY TAXES								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	143,895	13		1.00	
	TOTALS		0	143,895				
U - HOME VISITS DME								
1.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	29,016	0		1.00	
	TOTALS		0	29,016				
V - DISABILITY BENEFITS								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	16,984	0	0		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	107,186	0	0		2.00	
3.00	OPERATION OF PLANT	7.00	13,991	0	0		3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	1,520	0	0		4.00	
5.00	HOUSEKEEPING	9.00	37,459	0	0		5.00	
6.00	DIETARY	10.00	18,812	0	0		6.00	
7.00	NURSING ADMINISTRATION	13.00	14,534	0	0		7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	16,235	0	0		8.00	
9.00	PHARMACY	15.00	51,203	0	0		9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	8,763	0	0		10.00	
11.00	SOCIAL SERVICE	17.00	27,367	0	0		11.00	
12.00	ADULTS & PEDIATRICS	30.00	279,949	0	0		12.00	
13.00	INTENSIVE CARE UNIT	31.00	71,603	0	0		13.00	
14.00	CORONARY CARE UNIT	32.00	25,046	0	0		14.00	
15.00	SUBPROVIDER - IPF	40.00	7,788	0	0		15.00	

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-6
Date/Time Prepared:
2/27/2014 5:17 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
16.00	OPERATING ROOM	50.00	78,135	0	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	51,406	0	0	17.00	
18.00	RADIOLOGY - THERAPEUTIC	55.00	7,606	0	0	18.00	
19.00	CARDIAC CATHETERIZATION	59.00	1,835	0	0	19.00	
20.00	LABORATORY	60.00	88,213	0	0	20.00	
21.00	INTRAVENOUS THERAPY	64.00	6,451	0	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	34,838	0	0	22.00	
23.00	ELECTROCARDIOLOGY	69.00	3,552	0	0	23.00	
24.00	BEHAVIORAL HEALTH SERVICES	76.00	3,362	0	0	24.00	
25.00	CLINIC	90.00	6,623	0	0	25.00	
26.00	FAMILY PRACTICE CLINIC	90.01	5,568	0	0	26.00	
27.00	PRIMARY CARE SENIORS	90.04	8,929	0	0	27.00	
28.00	PAIN MANAGEMENT	90.05	11,666	0	0	28.00	
29.00	WOUND CARE CENTER	90.06	25	0	0	29.00	
30.00	SLEEP CENTER	90.07	6,049	0	0	30.00	
31.00	EMERGENCY	91.00	67,103	0	0	31.00	
32.00	DURABLE MEDICAL EQUIP-RENTED	96.00	11,458	0	0	32.00	
33.00	HOME HEALTH AGENCY	101.00	22,344	0	0	33.00	
34.00	HOSPICE	116.00	3,538	0	0	34.00	
35.00	PHYSICIANS' PRIVATE OFFICES	192.00	8,051	0	0	35.00	
36.00	HEARTCARE OFFICES	192.02	686	0	0	36.00	
37.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	11,611	0	0	37.00	
38.00	OCCUPATIONAL HEALTH	194.01	799	0	0	38.00	
39.00	PUBLIC RELATIONS	194.04	1,961	0	0	39.00	
40.00	CHILD CARE CENTER	194.05	3,798	0	0	40.00	
	TOTALS		1,144,047	0			
W - SALARIES IN NON SALARY ACCOUNTS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,635	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	35,386	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	6,179	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	162	0	4.00	
5.00	HOUSEKEEPING	9.00	0	3,484	0	5.00	
6.00	DIETARY	10.00	0	2,490	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	651	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	240	0	8.00	
9.00	PHARMACY	15.00	0	780	0	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,250	0	10.00	
11.00	SOCIAL SERVICE	17.00	0	2,052	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	27,438	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	4,982	0	13.00	
14.00	OPERATING ROOM	50.00	0	4,440	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,372	0	15.00	
16.00	RADIOLOGY - THERAPEUTIC	55.00	0	920	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0	462	0	17.00	
18.00	LABORATORY	60.00	0	4,771	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	325	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	600	0	20.00	
21.00	BEHAVIORAL HEALTH SERVICES	76.00	0	642	0	21.00	
22.00	CLINIC	90.00	0	960	0	22.00	
23.00	FAMILY PRACTICE CLINIC	90.01	0	4,140	0	23.00	
24.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	0	162	0	24.00	
25.00	PRIMARY CARE SENIORS	90.04	0	4,521	0	25.00	
26.00	PAIN MANAGEMENT	90.05	0	1,130	0	26.00	
27.00	WOUND CARE CENTER	90.06	0	350	0	27.00	
28.00	EMERGENCY	91.00	0	2,980	0	28.00	
29.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	2,160	0	29.00	
30.00	HOME HEALTH AGENCY	101.00	0	16,220	0	30.00	
31.00	HOSPICE	116.00	0	10,810	0	31.00	
32.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,581	0	32.00	
33.00	HEARTCARE OFFICES	192.02	0	480	0	33.00	
34.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	4,120	0	34.00	
35.00	OCCUPATIONAL HEALTH	194.01	0	420	0	35.00	
36.00	OTHER FACILITIES	194.02	0	720	0	36.00	
38.00	PUBLIC RELATIONS	194.04	0	360	0	38.00	
	TOTALS		0	154,375			
500.00	Grand Total: Decreases		9,987,084	93,244,307		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-7
Part I
Date/Time Prepared:
2/27/2014 5:17 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	14,855,666	183,653	0	183,653	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	454,429,414	17,968,015	0	17,968,015	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	238,119,701	11,449,433	0	11,449,433	670,605	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	707,404,781	29,601,101	0	29,601,101	670,605	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	707,404,781	29,601,101	0	29,601,101	670,605	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	15,039,319	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	472,397,429	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	248,898,529	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	736,335,277	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	736,335,277	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-7
Part II
Date/Time Prepared:
2/27/2014 5:17 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	NEW CAP REL COSTS-BLDG & FIXT	20,173,614	0	8,603,870	0	0	1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	5,595,669	0	0	0	2.00
3.00	Total (sum of lines 1-2)	20,173,614	5,595,669	8,603,870	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	28,777,484				1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT	0	0				1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	5,595,669				2.00
3.00	Total (sum of lines 1-2)	0	34,373,153				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-7
Part III
Date/Time Prepared:
2/27/2014 5:17 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	NEW CAP REL COSTS-BLDG & FIXT	472,397,429	0	472,397,429	0.654929	0	1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT	0	0	0	0.000000	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	248,898,529	0	248,898,529	0.345071	0	2.00
3.00	Total (sum of lines 1-2)	721,295,958	0	721,295,958	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	19,239,806	398,314	1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT	0	0	0	73,211	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	19,856,602	5,889,939	2.00
3.00	Total (sum of lines 1-2)	0	0	0	39,169,619	6,288,253	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 col s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	4,402,330	479,874	0	0	24,520,324	1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT	0	8,211	0	0	81,422	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	313,394	0	143,895	0	26,203,830	2.00
3.00	Total (sum of lines 1-2)	4,715,724	488,085	143,895	0	50,805,576	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-8

Date/Time Prepared:
2/27/2014 5:17 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.	Ref.
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-3,888,146	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - NEW CAP REL COSTS- BLDG & FIXT (chapter 2)			NEW CAP REL COSTS- BLDG & FIXT	1.01	0	1.01
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-69,618	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)	B	-29,100	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	9.00
10.00	Provider-based physician adjustment	A-8-2	-33,001,564			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-24,049,665			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-868,561	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		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-52,738	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-10,019	ADMINISTRATIVE & GENERAL	5.00	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)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAP REL COSTS- BLDG & FIXT			NEW CAP REL COSTS- BLDG & FIXT	1.01	0	26.01
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		*** Cost Center Deleted ***	67.00		30.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-8

Date/Time Prepared:
2/27/2014 5:17 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0	*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0	0		0.00	0	32.00
33.00 FITNESS CENTER MEMBERSHIPS	B	-22,157	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01 MISCELLANEOUS	B	-1,027	0	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02		0	0		0.00	0	33.02
33.03 CALL CENTER	B	-174,358	0	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04 PRIMARY CARE SENIORS - NON OP	B	-9,695	0	PRIMARY CARE SENIORS	90.04	0	33.04
33.05 PROFESSIONAL BILLING FEES	B	-34,530	0	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06 WEIGHT LOSS PROGRAM	B	-45,429	0	OPERATING ROOM	50.00	0	33.06
33.07		0	0		0.00	0	33.07
33.08 SELF INSURANCE	A	-14,772,448	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.08
33.09 PROPERTY TAX - RENTAL PROPERTY	A	-587,388	0	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10 FAMILY PRACTICE GRANT	A	94,130	0	FAMILY PRACTICE CLINIC	90.01	0	33.10
33.11 NURSING ADMIN GRANT	A	100,000	0	NURSING ADMINISTRATION	13.00	0	33.11
33.13 CME GRANT	A	3,884	0	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14 HOSPICE GRANT	A	190,000	0	HOSPICE	116.00	0	33.14
33.15		0	0		0.00	0	33.15
33.16 INCOME TAX -CREDIT PRIOR YR A-8	A	214,342	0	ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.17		0	0		0.00	9	33.17
33.18 AMORT PHASE II	A	20,350	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.18
33.19 AMORT PHASE I	A	6,463	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.19
33.20 1984 AMORT A&G	A	2,225	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.20
34.00 AHA GENERATOR	A	8,039	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	34.00
35.00		0	0		0.00	0	35.00
36.00		0	0		0.00	0	36.00
42.00 AHA/IHA DUES	A	-21,140	0	ADMINISTRATIVE & GENERAL	5.00	0	42.00
43.00 ADVERTISING	A	-9,178	0	ADMINISTRATIVE & GENERAL	5.00	0	43.00
44.00 DIETARY EXPENSE RECOVERY	A	271,926	0	DIETARY	10.00	0	44.00
45.00 GAIN ON DISPOSAL OF ASSETS - EQP	A	-80,701	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	45.00
45.01		0	0		0.00	9	45.01
45.02 LAUNDRY EXPENSE RECOVERY	B	113,135	0	LAUNDRY & LINEN SERVICE	8.00	0	45.02
45.03 MEDICAL RECORDS EXPENSE RECOVERY	A	519,903	0	MEDICAL RECORDS & LIBRARY	16.00	0	45.03
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-76,183,065					50.00

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

Provider CCN: 150082

Period: From 10/01/2012 To 09/30/2013

Worksheet A-8-1

Date/Time Prepared: 2/27/2014 5:17 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	FACILITY RENT	206,297	199,040 1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	FACILITY RENT	11,593	0 2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	286,700	548,995 3.00
4.00	60.00	LABORATORY	FACILITY RENT	10,443	23,087 4.00
4.01	66.00	PHYSICAL THERAPY	FACILITY RENT	78,874	95,924 4.01
4.02	90.00	CLINIC	FACILITY RENT	60,793	95,806 4.02
4.03	90.01	FAMILY PRACTICE CLINIC	FACILITY RENT	2,205	0 4.03
4.04	90.04	PRIMARY CARE SENIORS	FACILITY RENT	28,437	70,163 4.04
4.05	90.05	PAIN MANAGEMENT	FACILITY RENT	125,185	334,644 4.05
4.06	90.06	WOUND CARE CENTER	FACILITY RENT	30,438	50,366 4.06
4.07	50.00	OPERATING ROOM	CONTRACT SERVICES	11,177,803	29,487,976 4.07
4.08	66.00	PHYSICAL THERAPY	THERAPY CONTRACT SERVICES	5,663,226	9,216,437 4.08
4.09	101.00	HOME HEALTH AGENCY	THERAPY CONTRACT SERVICES	1,031,608	1,200,673 4.09
4.10	116.00	HOSPICE	THERAPY CONTRACT SERVICES	1,943	2,262 4.10
4.11	5.00	ADMINISTRATIVE & GENERAL	FACILITY RENT	100,000	100,000 4.11
4.12	15.00	PHARMACY	FACILITY RENT	8,252	8,252 4.12
4.13	50.00	OPERATING ROOM	FACILITY RENT	213,997	213,997 4.13
4.14	54.00	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	442,070	442,070 4.14
4.15	60.00	LABORATORY	FACILITY RENT	96,186	96,186 4.15
4.16	90.00	CLINIC	FACILITY RENT	25,684	25,684 4.16
4.17	90.03	INFUSION CENTER	FACILITY RENT	44,478	44,478 4.17
4.18	55.00	RADIOLOGY - THERAPEUTIC	CONTRACT SERVICES	1,239,534	2,820,137 4.18
4.19	5.00	ADMINISTRATIVE & GENERAL	CONTRACT SERVICES	0	887,701 4.19
4.20	50.00	OPERATING ROOM	CONTRACT SERVICES	394,427	808,089 4.20
4.21	59.00	CARDIAC CATHETERIZATION	CONTRACT SERVICES	152,170	0 4.21
4.22	69.00	ELECTROCARDIOLOGY	CONTRACT SERVICES	651,841	523,023 4.22
4.23	71.00	MEDICAL SUPPLIES CHARGED TO	CONTRACT SERVICES	922,809	0 4.23
4.24	72.00	IMPL. DEV. CHARGED TO PATIENT	CONTRACT SERVICES	106,718	0 4.24
4.25	74.00	RENAL DIALYSIS	CONTRACT SERVICES	126,168	0 4.25
4.26	55.00	RADIOLOGY - THERAPEUTIC	FACILITY RENT	5,446	0 4.26
4.27	0.00			0	0 4.27
4.28	0.00			0	0 4.28
5.00	0			23,245,325	47,294,990 5.00

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

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

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

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

6.00	B		100.00	DEACONESS HEALTH SYSTEM	0.00	6.00
7.00	B		100.00	DEACONESS HEALTH SYSTEM	0.00	7.00
8.00	B		100.00	DEACONESS HEALT	0.00	8.00
9.00	B		100.00	DEACONESS HEALTH SYSTEM	0.00	9.00
10.00	B		100.00	DEACONESS HEALTH SYSTEM	0.00	10.00
10.01	B		100.00	DEACONESS HEALTH SYSTEM	0.00	10.01
10.02	B		100.00	DEACONESS HEALTH SYSTEM	0.00	10.02
10.03	B		100.00	DEACONESS HEALTH SYSTEM	0.00	10.03
10.04	B		100.00	DEACONESS HEALTH SYSTEM	0.00	10.04
10.05	B		100.00	DEACONESS HEALT	0.00	10.05
10.06	C		0.00	EVANSVILLE SURG	50.00	10.06
10.07	C		0.00	PROGRESSIVE HEA	51.00	10.07
10.08	C		0.00	PROGRESSIVE HEALTH OF IN	51.00	10.08
10.09	C		0.00	PROGRESSIVE HEA	51.00	10.09
10.10	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.10
10.11	A	DEACONESS HEALT	100.00	DEACONESS CLINIC	100.00	10.11
10.12	A	DEACONESS HEALT	100.00	DEACONESS CLINIC	100.00	10.12
10.13	A	DEACONESS HEALT	100.00	DEACONESS CLINIC	100.00	10.13

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

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-8-1

Date/Time Prepared:
2/27/2014 5:17 pm

	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	
10.14	A	DEACONESS HEALT	100.00	DEACONESS CLINIC	100.00	10.14
10.15	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.15
10.16	A	DEACONESS HEALT	100.00	DEACONESS CLINI	100.00	10.16
10.17	C		0.00	TRI-STATE RADI A	51.00	10.17
10.18	C		0.00	HEART HOSPI TAL	51.00	10.18
10.19	C		0.00	HEART HOSPI TAL	51.00	10.19
10.20	C		0.00	HEART HOSPI TAL	51.00	10.20
10.21	C		0.00	HEART HOSPI TAL	51.00	10.21
10.22	C		0.00	HEART HOSPI TAL	51.00	10.22
10.23	C		0.00	HEART HOSPI TAL	51.00	10.23
10.24	C		0.00	HEART HOSPI TAL	51.00	10.24
10.25	B		100.00	DEACONESS HEALT	0.00	10.25
100.00	G. Other (fi nanci al or non-fi nanci al) speci fy:					100.00

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- 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: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-8-1

Date/Time Prepared:
2/27/2014 5:17 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	7,257	0		1.00
2.00	11,593	0		2.00
3.00	-262,295	0		3.00
4.00	-12,644	0		4.00
4.01	-17,050	0		4.01
4.02	-35,013	0		4.02
4.03	2,205	0		4.03
4.04	-41,726	0		4.04
4.05	-209,459	0		4.05
4.06	-19,928	0		4.06
4.07	-18,310,173	0		4.07
4.08	-3,553,211	0		4.08
4.09	-169,065	0		4.09
4.10	-319	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	-1,580,603	0		4.18
4.19	-887,701	0		4.19
4.20	-413,662	0		4.20
4.21	152,170	0		4.21
4.22	128,818	0		4.22
4.23	922,809	0		4.23
4.24	106,718	0		4.24
4.25	126,168	0		4.25
4.26	5,446	0		4.26
4.27	0	0		4.27
4.28	0	0		4.28
5.00	-24,049,665			5.00

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

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

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

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

6.00	HEALTH SYTEM		6.00
7.00	HEALTH SYTEM		7.00
8.00	HEALTH SYTEM		8.00
9.00	HEALTH SYTEM		9.00
10.00	HEALTH SYTEM		10.00
10.01	HEALTH SYTEM		10.01
10.02	HEALTH SYTEM		10.02
10.03	HEALTH SYTEM		10.03
10.04	HEALTH SYTEM		10.04
10.05	HEALTH SYTEM		10.05
10.06	SURGERY		10.06
10.07	THERAPY SERVICE		10.07
10.08	THERAPY SERVICES		10.08
10.09	THERAPY SERVICE		10.09
10.10	CLINIC		10.10
10.11	CLINIC		10.11
10.12	CLINIC		10.12
10.13	CLINIC		10.13

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

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-8-1

Date/Time Prepared:
2/27/2014 5:17 pm

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
10.14	CLINIC		10.14
10.15	CLINIC		10.15
10.16	CLINIC		10.16
10.17	RADIATION THRPY		10.17
10.18	HOSPITAL		10.18
10.19	HOSPITAL		10.19
10.20	HOSPITAL		10.20
10.21	HOSPITAL		10.21
10.22	HOSPITAL		10.22
10.23	HOSPITAL		10.23
10.24	HOSPITAL		10.24
10.25	HEALTH SYTEM		10.25
100.00			100.00

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- 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: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-8-2

Date/Time Prepared:
2/27/2014 5:17 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	216,246	0	216,246	171,400	2,338	1.00
2.00	17.00	SOCIAL SERVICE	853,866	851,491	2,375	171,400	19	2.00
3.00	30.00	ADULTS & PEDIATRICS	9,409,277	9,228,465	180,812	171,400	1,516	3.00
4.00	31.00	INTENSIVE CARE UNIT	2,691,013	2,676,051	14,962	171,400	125	4.00
5.00	50.00	OPERATING ROOM	8,592,381	7,962,641	629,740	200,300	11,830	5.00
6.00	59.00	CARDIAC CATHETERIZATION	270,460	0	270,460	171,400	433	6.00
7.00	60.00	LABORATORY	704,661	217,261	487,400	219,500	1,065	7.00
8.00	69.00	ELECTROCARDIOLOGY	192,080	192,080	0	171,400	0	8.00
9.00	74.00	RENAL DIALYSIS	6,638	0	6,638	171,400	44	9.00
10.00	90.00	CLINIC	15,937	11,609	4,328	171,400	39	10.00
11.00	90.03	INFUSION CENTER	594	0	594	171,400	5	11.00
12.00	90.04	PRIMARY CARE SENIORS	1,344,061	1,344,061	0	171,400	0	12.00
13.00	90.05	PAIN MANAGEMENT	165,636	151,278	14,358	171,400	128	13.00
14.00	90.06	WOUND CARE CENTER	16,525	16,525	0	171,400	0	14.00
15.00	90.07	SLEEP CENTER	12,170	0	12,170	171,400	102	15.00
16.00	91.00	EMERGENCY	13,210,169	8,601,842	4,608,327	171,400	43,283	16.00
200.00			37,701,714	31,253,304	6,448,410		60,927	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	192,660	9,633	0	0	0	1.00
2.00	17.00	SOCIAL SERVICE	1,566	78	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	124,924	6,246	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	10,300	515	0	0	0	4.00
5.00	50.00	OPERATING ROOM	1,139,206	56,960	0	0	0	5.00
6.00	59.00	CARDIAC CATHETERIZATION	35,681	1,784	0	0	0	6.00
7.00	60.00	LABORATORY	112,388	5,619	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	74.00	RENAL DIALYSIS	3,626	181	0	0	0	9.00
10.00	90.00	CLINIC	3,214	161	0	0	0	10.00
11.00	90.03	INFUSION CENTER	412	21	0	0	0	11.00
12.00	90.04	PRIMARY CARE SENIORS	0	0	0	0	0	12.00
13.00	90.05	PAIN MANAGEMENT	10,548	527	0	0	0	13.00
14.00	90.06	WOUND CARE CENTER	0	0	0	0	0	14.00
15.00	90.07	SLEEP CENTER	8,405	420	0	0	0	15.00
16.00	91.00	EMERGENCY	3,566,686	178,334	0	0	0	16.00
200.00			5,209,616	260,479	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	192,660	23,586	23,586	1.00
2.00	17.00	SOCIAL SERVICE	0	1,566	809	852,300	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	124,924	55,888	9,284,353	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	10,300	4,662	2,680,713	4.00
5.00	50.00	OPERATING ROOM	0	1,139,206	0	7,962,641	5.00
6.00	59.00	CARDIAC CATHETERIZATION	0	35,681	234,779	234,779	6.00
7.00	60.00	LABORATORY	0	112,388	375,012	592,273	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	192,080	8.00
9.00	74.00	RENAL DIALYSIS	0	3,626	3,012	3,012	9.00
10.00	90.00	CLINIC	0	3,214	1,114	12,723	10.00
11.00	90.03	INFUSION CENTER	0	412	182	182	11.00
12.00	90.04	PRIMARY CARE SENIORS	0	0	0	1,344,061	12.00
13.00	90.05	PAIN MANAGEMENT	0	10,548	3,810	155,088	13.00
14.00	90.06	WOUND CARE CENTER	0	0	0	16,525	14.00
15.00	90.07	SLEEP CENTER	0	8,405	3,765	3,765	15.00
16.00	91.00	EMERGENCY	0	3,566,686	1,041,641	9,643,483	16.00
200.00			0	5,209,616	1,748,260	33,001,564	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
Date/Time Prepared:
2/27/2014 5:17 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	24,520,324	24,520,324			1.00
1.01 00101	NEW CAP REL COSTS- BLDG & FIXT	81,422	0	81,422		1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	26,203,830			26,203,830	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	51,554,752			10,692	51,812,864
5.00 00500	ADMINISTRATIVE & GENERAL	60,701,974	2,375,816	51,906	16,327,550	7,812,949
7.00 00700	OPERATION OF PLANT	10,881,740	3,777,910	0	123,985	821,611
8.00 00800	LAUNDRY & LINEN SERVICE	901,668	518,997	0	276,419	142,792
9.00 00900	HOUSEKEEPING	3,941,094	259,902	0	61,769	858,585
10.00 01000	DIETARY	2,779,674	576,209	0	120,589	382,574
11.00 01100	CAFETERIA	619,938	200,428	0	0	221,959
13.00 01300	NURSING ADMINISTRATION	2,983,121	73,732	0	401,366	624,584
14.00 01400	CENTRAL SERVICES & SUPPLY	2,122,892	368,327	0	265,513	529,324
15.00 01500	PHARMACY	6,930,454	251,111	0	459,114	1,931,769
16.00 01600	MEDICAL RECORDS & LIBRARY	2,922,834	206,407	0	2,135	999,351
17.00 01700	SOCIAL SERVICE	2,429,192	104,275	0	1,546	648,202
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,052,402	0	0	0	281,450
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	956,413	0	0	0	223,687
23.00 02300	PARAMED ED PRGM - PHARMACY	206,161	2,478	0	0	52,257
23.01 02301	PARAMED ED PRGM- CHAPLAIN RESIDENCY	199,855	6,628	866	0	51,364
23.03 02302	PARAMED ED PRGM- NURSING	338,140	0	0	0	90,431
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	32,594,219	5,535,431	0	672,859	10,392,088
31.00 03100	INTENSIVE CARE UNIT	9,709,538	1,152,596	0	660,782	3,119,758
32.00 03200	CORONARY CARE UNIT	2,307,995	171,183	0	83,608	582,366
40.00 04000	SUBPROVIDER - IPF	1,036,031	96,369	0	1,535	276,279
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	22,677,884	2,014,471	0	2,715,762	4,932,688
54.00 05400	RADIOLOGY-DIAGNOSTIC	15,482,732	953,957	0	1,800,044	2,275,567
55.00 05500	RADIOLOGY - THERAPEUTIC	1,914,387	342,209	0	50,295	100,796
59.00 05900	CARDIAC CATHETERIZATION	1,939,224	228,375	0	165,141	332,378
60.00 06000	LABORATORY	25,228,920	920,326	0	804,395	2,899,306
64.00 06400	INTRAVENOUS THERAPY	1,319,663	12,489	0	9,791	205,026
65.00 06500	RESPIRATORY THERAPY	2,789,730	257,404	0	139,664	710,537
66.00 06600	PHYSICAL THERAPY	6,250,265	152,185	0	57,663	0
69.00 06900	ELECTROCARDIOLOGY	705,442	78,452	0	2,635	96,284
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,876,306	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	24,330,105	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	26,542,728	0	0	0	0
74.00 07400	RENAL DIALYSIS	1,328,392	11,564	0	11,655	57,631
76.00 03020	BEHAVIORAL HEALTH SERVICES	983,861	0	0	0	260,838
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,877,833	99,713	0	10,276	408,776
90.01 09001	FAMILY PRACTICE CLINIC	1,480,066	362,761	0	9,218	233,682
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	522,237	116,253	0	713	101,502
90.03 09003	INFUSION CENTER	668,523	76,033	0	9,945	20,616
90.04 09004	PRIMARY CARE SENIORS	916,516	0	0	9,014	510,294
90.05 09005	PAIN MANAGEMENT	2,306,953	0	0	121,785	540,648
90.06 09006	WOUND CARE CENTER	317,306	9,342	0	5,223	70,008
90.07 09007	SLEEP CENTER	965,398	0	0	58,795	227,156
91.00 09100	EMERGENCY	14,344,431	932,972	0	477,224	4,566,185
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	3,920,189	179,994	0	132,539	407,444
101.00 10100	HOME HEALTH AGENCY	3,415,814	66,691	0	37,021	551,868
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	2,542,159	194,587	0	3,256	444,988
118.00	SUBTOTALS (SUM OF LINES 1-117)	428,622,727	22,929,169	58,600	26,101,516	49,997,598
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,255,729	126,558	0	0	180,842
192.00 19200	PHYSICIANS' PRIVATE OFFICES	2,977,388	586,613	0	18,180	604,095
192.01 19201	DEACONESS URGENT CARE	5,499	0	0	0	0
192.02 19202	HEARTCARE OFFICES	1,312,371	0	0	0	76,937
192.03 19203	FAMILY PHARMACY	7,553,326	35,755	0	51,663	146,445
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	1,725,491	203,044	22,822	5,909	295,610
194.01 07951	OCCUPATIONAL HEALTH	686,461	213,940	0	9,193	105,105
194.02 07952	OTHER FACILITIES	3,037,033	94,934	0	1,084	30,360
194.03 07953	THE HEART HOSPITAL	234,660	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
Date/Time Prepared:
2/27/2014 5:17 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
194.04 07954 PUBLIC RELATIONS	1,897,036	22,716	0	750	86,318	194.04
194.05 07955 CHILD CARE CENTER	1,270,234	307,595	0	15,535	289,554	194.05
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)	450,577,955	24,520,324	81,422	26,203,830	51,812,864	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
Date/Time Prepared:
2/27/2014 5:17 pm

Cost Center Description			Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4A	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	87,270,195	87,270,195				5.00
7.00	00700	OPERATION OF PLANT	15,605,246	3,748,536	19,353,782			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,839,876	441,957	554,183	2,836,016		8.00
9.00	00900	HOUSEKEEPING	5,121,350	1,230,199	277,522	0	6,629,071	9.00
10.00	01000	DIETARY	3,859,046	926,981	615,273	24,828	220,207	10.00
11.00	01100	CAFETERIA	1,042,325	250,377	214,016	0	76,597	11.00
13.00	01300	NURSING ADMINISTRATION	4,082,803	980,730	78,731	0	28,178	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,286,056	789,344	393,298	30,990	140,762	14.00
15.00	01500	PHARMACY	9,572,448	2,299,398	268,135	0	95,966	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,130,727	992,242	220,400	0	78,882	16.00
17.00	01700	SOCIAL SERVICE	3,183,215	764,640	111,345	0	39,850	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,333,852	320,405	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,180,100	283,472	0	0	0	22.00
23.00	02300	PARAMED PRGM - PHARMACY	260,896	62,670	2,646	0	947	23.00
23.01	02301	PARAMED PRGM- CHAPLAIN RESIDENCY	258,713	62,145	7,077	0	2,533	23.01
23.03	02302	PARAMED PRGM- NURSING	428,571	102,947	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	49,194,597	11,817,071	5,910,700	1,357,978	2,115,446	30.00
31.00	03100	INTENSIVE CARE UNIT	14,642,674	3,517,317	1,230,735	195,230	440,481	31.00
32.00	03200	CORONARY CARE UNIT	3,145,152	755,497	182,788	78,521	65,420	32.00
40.00	04000	SUBPROVIDER - IPF	1,410,214	338,748	102,903	9,171	36,829	40.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	32,340,805	7,768,585	2,151,041	319,263	769,860	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,512,300	4,927,260	1,018,630	154,521	364,569	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	2,407,687	578,350	365,409	0	130,780	55.00
59.00	05900	CARDIAC CATHETERIZATION	2,665,118	640,188	243,858	70,268	87,277	59.00
60.00	06000	LABORATORY	29,852,947	7,170,976	982,719	6,187	351,716	60.00
64.00	06400	INTRAVENOUS THERAPY	1,546,969	371,597	13,335	0	4,773	64.00
65.00	06500	RESPIRATORY THERAPY	3,897,335	936,179	274,855	850	98,371	65.00
66.00	06600	PHYSICAL THERAPY	6,460,113	1,551,784	162,502	45,678	58,160	66.00
69.00	06900	ELECTROCARDIOLOGY	882,813	212,061	83,771	6,272	29,982	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,876,306	3,813,647	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	24,330,105	5,844,335	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,542,728	6,375,829	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,409,242	338,514	12,348	0	4,419	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	1,244,699	298,989	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,396,598	575,687	106,473	4,819	38,107	90.00
90.01	09001	FAMILY PRACTICE CLINIC	2,085,727	501,012	387,355	6,954	138,635	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	740,705	177,925	124,134	0	44,428	90.02
90.03	09003	INFUSION CENTER	775,117	186,191	81,188	9,738	29,057	90.03
90.04	09004	PRIMARY CARE SENIORS	1,435,824	344,899	0	780	0	90.04
90.05	09005	PAIN MANAGEMENT	2,969,386	713,276	0	29,739	0	90.05
90.06	09006	WOUND CARE CENTER	401,879	96,535	9,975	3,751	3,570	90.06
90.07	09007	SLEEP CENTER	1,251,349	300,587	0	10,993	0	90.07
91.00	09100	EMERGENCY	20,320,812	4,881,262	996,223	267,383	356,549	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	4,640,166	1,114,614	192,197	458	68,787	96.00
101.00	10100	HOME HEALTH AGENCY	4,071,394	977,990	71,213	0	25,487	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	3,184,990	765,066	207,779	11,342	74,364	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	425,091,170	81,148,014	17,654,757	2,645,714	6,020,989	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,563,129	375,479	135,138	0	48,366	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,186,276	1,005,585	626,382	46,818	224,183	192.00
192.01	19201	DEACONESS URGENT CARE	5,499	1,321	0	0	0	192.01
192.02	19202	HEARTCARE OFFICES	1,389,308	333,726	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	7,787,189	1,870,561	38,179	0	13,664	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	2,252,876	541,163	216,809	29,915	77,596	194.00
194.01	07951	OCCUPATIONAL HEALTH	1,014,699	243,741	228,444	0	81,760	194.01
194.02	07952	OTHER FACILITIES	3,163,411	759,883	101,369	1,484	36,280	194.02
194.03	07953	THE HEART HOSPITAL	234,660	56,368	0	105,021	0	194.03
194.04	07954	PUBLIC RELATIONS	2,006,820	482,058	24,256	0	8,681	194.04
194.05	07955	CHILD CARE CENTER	1,882,918	452,296	328,448	7,064	117,552	194.05
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)	450,577,955	87,270,195	19,353,782	2,836,016	6,629,071	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
Date/Time Prepared:
2/27/2014 5:17 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	5,646,335					10.00
11.00	01100		1,583,315				11.00
13.00	01300		30,335	5,200,777			13.00
14.00	01400		32,482		4,672,932		14.00
15.00	01500		56,377		56,710	12,349,034	15.00
16.00	01600		53,609		42		16.00
17.00	01700		26,664		40	82	17.00
21.00	02100		10,394				21.00
22.00	02200		2,316				22.00
23.00	02300		1,695				23.00
23.01	02301		3,559				23.01
23.03	02302		3,220	19,221			23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	3,936,962	378,601	2,259,974	68,272	7,809	30.00
31.00	03100	578,809	97,220	580,337	32,900	4,243	31.00
32.00	03200	148,571	21,466	128,139	9,165	1,061	32.00
40.00	04000	138,907	13,106	78,233			40.00
44.00	04400						44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000		118,009	704,430	28,856	8,261	50.00
54.00	05400		90,441		115,721	2,028	54.00
55.00	05500		4,576		375		55.00
59.00	05900		10,959	65,419	113,259	734	59.00
60.00	06000		151,451		776,496	662	60.00
64.00	06400		6,157	36,756	2,426	56	64.00
65.00	06500		28,641		8,792		65.00
66.00	06600				13,831	2,459	66.00
69.00	06900		4,011		4,673	195	69.00
71.00	07100				1,562,894		71.00
72.00	07200				1,645,947		72.00
73.00	07300					9,771,316	73.00
74.00	07400		1,808	10,791	11,660	358	74.00
76.00	03020		11,694	69,802	2		76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000		15,761	94,081	12,412	268	90.00
90.01	09001		12,371	73,849	3,142	13,617	90.01
90.02	09002		5,141	30,686	8		90.02
90.03	09003		678	4,047	6,217	297	90.03
90.04	09004		10,620	63,395	552	7,705	90.04
90.05	09005		21,918	130,837	1,759	1,268	90.05
90.06	09006		3,163	18,884	1,651	2,969	90.06
90.07	09007		9,716		36,524		90.07
91.00	09100			599,221		902	91.00
92.00	09200	102,728	100,384				92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600		21,975		136,984	154,863	96.00
101.00	10100		21,805	130,163	9,773		101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	51,662	17,173	102,512	2,659	50,194	116.00
118.00		4,957,639	1,399,496	5,200,777	4,663,742	10,031,347	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000		24,686				190.00
192.00	19200		27,228		936	7,699	192.00
192.01	19201		56				192.01
192.02	19202		4,632		7		192.02
192.03	19203		4,124		36	2,284,566	192.03
194.00	07950	509,300	18,246		5,607	1,824	194.00
194.01	07951		4,124		1,704	22,441	194.01
194.02	07952		1,638				194.02
194.03	07953	179,396	70,896			1,157	194.03
194.04	07954		3,559				194.04
194.05	07955		24,630		900		194.05
200.00							200.00
201.00							201.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150082			Period: From 10/01/2012 To 09/30/2013		Worksheet B Part I Date/Time Prepared: 2/27/2014 5:17 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
202.00	TOTAL (sum lines 118-201)	5,646,335	1,583,315	5,200,777	4,672,932	12,349,034	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS- BLDG & FIXT						1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						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	5,475,902					16.00
17.00 01700 SOCIAL SERVICE	0	4,125,836				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,664,651			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,465,888		22.00
23.00 02300 PARAMED PRGM - PHARMACY	0	0	0	0	328,854	23.00
23.01 02301 PARAMED PRGM- CHAPLAIN RESIDENCY	0	0	0	0	0	23.01
23.03 02302 PARAMED PRGM- NURSING	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	400,432	3,397,748	655,447	577,185		30.00
31.00 03100 INTENSIVE CARE UNIT	136,748	261,365	29,044	25,576		31.00
32.00 03200 CORONARY CARE UNIT	35,474	168,020	0	0		32.00
40.00 04000 SUBPROVIDER - I/PF	23,698	0	0	0		40.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	619,405	0	201,907	177,799		50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	860,494	0	11,082	9,759		54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	46,325	0	0	0		55.00
59.00 05900 CARDIAC CATHETERIZATION	110,937	0	31,021	27,317		59.00
60.00 06000 LABORATORY	695,388	0	0	0		60.00
64.00 06400 INTRAVENOUS THERAPY	10,967	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	66,616	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	126,367	0	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	82,303	0	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	291,853	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	148,851	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	568,098	0	0	0	328,854	73.00
74.00 07400 RENAL DIALYSIS	16,938	0	0	0		74.00
76.00 03020 BEHAVIORAL HEALTH SERVICES	2,337	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	17,452	0	17,797	15,672		90.00
90.01 09001 FAMILY PRACTICE CLINIC	7,613	0	604,979	532,743		90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	10,075	0	0	0		90.02
90.03 09003 INFUSION CENTER	20,727	0	2,183	1,923		90.03
90.04 09004 PRIMARY CARE SENIORS	3,909	0	35,306	31,090		90.04
90.05 09005 PAIN MANAGEMENT	73,646	0	1,936	1,705		90.05
90.06 09006 WOUND CARE CENTER	7,205	0	0	0		90.06
90.07 09007 SLEEP CENTER	11,881	298,703	0	0		90.07
91.00 09100 EMERGENCY	481,925	0	73,949	65,119		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	46,893	0	0	0		96.00
101.00 10100 HOME HEALTH AGENCY	14,835	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600 HOSPICE	16,036	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4,955,428	4,125,836	1,664,651	1,465,888	328,854	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,035	0	0	0		192.00
192.01 19201 DEACONESS URGENT CARE	0	0	0	0		192.01
192.02 19202 HEARTCARE OFFICES	8,807	0	0	0		192.02
192.03 19203 FAMILY PHARMACY	31,892	0	0	0		192.03
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
194.01 07951 OCCUPATIONAL HEALTH	2,731	0	0	0		194.01
194.02 07952 OTHER FACILITIES	0	0	0	0		194.02
194.03 07953 THE HEART HOSPITAL	476,009	0	0	0		194.03
194.04 07954 PUBLIC RELATIONS	0	0	0	0		194.04
194.05 07955 CHILD CARE CENTER	0	0	0	0		194.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
200.00 Cross Foot Adjustments			0	0		0 200.00
201.00 Negative Cost Centers	0	0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	5,475,902	4,125,836	1,664,651	1,465,888	328,854	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
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Cost Center Description		PARAMED PRGM- CHAPLAIN RESIDENCY	PARAMED PRGM- NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	23.03	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT					1.01	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT					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	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00	
23.00	02300	PARAMED PRGM - PHARMACY					23.00	
23.01	02301	PARAMED PRGM- CHAPLAIN RESIDENCY	334,027				23.01	
23.03	02302	PARAMED PRGM- NURSING	0	553,959			23.03	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	334,027	326,264	82,738,513	-1,232,632	81,505,881	30.00
31.00	03100	INTENSIVE CARE UNIT	0	142,972	21,915,651	-54,620	21,861,031	31.00
32.00	03200	CORONARY CARE UNIT	0	35,673	4,774,947	0	4,774,947	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	2,151,809	0	2,151,809	40.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	8,918	45,217,139	-379,706	44,837,433	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	28,066,805	-20,841	28,045,964	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	3,533,502	0	3,533,502	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,459	4,070,814	-58,338	4,012,476	59.00
60.00	06000	LABORATORY	0	0	39,988,542	0	39,988,542	60.00
64.00	06400	INTRAVENOUS THERAPY	0	4,459	1,997,495	0	1,997,495	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	5,311,639	0	5,311,639	65.00
66.00	06600	PHYSICAL THERAPY	0	0	8,420,894	0	8,420,894	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,306,081	0	1,306,081	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	21,544,700	0	21,544,700	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	31,969,238	0	31,969,238	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	43,586,825	0	43,586,825	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,806,078	0	1,806,078	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	0	0	1,627,523	0	1,627,523	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	3,295,127	-33,469	3,261,658	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	4,367,997	-1,137,722	3,230,275	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	1,133,102	0	1,133,102	90.02
90.03	09003	INFUSION CENTER	0	0	1,117,363	-4,106	1,113,257	90.03
90.04	09004	PRIMARY CARE SENIORS	0	0	1,934,080	-66,396	1,867,684	90.04
90.05	09005	PAIN MANAGEMENT	0	4,459	3,949,929	-3,641	3,946,288	90.05
90.06	09006	WOUND CARE CENTER	0	4,459	554,041	0	554,041	90.06
90.07	09007	SLEEP CENTER	0	0	1,919,753	0	1,919,753	90.07
91.00	09100	EMERGENCY	0	22,296	28,268,753	-139,068	28,129,685	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	6,376,937	0	6,376,937	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	5,322,660	0	5,322,660	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	4,483,777	0	4,483,777	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	334,027	553,959	412,751,714	-3,130,539	409,621,175	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,146,798	0	2,146,798	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	6,126,142	0	6,126,142	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	6,876	0	6,876	192.01
192.02	19202	HEARTCARE OFFICES	0	0	1,736,480	0	1,736,480	192.02
192.03	19203	FAMILY PHARMACY	0	0	12,030,211	0	12,030,211	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	3,653,336	0	3,653,336	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	0	1,599,644	0	1,599,644	194.01
194.02	07952	OTHER FACILITIES	0	0	4,064,065	0	4,064,065	194.02
194.03	07953	THE HEART HOSPITAL	0	0	1,123,507	0	1,123,507	194.03
194.04	07954	PUBLIC RELATIONS	0	0	2,525,374	0	2,525,374	194.04
194.05	07955	CHILD CARE CENTER	0	0	2,813,808	0	2,813,808	194.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
Date/Time Prepared:
2/27/2014 5:17 pm

Cost Center Description		PARAMED ED PRGM- CHAPLAIN RESIDENCY	PARAMED ED PRGM- NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	23.03	24.00	25.00	26.00	
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)	334,027	553,959	450,577,955	-3,130,539	447,447,416	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet B Part II Date/Time Prepared: 2/27/2014 5:17 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS- BLDG & FIXT					1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	241,592	5,828	10,692	258,112 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	2,375,816	51,906	16,327,550	18,755,272 5.00
7.00 00700	OPERATION OF PLANT	0	3,777,910	0	123,985	3,901,895 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	518,997	0	276,419	795,416 8.00
9.00 00900	HOUSEKEEPING	0	259,902	0	61,769	321,671 9.00
10.00 01000	DIETARY	0	576,209	0	120,589	696,798 10.00
11.00 01100	CAFETERIA	0	200,428	0	0	200,428 11.00
13.00 01300	NURSING ADMINISTRATION	0	73,732	0	401,366	475,098 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	368,327	0	265,513	633,840 14.00
15.00 01500	PHARMACY	0	251,111	0	459,114	710,225 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	206,407	0	2,135	208,542 16.00
17.00 01700	SOCIAL SERVICE	0	104,275	0	1,546	105,821 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM - PHARMACY	0	2,478	0	0	2,478 23.00
23.01 02301	PARAMED ED PRGM- CHAPLAIN RESIDENCY	0	6,628	866	0	7,494 23.01
23.03 02302	PARAMED ED PRGM- NURSING	0	0	0	0	0 23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	5,535,431	0	672,859	6,208,290 30.00
31.00 03100	INTENSIVE CARE UNIT	0	1,152,596	0	660,782	1,813,378 31.00
32.00 03200	CORONARY CARE UNIT	0	171,183	0	83,608	254,791 32.00
40.00 04000	SUBPROVIDER - IPF	0	96,369	0	1,535	97,904 40.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	2,014,471	0	2,715,762	4,730,233 50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	953,957	0	1,800,044	2,754,001 54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	0	342,209	0	50,295	392,504 55.00
59.00 05900	CARDIAC CATHETERIZATION	0	228,375	0	165,141	393,516 59.00
60.00 06000	LABORATORY	0	920,326	0	804,395	1,724,721 60.00
64.00 06400	INTRAVENOUS THERAPY	0	12,489	0	9,791	22,280 64.00
65.00 06500	RESPIRATORY THERAPY	0	257,404	0	139,664	397,068 65.00
66.00 06600	PHYSICAL THERAPY	0	152,185	0	57,663	209,848 66.00
69.00 06900	ELECTROCARDIOLOGY	0	78,452	0	2,635	81,087 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	11,564	0	11,655	23,219 74.00
76.00 03020	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	99,713	0	10,276	109,989 90.00
90.01 09001	FAMILY PRACTICE CLINIC	0	362,761	0	9,218	371,979 90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	0	116,253	0	713	116,966 90.02
90.03 09003	INFUSION CENTER	0	76,033	0	9,945	85,978 90.03
90.04 09004	PRIMARY CARE SENIORS	0	0	0	9,014	9,014 90.04
90.05 09005	PAIN MANAGEMENT	0	0	0	121,785	121,785 90.05
90.06 09006	WOUND CARE CENTER	0	9,342	0	5,223	14,565 90.06
90.07 09007	SLEEP CENTER	0	0	0	58,795	58,795 90.07
91.00 09100	EMERGENCY	0	932,972	0	477,224	1,410,196 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	179,994	0	132,539	312,533 96.00
101.00 10100	HOME HEALTH AGENCY	0	66,691	0	37,021	103,712 101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	0	194,587	0	3,256	197,843 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	22,929,169	58,600	26,101,516	49,089,285 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	126,558	0	0	126,558 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	586,613	0	18,180	604,793 192.00
192.01 19201	DEACONESS URGENT CARE	0	0	0	0	0 192.01
192.02 19202	HEARTCARE OFFICES	0	0	0	0	0 192.02
192.03 19203	FAMILY PHARMACY	0	35,755	0	51,663	87,418 192.03
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	203,044	22,822	5,909	231,775 194.00
194.01 07951	OCCUPATIONAL HEALTH	0	213,940	0	9,193	223,133 194.01
194.02 07952	OTHER FACILITIES	0	94,934	0	1,084	96,018 194.02
194.03 07953	THE HEART HOSPITAL	0	0	0	0	0 194.03
194.04 07954	PUBLIC RELATIONS	0	22,716	0	750	23,466 194.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

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Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
194.05 07955 CHILD CARE CENTER	0	307,595	0	15,535	323,130	194.05
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	24,520,324	81,422	26,203,830	50,805,576	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part II
Date/Time Prepared:
2/27/2014 5:17 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4.00	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	258,112				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	38,913	18,794,185			5.00
7.00	00700	OPERATION OF PLANT	4,092	807,275	4,713,262		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	711	95,179	134,961	1,026,267	8.00
9.00	00900	HOUSEKEEPING	4,276	264,933	67,585	0	658,465
10.00	01000	DIETARY	1,905	199,632	149,839	8,985	21,873
11.00	01100	CAFETERIA	1,105	53,921	52,120	0	7,608
13.00	01300	NURSING ADMINISTRATION	3,111	211,207	19,173	0	2,799
14.00	01400	CENTRAL SERVICES & SUPPLY	2,636	169,991	95,780	11,214	13,982
15.00	01500	PHARMACY	9,621	495,192	65,299	0	9,532
16.00	01600	MEDICAL RECORDS & LIBRARY	4,977	213,687	53,675	0	7,835
17.00	01700	SOCIAL SERVICE	3,228	164,671	27,116	0	3,958
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,402	69,001	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,114	61,048	0	0	0
23.00	02300	PARAMED ED PRGM - PHARMACY	260	13,496	644	0	94
23.01	02301	PARAMED ED PRGM- CHAPLAIN RESIDENCY	256	13,383	1,724	0	252
23.03	02302	PARAMED ED PRGM- NURSING	450	22,170	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	51,815	2,544,799	1,439,444	491,412	210,128
31.00	03100	INTENSIVE CARE UNIT	15,538	757,480	299,723	70,648	43,753
32.00	03200	CORONARY CARE UNIT	2,901	162,702	44,515	28,414	6,498
40.00	04000	SUBPROVIDER - IPF	1,376	72,952	25,060	3,319	3,658
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,568	1,673,022	523,847	115,531	76,470
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,334	1,061,122	248,069	55,916	36,213
55.00	05500	RADIOLOGY - THERAPEUTIC	502	124,552	88,989	0	12,990
59.00	05900	CARDIAC CATHETERIZATION	1,655	137,869	59,387	25,428	8,669
60.00	06000	LABORATORY	14,440	1,544,323	239,323	2,239	34,936
64.00	06400	INTRAVENOUS THERAPY	1,021	80,026	3,248	0	474
65.00	06500	RESPIRATORY THERAPY	3,539	201,613	66,936	308	9,771
66.00	06600	PHYSICAL THERAPY	0	334,188	39,574	16,529	5,777
69.00	06900	ELECTROCARDIOLOGY	480	45,669	20,401	2,270	2,978
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	821,297	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,258,621	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,373,082	0	0	0
74.00	07400	RENAL DIALYSIS	287	72,901	3,007	0	439
76.00	03020	BEHAVIORAL HEALTH SERVICES	1,299	64,390	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,036	123,978	25,929	1,744	3,785
90.01	09001	FAMILY PRACTICE CLINIC	1,164	107,897	94,333	2,516	13,771
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	506	38,317	30,231	0	4,413
90.03	09003	INFUSION CENTER	103	40,098	19,772	3,524	2,886
90.04	09004	PRIMARY CARE SENIORS	2,542	74,277	0	282	0
90.05	09005	PAIN MANAGEMENT	2,693	153,609	0	10,762	0
90.06	09006	WOUND CARE CENTER	349	20,790	2,429	1,357	355
90.07	09007	SLEEP CENTER	1,131	64,734	0	3,978	0
91.00	09100	EMERGENCY	22,742	1,051,216	242,612	96,757	35,416
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	2,029	240,040	46,806	166	6,833
101.00	10100	HOME HEALTH AGENCY	2,749	210,617	17,343	0	2,532
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	2,216	164,763	50,601	4,104	7,387
118.00		SUBTOTALS (SUM OF LINES 1-117)	249,072	17,475,730	4,299,495	957,403	598,065
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	901	80,862	32,910	0	4,804
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,009	216,560	152,544	16,942	22,268
192.01	19201	DEACONESS URGENT CARE	0	284	0	0	0
192.02	19202	HEARTCARE OFFICES	383	71,870	0	0	0
192.03	19203	FAMILY PHARMACY	729	402,839	9,298	0	1,357
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	1,472	116,544	52,800	10,825	7,708
194.01	07951	OCCUPATIONAL HEALTH	523	52,491	55,633	0	8,121
194.02	07952	OTHER FACILITIES	151	163,646	24,687	537	3,604
194.03	07953	THE HEART HOSPITAL	0	12,139	0	38,004	0
194.04	07954	PUBLIC RELATIONS	430	103,815	5,907	0	862
194.05	07955	CHILD CARE CENTER	1,442	97,405	79,988	2,556	11,676
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150082			Period: From 10/01/2012 To 09/30/2013		Worksheet B Part II Date/Time Prepared: 2/27/2014 5:17 pm	
Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00		
202.00	TOTAL (sum lines 118-201)	258,112	18,794,185	4,713,262	1,026,267	658,465		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,079,032					10.00
11.00	01100	0	315,182				11.00
13.00	01300	0	6,039	717,427			13.00
14.00	01400	0	6,466	0	933,909		14.00
15.00	01500	0	11,223	0	11,334	1,312,426	15.00
16.00	01600	0	10,672	0	8	0	16.00
17.00	01700	0	5,308	0	8	9	17.00
21.00	02100	0	2,069	0	0	0	21.00
22.00	02200	0	461	0	0	0	22.00
23.00	02300	0	337	0	0	0	23.00
23.01	02301	0	708	0	0	0	23.01
23.03	02302	0	641	2,651	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	752,366	75,366	311,758	13,645	830	30.00
31.00	03100	110,612	19,353	80,055	6,575	451	31.00
32.00	03200	28,392	4,273	17,676	1,832	113	32.00
40.00	04000	26,545	2,609	10,792	0	0	40.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	23,491	97,173	5,767	878	50.00
54.00	05400	0	18,004	0	23,128	215	54.00
55.00	05500	0	911	0	75	0	55.00
59.00	05900	0	2,182	9,024	22,636	78	59.00
60.00	06000	0	30,149	0	155,192	70	60.00
64.00	06400	0	1,226	5,070	485	6	64.00
65.00	06500	0	5,701	0	1,757	0	65.00
66.00	06600	0	0	0	2,764	261	66.00
69.00	06900	0	798	0	934	21	69.00
71.00	07100	0	0	0	312,362	0	71.00
72.00	07200	0	0	0	328,931	0	72.00
73.00	07300	0	0	0	0	1,038,474	73.00
74.00	07400	0	360	1,489	2,330	38	74.00
76.00	03020	0	2,328	9,629	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	3,137	12,978	2,481	29	90.00
90.01	09001	0	2,463	10,187	628	1,447	90.01
90.02	09002	0	1,023	4,233	2	0	90.02
90.03	09003	0	135	558	1,243	32	90.03
90.04	09004	0	2,114	8,745	110	819	90.04
90.05	09005	0	4,363	18,048	352	135	90.05
90.06	09006	0	630	2,605	330	316	90.06
90.07	09007	0	1,934	0	7,300	0	90.07
91.00	09100	0	0	0	0	96	91.00
92.00	09200	19,632	19,983	82,660	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	0	4,374	0	27,378	16,458	96.00
101.00	10100	0	4,341	17,955	1,953	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	9,873	3,419	14,141	532	5,334	116.00
118.00		947,420	278,591	717,427	932,072	1,066,110	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	4,914	0	0	0	190.00
192.00	19200	0	5,420	0	187	818	192.00
192.01	19201	0	11	0	0	0	192.01
192.02	19202	0	922	0	1	0	192.02
192.03	19203	0	821	0	7	242,796	192.03
194.00	07950	97,329	3,632	0	1,121	194	194.00
194.01	07951	0	821	0	341	2,385	194.01
194.02	07952	0	326	0	0	0	194.02
194.03	07953	34,283	14,113	0	0	123	194.03
194.04	07954	0	708	0	0	0	194.04
194.05	07955	0	4,903	0	180	0	194.05
200.00							200.00
201.00							201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150082			Period: From 10/01/2012 To 09/30/2013		Worksheet B Part II Date/Time Prepared: 2/27/2014 5:17 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
202.00	TOTAL (sum lines 118-201)	1,079,032	315,182	717,427	933,909	1,312,426	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet B Part II Date/Time Prepared: 2/27/2014 5:17 pm
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS- BLDG & FIXT					1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					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	499,396				16.00
17.00 01700	SOCIAL SERVICE	0	310,119			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	72,472		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	62,623	22.00
23.00 02300	PARAMED PRGM - PHARMACY	0	0	0	0	23.00
23.01 02301	PARAMED PRGM- CHAPLAIN RESIDENCY	0	0	0	0	23.01
23.03 02302	PARAMED PRGM- NURSING	0	0	0	17,309	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	36,504	255,392			30.00
31.00 03100	INTENSIVE CARE UNIT	12,466	19,646			31.00
32.00 03200	CORONARY CARE UNIT	3,234	12,629			32.00
40.00 04000	SUBPROVIDER - I/PF	2,160	0			40.00
44.00 04400	SKILLED NURSING FACILITY	0	0			44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	56,466	0			50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	78,651	0			54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	4,223	0			55.00
59.00 05900	CARDIAC CATHETERIZATION	10,113	0			59.00
60.00 06000	LABORATORY	63,392	0			60.00
64.00 06400	INTRAVENOUS THERAPY	1,000	0			64.00
65.00 06500	RESPIRATORY THERAPY	6,073	0			65.00
66.00 06600	PHYSICAL THERAPY	11,520	0			66.00
69.00 06900	ELECTROCARDIOLOGY	7,503	0			69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,606	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	13,569	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	51,788	0			73.00
74.00 07400	RENAL DIALYSIS	1,544	0			74.00
76.00 03020	BEHAVIORAL HEALTH SERVICES	213	0			76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,591	0			90.00
90.01 09001	FAMILY PRACTICE CLINIC	694	0			90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	918	0			90.02
90.03 09003	INFUSION CENTER	1,889	0			90.03
90.04 09004	PRIMARY CARE SENIORS	356	0			90.04
90.05 09005	PAIN MANAGEMENT	6,714	0			90.05
90.06 09006	WOUND CARE CENTER	657	0			90.06
90.07 09007	SLEEP CENTER	1,083	22,452			90.07
91.00 09100	EMERGENCY	43,933	0			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	4,275	0			96.00
101.00 10100	HOME HEALTH AGENCY	1,352	0			101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	1,462	0			116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	451,949	310,119	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	94	0			192.00
192.01 19201	DEACONESS URGENT CARE	0	0			192.01
192.02 19202	HEARTCARE OFFICES	803	0			192.02
192.03 19203	FAMILY PHARMACY	2,907	0			192.03
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0			194.00
194.01 07951	OCCUPATIONAL HEALTH	249	0			194.01
194.02 07952	OTHER FACILITIES	0	0			194.02
194.03 07953	THE HEART HOSPITAL	43,394	0			194.03
194.04 07954	PUBLIC RELATIONS	0	0			194.04
194.05 07955	CHILD CARE CENTER	0	0			194.05

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet B Part II Date/Time Prepared: 2/27/2014 5:17 pm
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	16.00	17.00	21.00	22.00	23.00	
200.00 Cross Foot Adjustments			72,472	62,623	17,309	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	499,396	310,119	72,472	62,623	17,309	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part II
Date/Time Prepared:
2/27/2014 5:17 pm

Cost Center Description		PARAMED PRGM- CHAPLAIN RESIDENCY	PARAMED PRGM- NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.01	23.03	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT					1.01	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT					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	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00	
23.00	02300	PARAMED PRGM - PHARMACY					23.00	
23.01	02301	PARAMED PRGM- CHAPLAIN RESIDENCY	23,817				23.01	
23.03	02302	PARAMED PRGM- NURSING		25,912			23.03	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		12,391,749	0	12,391,749	30.00	
31.00	03100	INTENSIVE CARE UNIT		3,249,678	0	3,249,678	31.00	
32.00	03200	CORONARY CARE UNIT		567,970	0	567,970	32.00	
40.00	04000	SUBPROVIDER - IPF		246,375	0	246,375	40.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM		7,327,446	0	7,327,446	50.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC		4,286,653	0	4,286,653	54.00	
55.00	05500	RADIOLOGY - THERAPEUTIC		624,746	0	624,746	55.00	
59.00	05900	CARDIAC CATHETERIZATION		670,557	0	670,557	59.00	
60.00	06000	LABORATORY		3,808,785	0	3,808,785	60.00	
64.00	06400	INTRAVENOUS THERAPY		114,836	0	114,836	64.00	
65.00	06500	RESPIRATORY THERAPY		692,766	0	692,766	65.00	
66.00	06600	PHYSICAL THERAPY		620,461	0	620,461	66.00	
69.00	06900	ELECTROCARDIOLOGY		162,141	0	162,141	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,160,265	0	1,160,265	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		1,601,121	0	1,601,121	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS		2,463,344	0	2,463,344	73.00	
74.00	07400	RENAL DIALYSIS		105,614	0	105,614	74.00	
76.00	03020	BEHAVIORAL HEALTH SERVICES		77,859	0	77,859	76.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC		287,677	0	287,677	90.00	
90.01	09001	FAMILY PRACTICE CLINIC		607,079	0	607,079	90.01	
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES		196,609	0	196,609	90.02	
90.03	09003	INFUSION CENTER		156,218	0	156,218	90.03	
90.04	09004	PRIMARY CARE SENIORS		98,259	0	98,259	90.04	
90.05	09005	PAIN MANAGEMENT		318,461	0	318,461	90.05	
90.06	09006	WOUND CARE CENTER		44,383	0	44,383	90.06	
90.07	09007	SLEEP CENTER		161,407	0	161,407	90.07	
91.00	09100	EMERGENCY		3,025,243	0	3,025,243	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED		660,892	0	660,892	96.00	
101.00	10100	HOME HEALTH AGENCY		362,554	0	362,554	101.00	
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE		461,675	0	461,675	116.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	46,552,823	0	46,552,823	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		250,949	0	250,949	190.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES		1,022,635	0	1,022,635	192.00	
192.01	19201	DEACONESS URGENT CARE		295	0	295	192.01	
192.02	19202	HEARTCARE OFFICES		73,979	0	73,979	192.02	
192.03	19203	FAMILY PHARMACY		748,172	0	748,172	192.03	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS		523,400	0	523,400	194.00	
194.01	07951	OCCUPATIONAL HEALTH		343,697	0	343,697	194.01	
194.02	07952	OTHER FACILITIES		288,969	0	288,969	194.02	
194.03	07953	THE HEART HOSPITAL		142,056	0	142,056	194.03	
194.04	07954	PUBLIC RELATIONS		135,188	0	135,188	194.04	
194.05	07955	CHILD CARE CENTER		521,280	0	521,280	194.05	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150082		Period: From 10/01/2012 To 09/30/2013		Worksheet B Part II Date/Time Prepared: 2/27/2014 5:17 pm	
Cost Center Description		PARAMED ED PRGM- CHAPLAIN RESIDENCY	PARAMED ED PRGM- NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	23.03	24.00	25.00	26.00	
200.00	Cross Foot Adjustments	23,817	25,912	202,133	0	202,133	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	23,817	25,912	50,805,576	0	50,805,576	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1

Date/Time Prepared:
2/27/2014 5:17 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET - A)	NEW BLDG & FIXT (SQUARE FEET - B)	NEW MVBLE EQUIP (DEPRECIATION EXPENSE)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	1,246,763				1.00
1.01 00101	NEW CAP REL COSTS- BLDG & FIXT	0	49,355			1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP			18,903,463		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT			7,713	193,739,008	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	120,801	31,463	11,778,706	29,214,275	-87,270,195
7.00 00700	OPERATION OF PLANT	192,092	0	89,443	3,072,179	0
8.00 00800	LAUNDRY & LINEN SERVICE	26,389	0	199,409	533,931	0
9.00 00900	HOUSEKEEPING	13,215	0	44,560	3,210,430	0
10.00 01000	DIETARY	29,298	0	86,993	1,430,527	0
11.00 01100	CAFETERIA	10,191	0	0	829,953	0
13.00 01300	NURSING ADMINISTRATION	3,749	0	289,546	2,335,454	0
14.00 01400	CENTRAL SERVICES & SUPPLY	18,728	0	191,541	1,979,256	0
15.00 01500	PHARMACY	12,768	0	331,205	7,223,293	0
16.00 01600	MEDICAL RECORDS & LIBRARY	10,495	0	1,540	3,736,784	0
17.00 01700	SOCIAL SERVICE	5,302	0	1,115	2,423,764	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,052,402	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	836,413	0
23.00 02300	PARAMED ED PRGM - PHARMACY	126	0	0	195,401	0
23.01 02301	PARAMED ED PRGM- CHAPLAIN RESIDENCY	337	525	0	192,062	0
23.03 02302	PARAMED ED PRGM- NURSING	0	0	0	338,140	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	281,455	0	485,401	38,857,930	0
31.00 03100	INTENSIVE CARE UNIT	58,605	0	476,689	11,665,437	0
32.00 03200	CORONARY CARE UNIT	8,704	0	60,315	2,177,592	0
40.00 04000	SUBPROVIDER - IPF	4,900	0	1,107	1,033,067	0
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	102,428	0	1,959,153	18,444,367	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	48,505	0	1,298,553	8,508,828	0
55.00 05500	RADIOLOGY - THERAPEUTIC	17,400	0	36,283	376,899	0
59.00 05900	CARDIAC CATHETERIZATION	11,612	0	119,133	1,242,832	0
60.00 06000	LABORATORY	46,795	0	580,291	10,841,121	0
64.00 06400	INTRAVENOUS THERAPY	635	0	7,063	766,637	0
65.00 06500	RESPIRATORY THERAPY	13,088	0	100,754	2,656,850	0
66.00 06600	PHYSICAL THERAPY	7,738	0	41,598	0	0
69.00 06900	ELECTROCARDIOLOGY	3,989	0	1,901	360,026	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	588	0	8,408	215,493	0
76.00 03020	BEHAVIORAL HEALTH SERVICES	0	0	0	975,328	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	5,070	0	7,413	1,528,499	0
90.01 09001	FAMILY PRACTICE CLINIC	18,445	0	6,650	873,786	0
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	5,911	0	514	379,538	0
90.03 09003	INFUSION CENTER	3,866	0	7,174	77,086	0
90.04 09004	PRIMARY CARE SENIORS	0	0	6,503	1,908,099	0
90.05 09005	PAIN MANAGEMENT	0	0	87,856	2,021,599	0
90.06 09006	WOUND CARE CENTER	475	0	3,768	261,775	0
90.07 09007	SLEEP CENTER	0	0	42,415	849,386	0
91.00 09100	EMERGENCY	47,438	0	344,270	17,073,936	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	9,152	0	95,614	1,523,518	0
101.00 10100	HOME HEALTH AGENCY	3,391	0	26,707	2,063,550	0
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	9,894	0	2,349	1,663,904	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,165,859	35,521	18,829,653	186,951,347	-87,270,195
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,435	0	0	676,208	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	29,827	0	13,115	2,258,839	0
192.01 19201	DEACONESS URGENT CARE	0	0	0	0	0
192.02 19202	HEARTCARE OFFICES	0	0	0	287,682	0
192.03 19203	FAMILY PHARMACY	1,818	0	37,270	547,589	0
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	10,324	13,834	4,263	1,105,350	0
194.01 07951	OCCUPATIONAL HEALTH	10,878	0	6,632	393,009	0
194.02 07952	OTHER FACILITIES	4,827	0	782	113,521	0
194.03 07953	THE HEART HOSPITAL	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1

Date/Time Prepared:
2/27/2014 5:17 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET - A)	NEW BLDG & FIXT (SQUARE FEET - B)	NEW MVBLE EQUIP (DEPRECIATION EXPENSE)			
	1.00	1.01	2.00			
194.04 07954 PUBLIC RELATIONS	1,155	0	541	322,760	0	194.04
194.05 07955 CHILD CARE CENTER	15,640	0	11,207	1,082,703	0	194.05
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)	24,520,324	81,422	26,203,830	51,812,864		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	19.667189	1.649721	1.386192	0.267436		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				258,112		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.001332		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEE T - A)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEE T - A)	DIETARY (MEALS)	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	363,307,760				5.00
7.00	00700	OPERATION OF PLANT	15,605,246	921,586			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,839,876	26,389	4,136,187		8.00
9.00	00900	HOUSEKEEPING	5,121,350	13,215	0	881,982	9.00
10.00	01000	DIETARY	3,859,046	29,298	36,211	29,298	606,474
11.00	01100	CAFETERIA	1,042,325	10,191	0	10,191	0
13.00	01300	NURSING ADMINISTRATION	4,082,803	3,749	0	3,749	0
14.00	01400	CENTRAL SERVICES & SUPPLY	3,286,056	18,728	45,198	18,728	0
15.00	01500	PHARMACY	9,572,448	12,768	0	12,768	0
16.00	01600	MEDICAL RECORDS & LIBRARY	4,130,727	10,495	0	10,495	0
17.00	01700	SOCIAL SERVICE	3,183,215	5,302	0	5,302	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,333,852	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,180,100	0	0	0	0
23.00	02300	PARAMED ED PRGM - PHARMACY	260,896	126	0	126	0
23.01	02301	PARAMED ED PRGM- CHAPLAIN RESIDENCY	258,713	337	0	337	0
23.03	02302	PARAMED ED PRGM- NURSING	428,571	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	49,194,597	281,455	1,980,538	281,455	422,870
31.00	03100	INTENSIVE CARE UNIT	14,642,674	58,605	284,733	58,605	62,170
32.00	03200	CORONARY CARE UNIT	3,145,152	8,704	114,519	8,704	15,958
40.00	04000	SUBPROVIDER - IPF	1,410,214	4,900	13,375	4,900	14,920
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	32,340,805	102,428	465,629	102,428	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,512,300	48,505	225,361	48,505	0
55.00	05500	RADIOLOGY - THERAPEUTIC	2,407,687	17,400	0	17,400	0
59.00	05900	CARDIAC CATHETERIZATION	2,665,118	11,612	102,483	11,612	0
60.00	06000	LABORATORY	29,852,947	46,795	9,024	46,795	0
64.00	06400	INTRAVENOUS THERAPY	1,546,969	635	0	635	0
65.00	06500	RESPIRATORY THERAPY	3,897,335	13,088	1,240	13,088	0
66.00	06600	PHYSICAL THERAPY	6,460,113	7,738	66,619	7,738	0
69.00	06900	ELECTROCARDIOLOGY	882,813	3,989	9,148	3,989	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,876,306	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	24,330,105	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	26,542,728	0	0	0	0
74.00	07400	RENAL DIALYSIS	1,409,242	588	0	588	0
76.00	03020	BEHAVIORAL HEALTH SERVICES	1,244,699	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,396,598	5,070	7,028	5,070	0
90.01	09001	FAMILY PRACTICE CLINIC	2,085,727	18,445	10,142	18,445	0
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	740,705	5,911	0	5,911	0
90.03	09003	INFUSION CENTER	775,117	3,866	14,203	3,866	0
90.04	09004	PRIMARY CARE SENIORS	1,435,824	0	1,138	0	0
90.05	09005	PAIN MANAGEMENT	2,969,386	0	43,373	0	0
90.06	09006	WOUND CARE CENTER	401,879	475	5,471	475	0
90.07	09007	SLEEP CENTER	1,251,349	0	16,032	0	0
91.00	09100	EMERGENCY	20,320,812	47,438	389,964	47,438	11,034
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	4,640,166	9,152	668	9,152	0
101.00	10100	HOME HEALTH AGENCY	4,071,394	3,391	0	3,391	0
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	3,184,990	9,894	16,542	9,894	5,549
118.00		SUBTOTALS (SUM OF LINES 1-117)	337,820,975	840,682	3,858,639	801,078	532,501
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,563,129	6,435	0	6,435	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,186,276	29,827	68,282	29,827	0
192.01	19201	DEACONESS URGENT CARE	5,499	0	0	0	0
192.02	19202	HEARTCARE OFFICES	1,389,308	0	0	0	0
192.03	19203	FAMILY PHARMACY	7,787,189	1,818	0	1,818	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	2,252,876	10,324	43,630	10,324	54,704
194.01	07951	OCCUPATIONAL HEALTH	1,014,699	10,878	0	10,878	0
194.02	07952	OTHER FACILITIES	3,163,411	4,827	2,165	4,827	0
194.03	07953	THE HEART HOSPITAL	234,660	0	153,168	0	19,269
194.04	07954	PUBLIC RELATIONS	2,006,820	1,155	0	1,155	0
194.05	07955	CHILD CARE CENTER	1,882,918	15,640	10,303	15,640	0
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1

Date/Time Prepared:
2/27/2014 5:17 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET - A)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - A)	DIETARY (MEALS)	
		5.00	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	87,270,195	19,353,782	2,836,016	6,629,071	5,646,335	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.240210	21.000517	0.685660	7.516107	9.310102	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	18,794,185	4,713,262	1,026,267	658,465	1,079,032	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.051731	5.114294	0.248119	0.746574	1.779189	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (FTE'S -NRSRG)	CENTRAL SERVICES & SUPPLY (COSTED REQ U.S.)	PHARMACY (COSTED REQ U.S.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	28,028					11.00
13.00	01300	537	15,423				13.00
14.00	01400	575	0	54,917,974			14.00
15.00	01500	998	0	666,484	34,886,956		15.00
16.00	01600	949	0	496	0	1,686,637,520	16.00
17.00	01700	472	0	467	233	0	17.00
21.00	02100	184	0	0	0	0	21.00
22.00	02200	41	0	0	0	0	22.00
23.00	02300	30	0	0	0	0	23.00
23.01	02301	63	0	0	0	0	23.01
23.03	02302	57	57	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	6,702	6,702	802,360	22,060	123,323,790	30.00
31.00	03100	1,721	1,721	386,657	11,986	42,115,150	31.00
32.00	03200	380	380	107,711	2,998	10,925,308	32.00
40.00	04000	232	232	0	0	7,298,391	40.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,089	2,089	339,133	23,338	190,762,367	50.00
54.00	05400	1,601	0	1,359,999	5,728	265,200,076	54.00
55.00	05500	81	0	4,404	0	14,266,926	55.00
59.00	05900	194	194	1,331,063	2,074	34,166,042	59.00
60.00	06000	2,681	0	9,125,692	1,869	214,163,375	60.00
64.00	06400	109	109	28,506	157	3,377,534	64.00
65.00	06500	507	0	103,323	0	20,516,082	65.00
66.00	06600	0	0	162,551	6,946	38,918,011	66.00
69.00	06900	71	0	54,914	551	25,347,367	69.00
71.00	07100	0	0	18,367,751	0	89,883,758	71.00
72.00	07200	0	0	19,343,633	0	45,842,616	72.00
73.00	07300	0	0	0	27,604,711	174,960,872	73.00
74.00	07400	32	32	137,030	1,012	5,216,387	74.00
76.00	03020	207	207	24	0	719,756	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	279	279	145,874	758	5,374,817	90.00
90.01	09001	219	219	36,927	38,470	2,344,627	90.01
90.02	09002	91	91	91	0	3,102,837	90.02
90.03	09003	12	12	73,067	840	6,383,377	90.03
90.04	09004	188	188	6,491	21,768	1,203,836	90.04
90.05	09005	388	388	20,676	3,582	22,681,303	90.05
90.06	09006	56	56	19,402	8,387	2,218,846	90.06
90.07	09007	172	0	429,242	0	3,659,011	90.07
91.00	09100	1,777	1,777	0	2,549	148,421,758	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	389	0	1,609,895	437,499	14,441,965	96.00
101.00	10100	386	386	114,851	0	4,568,761	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	304	304	31,254	141,801	4,938,745	116.00
118.00		24,774	15,423	54,809,968	28,339,317	1,526,343,691	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	437	0	0	0	0	190.00
192.00	19200	482	0	11,000	21,751	318,725	192.00
192.01	19201	1	0	0	0	0	192.01
192.02	19202	82	0	77	0	2,712,283	192.02
192.03	19203	73	0	424	6,454,069	9,822,126	192.03
194.00	07950	323	0	65,898	5,153	0	194.00
194.01	07951	73	0	20,027	63,398	840,981	194.01
194.02	07952	29	0	0	0	0	194.02
194.03	07953	1,255	0	0	3,268	146,599,714	194.03
194.04	07954	63	0	0	0	0	194.04
194.05	07955	436	0	10,580	0	0	194.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (FTE'S -NRSRG)	CENTRAL SERVICES & SUPPLY (COSTED REQ U.S.)	PHARMACY (COSTED REQ U.S.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,583,315	5,200,777	4,672,932	12,349,034	5,475,902	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	56.490474	337.209168	0.085089	0.353973	0.003247	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	315,182	717,427	933,909	1,312,426	499,396	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	11.245255	46.516696	0.017006	0.037619	0.000296	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS					PARAMED PRGM - PHARMACY (HOURS - C)	PARAMED PRGM- CHAPLAIN RESIDENCY (HOURS - D)	
	SOCIAL SERVICE (HOURS - A)	SERVICES-SALARY & FRINGES (HOURS - B)	SERVICES-OTHER PRGM COSTS (HOURS - B)					
		221	40,407					
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						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	221					17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	40,407				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		40,407			22.00
23.00	02300	PARAMED PRGM - PHARMACY	0			100		23.00
23.01	02301	PARAMED PRGM- CHAPLAIN RESIDENCY	0			0	100	23.01
23.03	02302	PARAMED PRGM- NURSING	0			0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	182	15,910	15,910	0	100	30.00
31.00	03100	INTENSIVE CARE UNIT	14	705	705	0	0	31.00
32.00	03200	CORONARY CARE UNIT	9	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	4,901	4,901	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	269	269	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	753	753	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	100	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	432	432	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	14,685	14,685	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003	INFUSION CENTER	0	53	53	0	0	90.03
90.04	09004	PRIMARY CARE SENIORS	0	857	857	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	47	47	0	0	90.05
90.06	09006	WOUND CARE CENTER	0	0	0	0	0	90.06
90.07	09007	SLEEP CENTER	16	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	1,795	1,795	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	221	40,407	40,407	100	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	0	0	0	192.01
192.02	19202	HEARTCARE OFFICES	0	0	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	0	0	0	0	0	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	0	0	0	0	194.01
194.02	07952	OTHER FACILITIES	0	0	0	0	0	194.02
194.03	07953	THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04	07954	PUBLIC RELATIONS	0	0	0	0	0	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE (HOURS - A)	INTERNS & RESIDENTS		PARAMED ED PRGM - PHARMACY (HOURS - C)	PARAMED ED PRGM- CHAPLAIN RESIDENCY (HOURS - D)	
		SERVICES-SALARY & FRINGES (HOURS - B)	SERVICES-OTHER PRGM COSTS (HOURS - B)			
		17.00	21.00			
194.05 07955 CHILD CARE CENTER	0	0	0	0	0	194.05
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)	4,125,836	1,664,651	1,465,888	328,854	334,027	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	18,668.941176	41.197095	36.278071	3,288.540000	3,340.270000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	310,119	72,472	62,623	17,309	23,817	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1,403.253394	1.793551	1.549806	173.090000	238.170000	205.00

COST ALLOCATION - STATISTICAL BASIS

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From 10/01/2012
To 09/30/2013

Worksheet B-1
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Cost Center Description		PARAMED PRGM- NURSING (HOURS - F)	
		23.03	
GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED PRGM - PHARMACY	23.00
23.01	02301	PARAMED PRGM- CHAPLAIN RESIDENCY	23.01
23.03	02302	PARAMED PRGM- NURSING	23.03
		11,926	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
40.00	04000	SUBPROVIDER - I/PF	40.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	55.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	FAMILY PRACTICE CLINIC	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	90.02
90.03	09003	INFUSION CENTER	90.03
90.04	09004	PRIMARY CARE SENIORS	90.04
90.05	09005	PAIN MANAGEMENT	90.05
90.06	09006	WOUND CARE CENTER	90.06
90.07	09007	SLEEP CENTER	90.07
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	96.00
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	DEACONESS URGENT CARE	192.01
192.02	19202	HEARTCARE OFFICES	192.02
192.03	19203	FAMILY PHARMACY	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	194.00
194.01	07951	OCCUPATIONAL HEALTH	194.01
194.02	07952	OTHER FACILITIES	194.02
194.03	07953	THE HEART HOSPITAL	194.03
194.04	07954	PUBLIC RELATIONS	194.04
194.05	07955	CHILD CARE CENTER	194.05
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1
Date/Time Prepared:
2/27/2014 5:17 pm

Cost Center Description		PARAMED PRGM- NURSING (HOURS - F)	
		23.03	
202.00	Cost to be allocated (per Wkst. B, Part I)	553,959	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	46.449690	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	25,912	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.172732	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet C
Part I
Date/Time Prepared:
2/27/2014 5:17 pm

		Title XVII		Hospital		PPS
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	81,505,881		81,505,881	55,888	81,561,769
31.00	03100 INTENSIVE CARE UNIT	21,861,031		21,861,031	4,662	21,865,693
32.00	03200 CORONARY CARE UNIT	4,774,947		4,774,947	0	4,774,947
40.00	04000 SUBPROVIDER - I/PF	2,151,809		2,151,809	0	2,151,809
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	44,837,433		44,837,433	0	44,837,433
54.00	05400 RADIOLOGY-DIAGNOSTIC	28,045,964		28,045,964	0	28,045,964
55.00	05500 RADIOLOGY - THERAPEUTIC	3,533,502		3,533,502	0	3,533,502
59.00	05900 CARDIAC CATHETERIZATION	4,012,476		4,012,476	234,779	4,247,255
60.00	06000 LABORATORY	39,988,542		39,988,542	375,012	40,363,554
64.00	06400 INTRAVENOUS THERAPY	1,997,495		1,997,495	0	1,997,495
65.00	06500 RESPIRATORY THERAPY	5,311,639	0	5,311,639	0	5,311,639
66.00	06600 PHYSICAL THERAPY	8,420,894	0	8,420,894	0	8,420,894
69.00	06900 ELECTROCARDIOLOGY	1,306,081		1,306,081	0	1,306,081
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	21,544,700		21,544,700	0	21,544,700
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	31,969,238		31,969,238	0	31,969,238
73.00	07300 DRUGS CHARGED TO PATIENTS	43,586,825		43,586,825	0	43,586,825
74.00	07400 RENAL DIALYSIS	1,806,078		1,806,078	3,012	1,809,090
76.00	03020 BEHAVIORAL HEALTH SERVICES	1,627,523		1,627,523	0	1,627,523
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	3,261,658		3,261,658	1,114	3,262,772
90.01	09001 FAMILY PRACTICE CLINIC	3,230,275		3,230,275	0	3,230,275
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1,133,102		1,133,102	0	1,133,102
90.03	09003 INFUSION CENTER	1,113,257		1,113,257	182	1,113,439
90.04	09004 PRIMARY CARE SENIORS	1,867,684		1,867,684	0	1,867,684
90.05	09005 PAIN MANAGEMENT	3,946,288		3,946,288	3,810	3,950,098
90.06	09006 WOUND CARE CENTER	554,041		554,041	0	554,041
90.07	09007 SLEEP CENTER	1,919,753		1,919,753	3,765	1,923,518
91.00	09100 EMERGENCY	28,129,685		28,129,685	1,041,641	29,171,326
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	13,962,380		13,962,380	0	13,962,380
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	6,376,937		6,376,937	0	6,376,937
101.00	10100 HOME HEALTH AGENCY	5,322,660		5,322,660	0	5,322,660
SPECIAL PURPOSE COST CENTERS						
116.00	11600 HOSPICE	4,483,777		4,483,777	0	4,483,777
200.00	Subtotal (see instructions)	423,583,555	0	423,583,555	1,723,865	425,307,420
201.00	Less Observation Beds	13,962,380		13,962,380	0	13,962,380
202.00	Total (see instructions)	409,621,175	0	409,621,175	1,723,865	411,345,040

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet C
Part I
Date/Time Prepared:
2/27/2014 5:17 pm

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	102,706,636		102,706,636		30.00
31.00	03100	INTENSIVE CARE UNIT	42,115,150		42,115,150		31.00
32.00	03200	CORONARY CARE UNIT	10,925,308		10,925,308		32.00
40.00	04000	SUBPROVIDER - IPF	7,298,391		7,298,391		40.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	71,841,927	118,920,440	190,762,367	0.235043	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,075,443	204,124,633	265,200,076	0.105754	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	652,513	13,614,413	14,266,926	0.247671	55.00
59.00	05900	CARDIAC CATHETERIZATION	19,164,327	15,001,715	34,166,042	0.117440	59.00
60.00	06000	LABORATORY	105,690,313	108,473,062	214,163,375	0.186720	60.00
64.00	06400	INTRAVENOUS THERAPY	3,265,827	111,707	3,377,534	0.591406	64.00
65.00	06500	RESPIRATORY THERAPY	18,527,486	1,988,596	20,516,082	0.258901	65.00
66.00	06600	PHYSICAL THERAPY	25,878,594	13,039,417	38,918,011	0.216375	66.00
69.00	06900	ELECTROCARDIOLOGY	14,314,405	11,032,963	25,347,368	0.051527	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	50,623,978	39,259,780	89,883,758	0.239695	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,898,904	13,943,712	45,842,616	0.697369	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	99,220,620	75,740,252	174,960,872	0.249123	73.00
74.00	07400	RENAL DIALYSIS	4,614,292	602,095	5,216,387	0.346232	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	364,077	355,679	719,756	2.261215	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	27,599	5,347,219	5,374,818	0.606841	90.00
90.01	09001	FAMILY PRACTICE CLINIC	6,230	2,338,397	2,344,627	1.377735	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	222	3,102,615	3,102,837	0.365183	90.02
90.03	09003	INFUSION CENTER	44,085	6,339,292	6,383,377	0.174399	90.03
90.04	09004	PRIMARY CARE SENIORS	3,560	1,200,276	1,203,836	1.551444	90.04
90.05	09005	PAIN MANAGEMENT	12,748	22,668,556	22,681,304	0.173989	90.05
90.06	09006	WOUND CARE CENTER	11,235	2,207,611	2,218,846	0.249698	90.06
90.07	09007	SLEEP CENTER	3,562	3,655,449	3,659,011	0.524664	90.07
91.00	09100	EMERGENCY	50,732,512	97,689,246	148,421,758	0.189525	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,613,015	17,004,140	20,617,155	0.677221	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	14,441,965	14,441,965	0.441556	96.00
101.00	10100	HOME HEALTH AGENCY	0	4,568,761	4,568,761		101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	10,765	4,927,980	4,938,745		116.00
200.00		Subtotal (see instructions)	724,643,724	801,699,971	1,526,343,695		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	724,643,724	801,699,971	1,526,343,695		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet C Part I Date/Time Prepared: 2/27/2014 5:17 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.235043		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.105754		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.247671		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.124312		59.00
60.00	06000 LABORATORY	0.188471		60.00
64.00	06400 INTRAVENOUS THERAPY	0.591406		64.00
65.00	06500 RESPIRATORY THERAPY	0.258901		65.00
66.00	06600 PHYSICAL THERAPY	0.216375		66.00
69.00	06900 ELECTROCARDIOLOGY	0.051527		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.239695		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.697369		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.249123		73.00
74.00	07400 RENAL DIALYSIS	0.346809		74.00
76.00	03020 BEHAVIORAL HEALTH SERVICES	2.261215		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.607048		90.00
90.01	09001 FAMILY PRACTICE CLINIC	1.377735		90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.365183		90.02
90.03	09003 INFUSION CENTER	0.174428		90.03
90.04	09004 PRIMARY CARE SENIORS	1.551444		90.04
90.05	09005 PAIN MANAGEMENT	0.174157		90.05
90.06	09006 WOUND CARE CENTER	0.249698		90.06
90.07	09007 SLEEP CENTER	0.525693		90.07
91.00	09100 EMERGENCY	0.196543		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.677221		92.00
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.441556		96.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
116.00	11600 HOSPICE			116.00
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: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet C
Part I
Date/Time Prepared:
2/27/2014 5:17 pm

		Title XIX		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	81,505,881		81,505,881	55,888	81,561,769	30.00
31.00	03100	INTENSIVE CARE UNIT	21,861,031		21,861,031	4,662	21,865,693	31.00
32.00	03200	CORONARY CARE UNIT	4,774,947		4,774,947	0	4,774,947	32.00
40.00	04000	SUBPROVIDER - I/PF	2,151,809		2,151,809	0	2,151,809	40.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,837,433		44,837,433	0	44,837,433	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,045,964		28,045,964	0	28,045,964	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	3,533,502		3,533,502	0	3,533,502	55.00
59.00	05900	CARDIAC CATHETERIZATION	4,012,476		4,012,476	234,779	4,247,255	59.00
60.00	06000	LABORATORY	39,988,542		39,988,542	375,012	40,363,554	60.00
64.00	06400	INTRAVENOUS THERAPY	1,997,495		1,997,495	0	1,997,495	64.00
65.00	06500	RESPIRATORY THERAPY	5,311,639	0	5,311,639	0	5,311,639	65.00
66.00	06600	PHYSICAL THERAPY	8,420,894	0	8,420,894	0	8,420,894	66.00
69.00	06900	ELECTROCARDIOLOGY	1,306,081		1,306,081	0	1,306,081	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,544,700		21,544,700	0	21,544,700	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,969,238		31,969,238	0	31,969,238	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,586,825		43,586,825	0	43,586,825	73.00
74.00	07400	RENAL DIALYSIS	1,806,078		1,806,078	3,012	1,809,090	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	1,627,523		1,627,523	0	1,627,523	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,261,658		3,261,658	1,114	3,262,772	90.00
90.01	09001	FAMILY PRACTICE CLINIC	3,230,275		3,230,275	0	3,230,275	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	1,133,102		1,133,102	0	1,133,102	90.02
90.03	09003	INFUSION CENTER	1,113,257		1,113,257	182	1,113,439	90.03
90.04	09004	PRIMARY CARE SENIORS	1,867,684		1,867,684	0	1,867,684	90.04
90.05	09005	PAIN MANAGEMENT	3,946,288		3,946,288	3,810	3,950,098	90.05
90.06	09006	WOUND CARE CENTER	554,041		554,041	0	554,041	90.06
90.07	09007	SLEEP CENTER	1,919,753		1,919,753	3,765	1,923,518	90.07
91.00	09100	EMERGENCY	28,129,685		28,129,685	1,041,641	29,171,326	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,962,380		13,962,380	0	13,962,380	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	6,376,937		6,376,937	0	6,376,937	96.00
101.00	10100	HOME HEALTH AGENCY	5,322,660		5,322,660	0	5,322,660	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	4,483,777		4,483,777	0	4,483,777	116.00
200.00		Subtotal (see instructions)	423,583,555	0	423,583,555	1,723,865	425,307,420	200.00
201.00		Less Observation Beds	13,962,380		13,962,380	0	13,962,380	201.00
202.00		Total (see instructions)	409,621,175	0	409,621,175	1,723,865	411,345,040	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet C Part I Date/Time Prepared: 2/27/2014 5:17 pm
		Title XIX	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	102,706,636		102,706,636	30.00
31.00	03100	INTENSIVE CARE UNIT	42,115,150		42,115,150	31.00
32.00	03200	CORONARY CARE UNIT	10,925,308		10,925,308	32.00
40.00	04000	SUBPROVIDER - IPF	7,298,391		7,298,391	40.00
44.00	04400	SKILLED NURSING FACILITY	0		0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	71,841,927	118,920,440	190,762,367	0.235043 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,075,443	204,124,633	265,200,076	0.105754 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	652,513	13,614,413	14,266,926	0.247671 55.00
59.00	05900	CARDIAC CATHETERIZATION	19,164,327	15,001,715	34,166,042	0.117440 59.00
60.00	06000	LABORATORY	105,690,313	108,473,062	214,163,375	0.186720 60.00
64.00	06400	INTRAVENOUS THERAPY	3,265,827	111,707	3,377,534	0.591406 64.00
65.00	06500	RESPIRATORY THERAPY	18,527,486	1,988,596	20,516,082	0.258901 65.00
66.00	06600	PHYSICAL THERAPY	25,878,594	13,039,417	38,918,011	0.216375 66.00
69.00	06900	ELECTROCARDIOLOGY	14,314,405	11,032,963	25,347,368	0.051527 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	50,623,978	39,259,780	89,883,758	0.239695 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,898,904	13,943,712	45,842,616	0.697369 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	99,220,620	75,740,252	174,960,872	0.249123 73.00
74.00	07400	RENAL DIALYSIS	4,614,292	602,095	5,216,387	0.346232 74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	364,077	355,679	719,756	2.261215 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	27,599	5,347,219	5,374,818	0.606841 90.00
90.01	09001	FAMILY PRACTICE CLINIC	6,230	2,338,397	2,344,627	1.377735 90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	222	3,102,615	3,102,837	0.365183 90.02
90.03	09003	INFUSION CENTER	44,085	6,339,292	6,383,377	0.174399 90.03
90.04	09004	PRIMARY CARE SENIORS	3,560	1,200,276	1,203,836	1.551444 90.04
90.05	09005	PAIN MANAGEMENT	12,748	22,668,556	22,681,304	0.173989 90.05
90.06	09006	WOUND CARE CENTER	11,235	2,207,611	2,218,846	0.249698 90.06
90.07	09007	SLEEP CENTER	3,562	3,655,449	3,659,011	0.524664 90.07
91.00	09100	EMERGENCY	50,732,512	97,689,246	148,421,758	0.189525 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,613,015	17,004,140	20,617,155	0.677221 92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	14,441,965	14,441,965	0.441556 96.00
101.00	10100	HOME HEALTH AGENCY	0	4,568,761	4,568,761	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	10,765	4,927,980	4,938,745	116.00
200.00		Subtotal (see instructions)	724,643,724	801,699,971	1,526,343,695	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	724,643,724	801,699,971	1,526,343,695	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet C Part I Date/Time Prepared: 2/27/2014 5:17 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.235043		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.105754		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.247671		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.124312		59.00
60.00	06000 LABORATORY	0.188471		60.00
64.00	06400 INTRAVENOUS THERAPY	0.591406		64.00
65.00	06500 RESPIRATORY THERAPY	0.258901		65.00
66.00	06600 PHYSICAL THERAPY	0.216375		66.00
69.00	06900 ELECTROCARDIOLOGY	0.051527		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.239695		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.697369		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.249123		73.00
74.00	07400 RENAL DIALYSIS	0.346809		74.00
76.00	03020 BEHAVIORAL HEALTH SERVICES	2.261215		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.607048		90.00
90.01	09001 FAMILY PRACTICE CLINIC	1.377735		90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.365183		90.02
90.03	09003 INFUSION CENTER	0.174428		90.03
90.04	09004 PRIMARY CARE SENIORS	1.551444		90.04
90.05	09005 PAIN MANAGEMENT	0.174157		90.05
90.06	09006 WOUND CARE CENTER	0.249698		90.06
90.07	09007 SLEEP CENTER	0.525693		90.07
91.00	09100 EMERGENCY	0.196543		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.677221		92.00
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.441556		96.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 150082

Period: From 10/01/2012 To 09/30/2013

Worksheet C Part II Date/Time Prepared: 2/27/2014 5:17 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,837,433	7,327,446	37,509,987	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,045,964	4,286,653	23,759,311	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	3,533,502	624,746	2,908,756	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	4,012,476	670,557	3,341,919	0	0	59.00
60.00	06000	LABORATORY	39,988,542	3,808,785	36,179,757	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	1,997,495	114,836	1,882,659	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,311,639	692,766	4,618,873	0	0	65.00
66.00	06600	PHYSICAL THERAPY	8,420,894	620,461	7,800,433	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,306,081	162,141	1,143,940	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,544,700	1,160,265	20,384,435	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	31,969,238	1,601,121	30,368,117	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,586,825	2,463,344	41,123,481	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,806,078	105,614	1,700,464	0	0	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	1,627,523	77,859	1,549,664	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,261,658	287,677	2,973,981	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	3,230,275	607,079	2,623,196	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	1,133,102	196,609	936,493	0	0	90.02
90.03	09003	INFUSION CENTER	1,113,257	156,218	957,039	0	0	90.03
90.04	09004	PRIMARY CARE SENIORS	1,867,684	98,259	1,769,425	0	0	90.04
90.05	09005	PAIN MANAGEMENT	3,946,288	318,461	3,627,827	0	0	90.05
90.06	09006	WOUND CARE CENTER	554,041	44,383	509,658	0	0	90.06
90.07	09007	SLEEP CENTER	1,919,753	161,407	1,758,346	0	0	90.07
91.00	09100	EMERGENCY	28,129,685	3,025,243	25,104,442	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	13,962,380	2,121,318	11,841,062	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	6,376,937	660,892	5,716,045	0	0	96.00
101.00	10100	HOME HEALTH AGENCY	5,322,660	362,554	4,960,106	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	4,483,777	461,675	4,022,102	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	313,289,887	32,218,369	281,071,518	0	0	200.00
201.00		Less Observation Beds	13,962,380	2,121,318	11,841,062	0	0	201.00
202.00		Total (line 200 minus line 201)	299,327,507	30,097,051	269,230,456	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 150082

Period: From 10/01/2012 To 09/30/2013

Worksheet C Part II Date/Time Prepared: 2/27/2014 5:17 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	44,837,433	190,762,367	0.235043		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	28,045,964	265,200,076	0.105754		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	3,533,502	14,266,926	0.247671		55.00
59.00	05900 CARDIAC CATHETERIZATION	4,012,476	34,166,042	0.117440		59.00
60.00	06000 LABORATORY	39,988,542	214,163,375	0.186720		60.00
64.00	06400 INTRAVENOUS THERAPY	1,997,495	3,377,534	0.591406		64.00
65.00	06500 RESPIRATORY THERAPY	5,311,639	20,516,082	0.258901		65.00
66.00	06600 PHYSICAL THERAPY	8,420,894	38,918,011	0.216375		66.00
69.00	06900 ELECTROCARDIOLOGY	1,306,081	25,347,368	0.051527		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	21,544,700	89,883,758	0.239695		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	31,969,238	45,842,616	0.697369		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	43,586,825	174,960,872	0.249123		73.00
74.00	07400 RENAL DIALYSIS	1,806,078	5,216,387	0.346232		74.00
76.00	03020 BEHAVIORAL HEALTH SERVICES	1,627,523	719,756	2.261215		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	3,261,658	5,374,818	0.606841		90.00
90.01	09001 FAMILY PRACTICE CLINIC	3,230,275	2,344,627	1.377735		90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1,133,102	3,102,837	0.365183		90.02
90.03	09003 INFUSION CENTER	1,113,257	6,383,377	0.174399		90.03
90.04	09004 PRIMARY CARE SENIORS	1,867,684	1,203,836	1.551444		90.04
90.05	09005 PAIN MANAGEMENT	3,946,288	22,681,304	0.173989		90.05
90.06	09006 WOUND CARE CENTER	554,041	2,218,846	0.249698		90.06
90.07	09007 SLEEP CENTER	1,919,753	3,659,011	0.524664		90.07
91.00	09100 EMERGENCY	28,129,685	148,421,758	0.189525		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	13,962,380	20,617,155	0.677221		92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	6,376,937	14,441,965	0.441556		96.00
101.00	10100 HOME HEALTH AGENCY	5,322,660	4,568,761	1.165012		101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600 HOSPICE	4,483,777	4,938,745	0.907878		116.00
200.00	Subtotal (sum of lines 50 thru 199)	313,289,887	1,363,298,210			200.00
201.00	Less Observation Beds	13,962,380	0			201.00
202.00	Total (line 200 minus line 201)	299,327,507	1,363,298,210			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part I Date/Time Prepared: 2/27/2014 5:17 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	12,391,749	0	12,391,749	104,266	118.85	30.00
31.00	INTENSIVE CARE UNIT	3,249,678		3,249,678	14,508	223.99	31.00
32.00	CORONARY CARE UNIT	567,970		567,970	3,791	149.82	32.00
40.00	SUBPROVIDER - IPF	246,375	0	246,375	3,656	67.39	40.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30-199)	16,455,772		16,455,772	126,221		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	40,249	4,783,594				
31.00	INTENSIVE CARE UNIT	7,306	1,636,471				
32.00	CORONARY CARE UNIT	2,015	301,887				
40.00	SUBPROVIDER - IPF	2,001	134,847				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	51,571	6,856,799				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part II Date/Time Prepared: 2/27/2014 5:17 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,327,446	190,762,367	0.038411	27,348,077	1,050,467	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,286,653	265,200,076	0.016164	27,969,075	452,092	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	624,746	14,266,926	0.043790	279,403	12,235	55.00
59.00	05900	CARDIAC CATHETERIZATION	670,557	34,166,042	0.019626	8,614,949	169,077	59.00
60.00	06000	LABORATORY	3,808,785	214,163,375	0.017784	54,227,434	964,381	60.00
64.00	06400	INTRAVENOUS THERAPY	114,836	3,377,534	0.034000	1,723,392	58,595	64.00
65.00	06500	RESPIRATORY THERAPY	692,766	20,516,082	0.033767	8,890,940	300,220	65.00
66.00	06600	PHYSICAL THERAPY	620,461	38,918,011	0.015943	14,675,041	233,964	66.00
69.00	06900	ELECTROCARDIOLOGY	162,141	25,347,368	0.006397	7,351,682	47,029	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,160,265	89,883,758	0.012909	26,706,455	344,754	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,601,121	45,842,616	0.034926	13,630,593	476,062	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,463,344	174,960,872	0.014079	47,934,422	674,869	73.00
74.00	07400	RENAL DIALYSIS	105,614	5,216,387	0.020247	3,001,906	60,780	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	77,859	719,756	0.108174	23,245	2,515	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	287,677	5,374,818	0.053523	9,982	534	90.00
90.01	09001	FAMILY PRACTICE CLINIC	607,079	2,344,627	0.258923	142	37	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	196,609	3,102,837	0.063364	0	0	90.02
90.03	09003	INFUSION CENTER	156,218	6,383,377	0.024473	4,044	99	90.03
90.04	09004	PRIMARY CARE SENIORS	98,259	1,203,836	0.081622	2,540	207	90.04
90.05	09005	PAIN MANAGEMENT	318,461	22,681,304	0.014041	693	10	90.05
90.06	09006	WOUND CARE CENTER	44,383	2,218,846	0.020003	2,984	60	90.06
90.07	09007	SLEEP CENTER	161,407	3,659,011	0.044112	391	17	90.07
91.00	09100	EMERGENCY	3,025,243	148,421,758	0.020383	22,846,897	465,688	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,121,318	20,617,155	0.102891	2,362,067	243,035	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	660,892	14,441,965	0.045762	0	0	96.00
200.00		Total (lines 50-199)	31,394,140	1,353,790,704		267,606,354	5,556,727	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150082		Period: From 10/01/2012 To 09/30/2013		Worksheet D Part III Date/Time Prepared: 2/27/2014 5:17 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	660,291	0	0	660,291	30.00
31.00	03100	INTENSIVE CARE UNIT	0	142,972	0	0	142,972	31.00
32.00	03200	CORONARY CARE UNIT	0	35,673	0	0	35,673	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	838,936	0	0	838,936	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	104,266	6.33	40,249	254,776		30.00
31.00	03100	INTENSIVE CARE UNIT	14,508	9.85	7,306	71,964		31.00
32.00	03200	CORONARY CARE UNIT	3,791	9.41	2,015	18,961		32.00
40.00	04000	SUBPROVIDER - IPF	3,656	0.00	2,001	0		40.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
200.00		Total (lines 30-199)	126,221		51,571	345,701		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/27/2014 5:17 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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	8,918	0	8,918	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	4,459	0	4,459	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	4,459	0	4,459	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	328,854	0	328,854	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003	INFUSION CENTER	0	0	0	0	0	90.03
90.04	09004	PRIMARY CARE SENIORS	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	4,459	0	4,459	90.05
90.06	09006	WOUND CARE CENTER	0	0	4,459	0	4,459	90.06
90.07	09007	SLEEP CENTER	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	22,296	0	22,296	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	113,039	0	113,039	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	490,943	0	490,943	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/27/2014 5:17 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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	8,918	190,762,367	0.000047	0.000047	27,348,077	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	265,200,076	0.000000	0.000000	27,969,075	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	14,266,926	0.000000	0.000000	279,403	55.00
59.00	05900 CARDIAC CATHETERIZATION	4,459	34,166,042	0.000131	0.000131	8,614,949	59.00
60.00	06000 LABORATORY	0	214,163,375	0.000000	0.000000	54,227,434	60.00
64.00	06400 INTRAVENOUS THERAPY	4,459	3,377,534	0.001320	0.001320	1,723,392	64.00
65.00	06500 RESPIRATORY THERAPY	0	20,516,082	0.000000	0.000000	8,890,940	65.00
66.00	06600 PHYSICAL THERAPY	0	38,918,011	0.000000	0.000000	14,675,041	66.00
69.00	06900 ELECTROCARDIOLOGY	0	25,347,368	0.000000	0.000000	7,351,682	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	89,883,758	0.000000	0.000000	26,706,455	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	45,842,616	0.000000	0.000000	13,630,593	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	328,854	174,960,872	0.001880	0.001880	47,934,422	73.00
74.00	07400 RENAL DIALYSIS	0	5,216,387	0.000000	0.000000	3,001,906	74.00
76.00	03020 BEHAVIORAL HEALTH SERVICES	0	719,756	0.000000	0.000000	23,245	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	5,374,818	0.000000	0.000000	9,982	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	2,344,627	0.000000	0.000000	142	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	3,102,837	0.000000	0.000000	0	90.02
90.03	09003 INFUSION CENTER	0	6,383,377	0.000000	0.000000	4,044	90.03
90.04	09004 PRIMARY CARE SENIORS	0	1,203,836	0.000000	0.000000	2,540	90.04
90.05	09005 PAIN MANAGEMENT	4,459	22,681,304	0.000197	0.000197	693	90.05
90.06	09006 WOUND CARE CENTER	4,459	2,218,846	0.002010	0.002010	2,984	90.06
90.07	09007 SLEEP CENTER	0	3,659,011	0.000000	0.000000	391	90.07
91.00	09100 EMERGENCY	22,296	148,421,758	0.000150	0.000150	22,846,897	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	113,039	20,617,155	0.005483	0.005483	2,362,067	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	14,441,965	0.000000	0.000000	0	96.00
200.00	Total (lines 50-199)	490,943	1,353,790,704			267,606,354	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet D
Part IV
Date/Time Prepared:
2/27/2014 5:17 pm

Cost Center Description		Title XVIII					Hospital	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1	PPS	
		11.00	12.00	12.01	13.00	13.01		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,285	21,931,492	0	1,031	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	51,542,351	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	5,370,807	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	1,129	6,372,155	0	835	0	59.00
60.00	06000	LABORATORY	0	3,572,198	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	2,275	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	480,224	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	77,315	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,152,724	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,912,344	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	3,620,624	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	90,117	30,955,225	0	58,196	0	73.00
74.00	07400	RENAL DIALYSIS	0	441,458	0	0	0	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	0	30,666	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,095,336	0	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	204,300	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	185,674	0	0	0	90.02
90.03	09003	INFUSION CENTER	0	2,572,461	0	0	0	90.03
90.04	09004	PRIMARY CARE SENIORS	0	829,480	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	9,341,951	0	1,840	0	90.05
90.06	09006	WOUND CARE CENTER	6	560,239	0	1,126	0	90.06
90.07	09007	SLEEP CENTER	0	1,166,599	0	0	0	90.07
91.00	09100	EMERGENCY	3,427	21,080,818	0	3,162	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	12,951	5,326,790	0	29,207	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	111,190	180,823,231	0	95,397	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part V Date/Time Prepared: 2/27/2014 5:17 pm
		Title VIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see inst.) before 1/1	PPS Reimbursed Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	1.00	2.00	2.01	3.00	4.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.235043	21,931,492	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.105754	51,542,351	0	0	0	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0.247671	5,370,807	0	0	0	55.00
59.00 05900 CARDIAC CATHETERIZATION	0.117440	6,372,155	0	0	0	59.00
60.00 06000 LABORATORY	0.186720	3,572,198	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0.591406	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.258901	480,224	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.216375	77,315	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.051527	3,152,724	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.239695	9,912,344	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.697369	3,620,624	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.249123	30,955,225	0	0	287,918	73.00
74.00 07400 RENAL DIALYSIS	0.346232	441,458	0	0	0	74.00
76.00 03020 BEHAVIORAL HEALTH SERVICES	2.261215	30,666	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.606841	2,095,336	0	0	0	90.00
90.01 09001 FAMILY PRACTICE CLINIC	1.377735	204,300	0	0	0	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0.365183	185,674	0	0	0	90.02
90.03 09003 INFUSION CENTER	0.174399	2,572,461	0	0	0	90.03
90.04 09004 PRIMARY CARE SENIORS	1.551444	829,480	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0.173989	9,341,951	0	0	0	90.05
90.06 09006 WOUND CARE CENTER	0.249698	560,239	0	0	0	90.06
90.07 09007 SLEEP CENTER	0.524664	1,166,599	0	0	0	90.07
91.00 09100 EMERGENCY	0.189525	21,080,818	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.677221	5,326,790	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.441556	0	0	0	0	96.00
200.00		Subtotal (see instructions)	180,823,231	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)	180,823,231	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part V Date/Time Prepared: 2/27/2014 5:17 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs					
	PPS Services (see inst.) before 1/1	PPS Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	5.00	5.01	6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	5,154,844	0	0	0		50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	5,450,810	0	0	0		54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	1,330,193	0	0	0		55.00
59.00 05900 CARDIAC CATHETERIZATION	748,346	0	0	0		59.00
60.00 06000 LABORATORY	667,001	0	0	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	124,330	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	16,729	0	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	162,450	0	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,375,939	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	2,524,911	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	7,711,659	0	0	71,727		73.00
74.00 07400 RENAL DIALYSIS	152,847	0	0	0		74.00
76.00 03020 BEHAVIORAL HEALTH SERVICES	69,342	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	1,271,536	0	0	0		90.00
90.01 09001 FAMILY PRACTICE CLINIC	281,471	0	0	0		90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	67,805	0	0	0		90.02
90.03 09003 INFUSION CENTER	448,635	0	0	0		90.03
90.04 09004 PRIMARY CARE SENIORS	1,286,892	0	0	0		90.04
90.05 09005 PAIN MANAGEMENT	1,625,397	0	0	0		90.05
90.06 09006 WOUND CARE CENTER	139,891	0	0	0		90.06
90.07 09007 SLEEP CENTER	612,072	0	0	0		90.07
91.00 09100 EMERGENCY	3,995,342	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,607,414	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
200.00 Subtotal (see instructions)	39,825,856	0	0	71,727		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00 Net Charges (line 200 +/- line 201)	39,825,856	0	0	71,727		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150082		Period: From 10/01/2012 To 09/30/2013		Worksheet D Part II Date/Time Prepared: 2/27/2014 5:17 pm		
		Component CCN: 15S082		Title XVIII		Subprovider - IPF		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,327,446	190,762,367	0.038411	71,576	2,749	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,286,653	265,200,076	0.016164	36,266	586	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	624,746	14,266,926	0.043790	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	670,557	34,166,042	0.019626	0	0	59.00
60.00	06000	LABORATORY	3,808,785	214,163,375	0.017784	333,656	5,934	60.00
64.00	06400	INTRAVENOUS THERAPY	114,836	3,377,534	0.034000	11,763	400	64.00
65.00	06500	RESPIRATORY THERAPY	692,766	20,516,082	0.033767	2,023	68	65.00
66.00	06600	PHYSICAL THERAPY	620,461	38,918,011	0.015943	2,014	32	66.00
69.00	06900	ELECTROCARDIOLOGY	162,141	25,347,368	0.006397	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,160,265	89,883,758	0.012909	9,502	123	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,601,121	45,842,616	0.034926	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,463,344	174,960,872	0.014079	380,071	5,351	73.00
74.00	07400	RENAL DIALYSIS	105,614	5,216,387	0.020247	0	0	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	77,859	719,756	0.108174	14,899	1,612	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	287,677	5,374,818	0.053523	540	29	90.00
90.01	09001	FAMILY PRACTICE CLINIC	607,079	2,344,627	0.258923	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	196,609	3,102,837	0.063364	0	0	90.02
90.03	09003	INFUSION CENTER	156,218	6,383,377	0.024473	0	0	90.03
90.04	09004	PRIMARY CARE SENIORS	98,259	1,203,836	0.081622	0	0	90.04
90.05	09005	PAIN MANAGEMENT	318,461	22,681,304	0.014041	0	0	90.05
90.06	09006	WOUND CARE CENTER	44,383	2,218,846	0.020003	0	0	90.06
90.07	09007	SLEEP CENTER	161,407	3,659,011	0.044112	0	0	90.07
91.00	09100	EMERGENCY	3,025,243	148,421,758	0.020383	211,902	4,319	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	20,617,155	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	660,892	14,441,965	0.045762	0	0	96.00
200.00		Total (lines 50-199)	29,272,822	1,353,790,704		1,074,212	21,203	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150082

Period: From 10/01/2012

Worksheet D

Component CCN: 15S082

To 09/30/2013

Part IV
Date/Time Prepared:
2/27/2014 5:17 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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	8,918	0	8,918	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	4,459	0	4,459	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	4,459	0	4,459	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	328,854	0	328,854	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003 INFUSION CENTER	0	0	0	0	0	90.03
90.04	09004 PRIMARY CARE SENIORS	0	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	4,459	0	4,459	90.05
90.06	09006 WOUND CARE CENTER	0	0	4,459	0	4,459	90.06
90.07	09007 SLEEP CENTER	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	0	0	22,296	0	22,296	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00	Total (lines 50-199)	0	0	377,904	0	377,904	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082 Component CCN: 15S082	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/27/2014 5:17 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	8,918	190,762,367	0.000047	0.000047	71,576	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	265,200,076	0.000000	0.000000	36,266	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	14,266,926	0.000000	0.000000	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	4,459	34,166,042	0.000131	0.000131	0	59.00
60.00	06000 LABORATORY	0	214,163,375	0.000000	0.000000	333,656	60.00
64.00	06400 INTRAVENOUS THERAPY	4,459	3,377,534	0.001320	0.001320	11,763	64.00
65.00	06500 RESPIRATORY THERAPY	0	20,516,082	0.000000	0.000000	2,023	65.00
66.00	06600 PHYSICAL THERAPY	0	38,918,011	0.000000	0.000000	2,014	66.00
69.00	06900 ELECTROCARDIOLOGY	0	25,347,368	0.000000	0.000000	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	89,883,758	0.000000	0.000000	9,502	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	45,842,616	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	328,854	174,960,872	0.001880	0.001880	380,071	73.00
74.00	07400 RENAL DIALYSIS	0	5,216,387	0.000000	0.000000	0	74.00
76.00	03020 BEHAVIORAL HEALTH SERVICES	0	719,756	0.000000	0.000000	14,899	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	5,374,818	0.000000	0.000000	540	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	2,344,627	0.000000	0.000000	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	3,102,837	0.000000	0.000000	0	90.02
90.03	09003 INFUSION CENTER	0	6,383,377	0.000000	0.000000	0	90.03
90.04	09004 PRIMARY CARE SENIORS	0	1,203,836	0.000000	0.000000	0	90.04
90.05	09005 PAIN MANAGEMENT	4,459	22,681,304	0.000197	0.000197	0	90.05
90.06	09006 WOUND CARE CENTER	4,459	2,218,846	0.002010	0.002010	0	90.06
90.07	09007 SLEEP CENTER	0	3,659,011	0.000000	0.000000	0	90.07
91.00	09100 EMERGENCY	22,296	148,421,758	0.000150	0.000150	211,902	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	20,617,155	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	14,441,965	0.000000	0.000000	0	96.00
200.00	Total (lines 50-199)	377,904	1,353,790,704			1,074,212	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/27/2014 5:17 pm			
		Component CCN: 15S082	Title XVIII	Subprovider - IPF	PPS		
Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1	
		11.00	12.00	12.01	13.00	13.01	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	3	0	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	16	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	715	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003 INFUSION CENTER	0	0	0	0	0	90.03
90.04	09004 PRIMARY CARE SENIORS	0	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
90.06	09006 WOUND CARE CENTER	0	0	0	0	0	90.06
90.07	09007 SLEEP CENTER	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	32	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00	Total (lines 50-199)	766	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet D
Part I
Date/Time Prepared:
2/27/2014 5:17 pm

Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	12,391,749	0	12,391,749	104,266	118.85	30.00
31.00	INTENSIVE CARE UNIT	3,249,678		3,249,678	14,508	223.99	31.00
32.00	CORONARY CARE UNIT	567,970		567,970	3,791	149.82	32.00
40.00	SUBPROVIDER - IPF	246,375	0	246,375	3,656	67.39	40.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30-199)	16,455,772		16,455,772	126,221		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,897	819,708				
31.00	INTENSIVE CARE UNIT	1,223	273,940				
32.00	CORONARY CARE UNIT	418	62,625				
40.00	SUBPROVIDER - IPF	363	24,463				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	8,901	1,180,736				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part II Date/Time Prepared: 2/27/2014 5:17 pm
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,327,446	190,762,367	0.038411	5,200,473	199,755	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,286,653	265,200,076	0.016164	5,177,956	83,696	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	624,746	14,266,926	0.043790	55,738	2,441	55.00
59.00	05900	CARDIAC CATHETERIZATION	670,557	34,166,042	0.019626	1,261,167	24,752	59.00
60.00	06000	LABORATORY	3,808,785	214,163,375	0.017784	10,810,401	192,252	60.00
64.00	06400	INTRAVENOUS THERAPY	114,836	3,377,534	0.034000	379,774	12,912	64.00
65.00	06500	RESPIRATORY THERAPY	692,766	20,516,082	0.033767	2,479,880	83,738	65.00
66.00	06600	PHYSICAL THERAPY	620,461	38,918,011	0.015943	1,803,183	28,748	66.00
69.00	06900	ELECTROCARDIOLOGY	162,141	25,347,368	0.006397	939,752	6,012	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,160,265	89,883,758	0.012909	4,969,232	64,148	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,601,121	45,842,616	0.034926	1,553,921	54,272	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,463,344	174,960,872	0.014079	11,242,929	158,289	73.00
74.00	07400	RENAL DIALYSIS	105,614	5,216,387	0.020247	308,210	6,240	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	77,859	719,756	0.108174	131,442	14,219	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	287,677	5,374,818	0.053523	3,682	197	90.00
90.01	09001	FAMILY PRACTICE CLINIC	607,079	2,344,627	0.258923	2,824	731	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	196,609	3,102,837	0.063364	152	10	90.02
90.03	09003	INFUSION CENTER	156,218	6,383,377	0.024473	17,537	429	90.03
90.04	09004	PRIMARY CARE SENIORS	98,259	1,203,836	0.081622	0	0	90.04
90.05	09005	PAIN MANAGEMENT	318,461	22,681,304	0.014041	4,346	61	90.05
90.06	09006	WOUND CARE CENTER	44,383	2,218,846	0.020003	0	0	90.06
90.07	09007	SLEEP CENTER	161,407	3,659,011	0.044112	3,108	137	90.07
91.00	09100	EMERGENCY	3,025,243	148,421,758	0.020383	4,954,777	100,993	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,121,318	20,617,155	0.102891	334,386	34,405	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	660,892	14,441,965	0.045762	0	0	96.00
200.00		Total (lines 50-199)	31,394,140	1,353,790,704		51,634,870	1,068,437	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150082		Period: From 10/01/2012 To 09/30/2013		Worksheet D Part III Date/Time Prepared: 2/27/2014 5:17 pm	
Cost Center Description			Title XIX		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	660,291	0	0	660,291	30.00
31.00	03100	INTENSIVE CARE UNIT	0	142,972	0	0	142,972	31.00
32.00	03200	CORONARY CARE UNIT	0	35,673	0	0	35,673	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	838,936	0	0	838,936	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	104,266	6.33	6,897	43,658		30.00
31.00	03100	INTENSIVE CARE UNIT	14,508	9.85	1,223	12,047		31.00
32.00	03200	CORONARY CARE UNIT	3,791	9.41	418	3,933		32.00
40.00	04000	SUBPROVIDER - IPF	3,656	0.00	363	0		40.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
200.00		Total (lines 30-199)	126,221		8,901	59,638		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/27/2014 5:17 pm
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Cost Center Description		Title XIX				Hospital	PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	8,918	0	8,918	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	4,459	0	4,459	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	4,459	0	4,459	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	328,854	0	328,854	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003	INFUSION CENTER	0	0	0	0	0	90.03
90.04	09004	PRIMARY CARE SENIORS	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	4,459	0	4,459	90.05
90.06	09006	WOUND CARE CENTER	0	0	4,459	0	4,459	90.06
90.07	09007	SLEEP CENTER	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	22,296	0	22,296	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	377,904	0	377,904	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/27/2014 5:17 pm
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Cost Center Description	Title XIX			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	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	8,918	190,762,367	0.000047	0.000047	5,200,473	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	265,200,076	0.000000	0.000000	5,177,956	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	14,266,926	0.000000	0.000000	55,738	55.00
59.00 05900 CARDIAC CATHETERIZATION	4,459	34,166,042	0.000131	0.000131	1,261,167	59.00
60.00 06000 LABORATORY	0	214,163,375	0.000000	0.000000	10,810,401	60.00
64.00 06400 INTRAVENOUS THERAPY	4,459	3,377,534	0.001320	0.001320	379,774	64.00
65.00 06500 RESPIRATORY THERAPY	0	20,516,082	0.000000	0.000000	2,479,880	65.00
66.00 06600 PHYSICAL THERAPY	0	38,918,011	0.000000	0.000000	1,803,183	66.00
69.00 06900 ELECTROCARDIOLOGY	0	25,347,368	0.000000	0.000000	939,752	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	89,883,758	0.000000	0.000000	4,969,232	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	45,842,616	0.000000	0.000000	1,553,921	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	328,854	174,960,872	0.001880	0.001880	11,242,929	73.00
74.00 07400 RENAL DIALYSIS	0	5,216,387	0.000000	0.000000	308,210	74.00
76.00 03020 BEHAVIORAL HEALTH SERVICES	0	719,756	0.000000	0.000000	131,442	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	5,374,818	0.000000	0.000000	3,682	90.00
90.01 09001 FAMILY PRACTICE CLINIC	0	2,344,627	0.000000	0.000000	2,824	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	3,102,837	0.000000	0.000000	152	90.02
90.03 09003 INFUSION CENTER	0	6,383,377	0.000000	0.000000	17,537	90.03
90.04 09004 PRIMARY CARE SENIORS	0	1,203,836	0.000000	0.000000	0	90.04
90.05 09005 PAIN MANAGEMENT	4,459	22,681,304	0.000197	0.000197	4,346	90.05
90.06 09006 WOUND CARE CENTER	4,459	2,218,846	0.002010	0.002010	0	90.06
90.07 09007 SLEEP CENTER	0	3,659,011	0.000000	0.000000	3,108	90.07
91.00 09100 EMERGENCY	22,296	148,421,758	0.000150	0.000150	4,954,777	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	20,617,155	0.000000	0.000000	334,386	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	14,441,965	0.000000	0.000000	0	96.00
200.00 Total (lines 50-199)	377,904	1,353,790,704			51,634,870	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet D
Part IV
Date/Time Prepared:
2/27/2014 5:17 pm

Cost Center Description			Title XIX			Hospital		PPS
			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1	
			11.00	12.00	12.01	13.00	13.01	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	244	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	165	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	501	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,137	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003	INFUSION CENTER	0	0	0	0	0	90.03
90.04	09004	PRIMARY CARE SENIORS	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	1	0	0	0	0	90.05
90.06	09006	WOUND CARE CENTER	0	0	0	0	0	90.06
90.07	09007	SLEEP CENTER	0	0	0	0	0	90.07
91.00	09100	EMERGENCY	743	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	22,791	0	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part V Date/Time Prepared: 2/27/2014 5:17 pm
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	
		PPS Reimbursed Services (see inst.) before 1/1	PPS Reimbursed Services (see inst.) on/after 1/1	Reimbursed Services Subject To Ded. & Coins. (see inst.)	Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	2.01	3.00	4.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.235043	0	0	0	6,467,106	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.105754	0	0	0	20,588,342	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.247671	0	0	0	1,592,958	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.117440	0	0	0	926,703	59.00
60.00	06000	LABORATORY	0.186720	0	0	0	15,115,690	60.00
64.00	06400	INTRAVENOUS THERAPY	0.591406	0	0	0	18,332	64.00
65.00	06500	RESPIRATORY THERAPY	0.258901	0	0	0	346,602	65.00
66.00	06600	PHYSICAL THERAPY	0.216375	0	0	0	235,740	66.00
69.00	06900	ELECTROCARDIOLOGY	0.051527	0	0	0	1,015,352	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.239695	0	0	0	3,871,566	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.697369	0	0	0	1,023,408	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.249123	0	0	0	7,703,272	73.00
74.00	07400	RENAL DIALYSIS	0.346232	0	0	0	5,494	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	2.261215	0	0	0	113,169	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.606841	0	0	0	471,412	90.00
90.01	09001	FAMILY PRACTICE CLINIC	1.377735	0	0	0	1,665,185	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.365183	0	0	0	36,734	90.02
90.03	09003	INFUSION CENTER	0.174399	0	0	0	633,199	90.03
90.04	09004	PRIMARY CARE SENIORS	1.551444	0	0	0	715	90.04
90.05	09005	PAIN MANAGEMENT	0.173989	0	0	0	2,199,538	90.05
90.06	09006	WOUND CARE CENTER	0.249698	0	0	0	173,702	90.06
90.07	09007	SLEEP CENTER	0.524664	0	0	0	470,556	90.07
91.00	09100	EMERGENCY	0.189525	0	0	0	18,536,818	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.677221	0	0	0	2,997,094	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.441556	0	0	0	0	96.00
200.00		Subtotal (see instructions)		0	0	0	86,208,687	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	0	86,208,687	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part V Date/Time Prepared: 2/27/2014 5:17 pm
		Title XIX	Hospital	PPS

Cost Center Description	Costs						
	PPS Services (see inst.) before 1/1	PPS Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	5.00	5.01	6.00	7.00			
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	1,520,048	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	2,177,300	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	394,530	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	108,832	59.00
60.00	06000	LABORATORY	0	0	0	2,822,402	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	10,842	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	89,736	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	51,008	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	52,318	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	927,995	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	713,693	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,919,062	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,902	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	0	0	0	255,899	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	286,072	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	0	2,294,184	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	13,415	90.02
90.03	09003	INFUSION CENTER	0	0	0	110,429	90.03
90.04	09004	PRIMARY CARE SENIORS	0	0	0	1,109	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	382,695	90.05
90.06	09006	WOUND CARE CENTER	0	0	0	43,373	90.06
90.07	09007	SLEEP CENTER	0	0	0	246,884	90.07
91.00	09100	EMERGENCY	0	0	0	3,513,190	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	2,029,695	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
200.00		Subtotal (see instructions)	0	0	0	19,966,613	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	0	19,966,613	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150082 Component CCN: 15S082		Period: From 10/01/2012 To 09/30/2013		Worksheet D Part II Date/Time Prepared: 2/27/2014 5:17 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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,327,446	190,762,367	0.038411	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,286,653	265,200,076	0.016164	6,711	108	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	624,746	14,266,926	0.043790	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	670,557	34,166,042	0.019626	0	0	59.00
60.00	06000	LABORATORY	3,808,785	214,163,375	0.017784	129,668	2,306	60.00
64.00	06400	INTRAVENOUS THERAPY	114,836	3,377,534	0.034000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	692,766	20,516,082	0.033767	0	0	65.00
66.00	06600	PHYSICAL THERAPY	620,461	38,918,011	0.015943	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	162,141	25,347,368	0.006397	1,416	9	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,160,265	89,883,758	0.012909	1,316	17	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,601,121	45,842,616	0.034926	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,463,344	174,960,872	0.014079	68,881	970	73.00
74.00	07400	RENAL DIALYSIS	105,614	5,216,387	0.020247	0	0	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	77,859	719,756	0.108174	7,898	854	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	287,677	5,374,818	0.053523	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	607,079	2,344,627	0.258923	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	196,609	3,102,837	0.063364	0	0	90.02
90.03	09003	INFUSION CENTER	156,218	6,383,377	0.024473	0	0	90.03
90.04	09004	PRIMARY CARE SENIORS	98,259	1,203,836	0.081622	0	0	90.04
90.05	09005	PAIN MANAGEMENT	318,461	22,681,304	0.014041	0	0	90.05
90.06	09006	WOUND CARE CENTER	44,383	2,218,846	0.020003	0	0	90.06
90.07	09007	SLEEP CENTER	161,407	3,659,011	0.044112	0	0	90.07
91.00	09100	EMERGENCY	3,025,243	148,421,758	0.020383	109,874	2,240	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	20,617,155	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	660,892	14,441,965	0.045762	0	0	96.00
200.00		Total (lines 50-199)	29,272,822	1,353,790,704		325,764	6,504	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082 Component CCN: 15S082	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/27/2014 5:17 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	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	8,918	0	8,918	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	4,459	0	4,459	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	4,459	0	4,459	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	328,854	0	328,854	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03020 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03 09003 INFUSION CENTER	0	0	0	0	0	90.03
90.04 09004 PRIMARY CARE SENIORS	0	0	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	4,459	0	4,459	90.05
90.06 09006 WOUND CARE CENTER	0	0	4,459	0	4,459	90.06
90.07 09007 SLEEP CENTER	0	0	0	0	0	90.07
91.00 09100 EMERGENCY	0	0	22,296	0	22,296	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00 Total (lines 50-199)	0	0	377,904	0	377,904	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082 Component CCN: 15S082	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/27/2014 5:17 pm
Title XIX		Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	8,918	190,762,367	0.000047	0.000047	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	265,200,076	0.000000	0.000000	6,711	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	14,266,926	0.000000	0.000000	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	4,459	34,166,042	0.000131	0.000131	0	59.00
60.00	06000 LABORATORY	0	214,163,375	0.000000	0.000000	129,668	60.00
64.00	06400 INTRAVENOUS THERAPY	4,459	3,377,534	0.001320	0.001320	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	20,516,082	0.000000	0.000000	0	65.00
66.00	06600 PHYSICAL THERAPY	0	38,918,011	0.000000	0.000000	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	25,347,368	0.000000	0.000000	1,416	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	89,883,758	0.000000	0.000000	1,316	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	45,842,616	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	328,854	174,960,872	0.001880	0.001880	68,881	73.00
74.00	07400 RENAL DIALYSIS	0	5,216,387	0.000000	0.000000	0	74.00
76.00	03020 BEHAVIORAL HEALTH SERVICES	0	719,756	0.000000	0.000000	7,898	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	5,374,818	0.000000	0.000000	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	2,344,627	0.000000	0.000000	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	3,102,837	0.000000	0.000000	0	90.02
90.03	09003 INFUSION CENTER	0	6,383,377	0.000000	0.000000	0	90.03
90.04	09004 PRIMARY CARE SENIORS	0	1,203,836	0.000000	0.000000	0	90.04
90.05	09005 PAIN MANAGEMENT	4,459	22,681,304	0.000197	0.000197	0	90.05
90.06	09006 WOUND CARE CENTER	4,459	2,218,846	0.002010	0.002010	0	90.06
90.07	09007 SLEEP CENTER	0	3,659,011	0.000000	0.000000	0	90.07
91.00	09100 EMERGENCY	22,296	148,421,758	0.000150	0.000150	109,874	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	20,617,155	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	14,441,965	0.000000	0.000000	0	96.00
200.00	Total (lines 50-199)	377,904	1,353,790,704			325,764	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082 Component CCN: 15S082	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/27/2014 5:17 pm
Title XIX		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1	
		11.00	12.00	12.01	13.00	13.01	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	129	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003 INFUSION CENTER	0	0	0	0	0	90.03
90.04	09004 PRIMARY CARE SENIORS	0	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
90.06	09006 WOUND CARE CENTER	0	0	0	0	0	90.06
90.07	09007 SLEEP CENTER	0	0	0	0	0	90.07
91.00	09100 EMERGENCY	16	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00	Total (lines 50-199)	145	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet D-1 Date/Time Prepared: 2/27/2014 5:17 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		104,266	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		104,266	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)		86,417	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)		40,249	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		81,561,769	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)		81,561,769	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		81,561,769	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		782.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		31,484,780	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)		31,484,780	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet D-1 Date/Time Prepared: 2/27/2014 5:17 pm		
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
NURSERY (title V & XIX only)			1.00	2.00	3.00	4.00	5.00
Intensive Care Type Inpatient Hospital Units							
42.00							42.00
43.00	INTENSIVE CARE UNIT	21,865,693	14,508	1,507.15	7,306	11,011,238	43.00
44.00	CORONARY CARE UNIT	4,774,947	3,791	1,259.55	2,015	2,537,993	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					62,665,663	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					107,699,674	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)					7,067,653	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,667,917	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					12,735,570	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					94,964,104	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)					17,849	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					782.25	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					13,962,380	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082		Period: From 10/01/2012 To 09/30/2013		Worksheet D-1 Date/Time Prepared: 2/27/2014 5:17 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	12,391,749	81,561,769	0.151931	13,962,380	2,121,318	90.00
91.00	Nursing School cost	0	81,561,769	0.000000	13,962,380	0	91.00
92.00	Allied health cost	660,291	81,561,769	0.008096	13,962,380	113,039	92.00
93.00	All other Medical Education	0	81,561,769	0.000000	13,962,380	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet D-1
		Component CCN: 15S082		Date/Time Prepared: 2/27/2014 5:17 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,656	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,656	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)		3,656	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)		2,001	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,151,809	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,151,809	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,151,809	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		588.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,177,729	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)		1,177,729	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082		Period: From 10/01/2012 To 09/30/2013		Worksheet D-1		
		Component CCN: 15S082				Date/Time Prepared: 2/27/2014 5:17 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)							42.00
Intensive Care Type Inpatient Hospital Units								
43.00	0	0	0.00	0	0		43.00	
44.00	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	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description								
					1.00			
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					264,087		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,441,816		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)					134,847		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					21,969		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					156,816		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,285,000		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082 Component CCN: 15S082		Period: From 10/01/2012 To 09/30/2013		Worksheet D-1 Date/Time Prepared: 2/27/2014 5:17 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	246,375	2,151,809	0.114497	0	0	90.00
91.00	Nursing School cost	0	2,151,809	0.000000	0	0	91.00
92.00	Allied health cost	0	2,151,809	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,151,809	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet D-1 Date/Time Prepared: 2/27/2014 5:17 pm
		Title XIX	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		104,266	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		104,266	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)		86,417	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,897	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		81,561,769	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)		81,561,769	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		81,561,769	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		782.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,395,178	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,395,178	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet D-1 Date/Time Prepared: 2/27/2014 5:17 pm		
Cost Center Description			Title XIX		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)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	21,865,693	14,508	1,507.15	1,223	1,843,244	43.00	
44.00	4,774,947	3,791	1,259.55	418	526,492	44.00	
45.00						45.00	
46.00						46.00	
47.00						47.00	
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					11,974,835	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					19,739,749	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)					1,215,911	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,091,228	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,307,139	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					17,432,610	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)					17,849	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					782.25	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					13,962,380	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082		Period: From 10/01/2012 To 09/30/2013		Worksheet D-1 Date/Time Prepared: 2/27/2014 5:17 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	12,391,749	81,561,769	0.151931	13,962,380	2,121,318	90.00
91.00	Nursing School cost	0	81,561,769	0.000000	13,962,380	0	91.00
92.00	Allied health cost	660,291	81,561,769	0.008096	13,962,380	113,039	92.00
93.00	All other Medical Education	0	81,561,769	0.000000	13,962,380	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet D-1
		Component CCN: 15S082		Date/Time Prepared: 2/27/2014 5:17 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,656	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,656	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)		3,656	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)		363	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,151,809	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,151,809	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,151,809	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		588.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		213,651	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)		213,651	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082		Period: From 10/01/2012 To 09/30/2013		Worksheet D-1		
		Component CCN: 15S082				Date/Time Prepared: 2/27/2014 5:17 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)							42.00
Intensive Care Type Inpatient Hospital Units								
43.00	0	0	0.00	0	0		43.00	
44.00	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	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00			
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					82,151		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					295,802		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)					24,463		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					6,649		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					31,112		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					264,690		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082 Component CCN: 15S082		Period: From 10/01/2012 To 09/30/2013		Worksheet D-1 Date/Time Prepared: 2/27/2014 5:17 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	246,375	2,151,809	0.114497	0	0	90.00
91.00	Nursing School cost	0	2,151,809	0.000000	0	0	91.00
92.00	Allied health cost	0	2,151,809	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,151,809	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet D-3 Date/Time Prepared: 2/27/2014 5:17 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		42,931,285	30.00
31.00	03100	INTENSIVE CARE UNIT		20,079,893	31.00
32.00	03200	CORONARY CARE UNIT		5,648,085	32.00
40.00	04000	SUBPROVIDER - I/P		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.235043	27,348,077	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.105754	27,969,075	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.247671	279,403	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.124312	8,614,949	59.00
60.00	06000	LABORATORY	0.188471	54,227,434	60.00
64.00	06400	INTRAVENOUS THERAPY	0.591406	1,723,392	64.00
65.00	06500	RESPIRATORY THERAPY	0.258901	8,890,940	65.00
66.00	06600	PHYSICAL THERAPY	0.216375	14,675,041	66.00
69.00	06900	ELECTROCARDIOLOGY	0.051527	7,351,682	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.239695	26,706,455	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.697369	13,630,593	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.249123	47,934,422	73.00
74.00	07400	RENAL DIALYSIS	0.346809	3,001,906	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	2.261215	23,245	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.607048	9,982	90.00
90.01	09001	FAMILY PRACTICE CLINIC	1.377735	142	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.365183	0	90.02
90.03	09003	INFUSION CENTER	0.174428	4,044	90.03
90.04	09004	PRIMARY CARE SENIORS	1.551444	2,540	90.04
90.05	09005	PAIN MANAGEMENT	0.174157	693	90.05
90.06	09006	WOUND CARE CENTER	0.249698	2,984	90.06
90.07	09007	SLEEP CENTER	0.525693	391	90.07
91.00	09100	EMERGENCY	0.196543	22,846,897	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.677221	2,362,067	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.441556	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		267,606,354	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)		267,606,354	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet D-3	
		Component CCN: 15S082		Date/Time Prepared: 2/27/2014 5:17 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		3,982,056	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.235043	71,576	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.105754	36,266	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.247671	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.124312	0	59.00
60.00	06000	LABORATORY	0.188471	333,656	60.00
64.00	06400	INTRAVENOUS THERAPY	0.591406	11,763	64.00
65.00	06500	RESPIRATORY THERAPY	0.258901	2,023	65.00
66.00	06600	PHYSICAL THERAPY	0.216375	2,014	66.00
69.00	06900	ELECTROCARDIOLOGY	0.051527	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.239695	9,502	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.697369	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.249123	380,071	73.00
74.00	07400	RENAL DIALYSIS	0.346809	0	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	2.261215	14,899	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.607048	540	90.00
90.01	09001	FAMILY PRACTICE CLINIC	1.377735	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.365183	0	90.02
90.03	09003	INFUSION CENTER	0.174428	0	90.03
90.04	09004	PRIMARY CARE SENIORS	1.551444	0	90.04
90.05	09005	PAIN MANAGEMENT	0.174157	0	90.05
90.06	09006	WOUND CARE CENTER	0.249698	0	90.06
90.07	09007	SLEEP CENTER	0.525693	0	90.07
91.00	09100	EMERGENCY	0.196543	211,902	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.677221	0	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.441556	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		1,074,212	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)		1,074,212	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet D-3 Date/Time Prepared: 2/27/2014 5:17 pm
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT		16,782,654	31.00
32.00	03200	CORONARY CARE UNIT		4,601,429	32.00
40.00	04000	SUBPROVIDER - I/P		1,326,872	40.00
				0	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.235043	5,200,473	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.105754	5,177,956	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.247671	55,738	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.124312	1,261,167	59.00
60.00	06000	LABORATORY	0.188471	10,810,401	60.00
64.00	06400	INTRAVENOUS THERAPY	0.591406	379,774	64.00
65.00	06500	RESPIRATORY THERAPY	0.258901	2,479,880	65.00
66.00	06600	PHYSICAL THERAPY	0.216375	1,803,183	66.00
69.00	06900	ELECTROCARDIOLOGY	0.051527	939,752	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.239695	4,969,232	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.697369	1,553,921	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.249123	11,242,929	73.00
74.00	07400	RENAL DIALYSIS	0.346809	308,210	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	2.261215	131,442	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.607048	3,682	90.00
90.01	09001	FAMILY PRACTICE CLINIC	1.377735	2,824	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.365183	152	90.02
90.03	09003	INFUSION CENTER	0.174428	17,537	90.03
90.04	09004	PRIMARY CARE SENIORS	1.551444	0	90.04
90.05	09005	PAIN MANAGEMENT	0.174157	4,346	90.05
90.06	09006	WOUND CARE CENTER	0.249698	0	90.06
90.07	09007	SLEEP CENTER	0.525693	3,108	90.07
91.00	09100	EMERGENCY	0.196543	4,954,777	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.677221	334,386	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.441556	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		51,634,870	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		51,634,870	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet D-3	
		Component CCN: 15S082		Date/Time Prepared: 2/27/2014 5:17 pm	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		971,001	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.235043	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.105754	6,711	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.247671	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.124312	0	59.00
60.00	06000	LABORATORY	0.188471	129,668	60.00
64.00	06400	INTRAVENOUS THERAPY	0.591406	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.258901	0	65.00
66.00	06600	PHYSICAL THERAPY	0.216375	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.051527	1,416	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.239695	1,316	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.697369	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.249123	68,881	73.00
74.00	07400	RENAL DIALYSIS	0.346809	0	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	2.261215	7,898	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.607048	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	1.377735	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.365183	0	90.02
90.03	09003	INFUSION CENTER	0.174428	0	90.03
90.04	09004	PRIMARY CARE SENIORS	1.551444	0	90.04
90.05	09005	PAIN MANAGEMENT	0.174157	0	90.05
90.06	09006	WOUND CARE CENTER	0.249698	0	90.06
90.07	09007	SLEEP CENTER	0.525693	0	90.07
91.00	09100	EMERGENCY	0.196543	109,874	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.677221	0	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.441556	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		325,764	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)		325,764	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part A Date/Time Prepared: 2/27/2014 5:17 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		71,243,905		1.00
2.00	Outlier payments for discharges. (see instructions)		2,601,642		2.00
2.01	Outlier reconciliation amount		0		2.01
3.00	Managed Care Simulated Payments		18,646,990		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		420.47		4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		15.30		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)		2.22		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(F)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(F)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		17.52		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		18.15		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		17.52		12.00
13.00	Total allowable FTE count for the prior year.		17.52		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.		16.75		14.00
15.00	Sum of lines 12 through 14 divided by 3.		17.26		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		17.26		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.041049		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.036153		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.036153		21.00
22.00	IME payment adjustment (see instructions)		1,757,996		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.63		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. (see instructions)		0.000000		27.00
28.00	IME Adjustment (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		1,757,996		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.74		30.00
31.00	Percentage of Medicaid patient days (see instructions)		14.22		31.00
32.00	Sum of lines 30 and 31		19.96		32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.72		33.00
34.00	Disproportionate share adjustment (see instructions)		4,075,151		34.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part A Date/Time Prepared: 2/27/2014 5:17 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
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	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)		79,678,694		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		79,678,694		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		6,334,183		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		795,327		52.00
53.00	Nursing and Allied Health Managed Care payment		269,905		53.00
54.00	Special add-on payments for new technologies		2,416		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		345,701		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		111,190		58.00
59.00	Total (sum of amounts on lines 49 through 58)		87,537,416		59.00
60.00	Primary payer payments		33,407		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		87,504,009		61.00
62.00	Deductibles billed to program beneficiaries		7,715,948		62.00
63.00	Coinurance billed to program beneficiaries		528,693		63.00
64.00	Allowable bad debts (see instructions)		805,934		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		523,857		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		582,581		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		79,783,225		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		-32,941		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-78,385		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume Payment-1 (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low Volume Payment-2 (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
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		79,671,899		71.00
71.01	Sequestration adjustment (see instructions)		796,719		71.01
72.00	Interim payments		78,251,919		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		623,261		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		1,363,085		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part A Date/Time Prepared: 2/27/2014 5:17 pm	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
		0	1.00	1.01	
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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/27/2014 5:17 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01		
		0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00	71,243,905	0	0	71,243,905	1.00	
2.00	Outlier payments for discharges (see instructions)	2.00	2,601,642	0	0	2,601,642	2.00	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	18,646,990	0	0	18,646,990	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.036153	0.036153	0.036153	0.036153	5.00	
6.00	IME payment adjustment (see instructions)	22.00	1,757,996	0	0	1,757,996	6.00	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,757,996	0	0	1,757,996	9.00	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0572	0.0572	0.0572	0.0572	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	4,075,151	0	0	4,075,151	11.00	
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	79,678,694	0	0	79,678,694	13.00	
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	48.00	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	79,678,694	0	0	79,678,694	15.00	
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	6,334,183	0	0	6,334,183	16.00	
17.00	Special add-on payments for new technologies	54.00	2,416	0	0	2,416	17.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	
19.00	SUBTOTAL			0	0	86,015,293	19.00	
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	5,583,301	0	0	5,583,301	20.00	
21.00	Capital DRG outlier payments	2.00	426,492	0	0	426,492	21.00	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0169	0.0169	0.0169	0.0169	22.00	
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	94,358	0	0	94,358	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0412	0.0412	0.0412	0.0412	24.00	
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	230,032	0	0	230,032	25.00	
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	6,334,183	0	0	6,334,183	26.00	
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00		
27.00	Low volume adjustment factor				0.000000	0.000000	27.00	
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			0		28.00	
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				0	29.00	
100.00	Transfer low volume adjustments to W/S E Part A.		Y				100.00	

LOW VOLUME CALCULATION EXHIBIT 4		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part A Exhibit 4 Date/Time Prepared: 2/27/2014 5:17 pm
		Title XVII	Hospital	PPS
		Total (Col 2 through 4)		
		5.00		
1.00	DRG amounts other than outlier payments	71,243,905		1.00
2.00	Outlier payments for discharges (see instructions)	2,601,642		2.00
3.00	Operating outlier reconciliation	0		3.00
4.00	Managed care simulated payments	18,646,990		4.00
Indirect Medical Education Adjustment				
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)			5.00
6.00	IME payment adjustment (see instructions)	1,757,996		6.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
7.00	Amount from Worksheet E Part A, line 27 (see instructions)			7.00
8.00	IME adjustment (see instructions)	0		8.00
9.00	Total IME payment (sum of lines 6 and 8)	1,757,996		9.00
Disproportionate Share Adjustment				
10.00	Allowable disproportionate share percentage (see instructions)			10.00
11.00	Disproportionate share adjustment (see instructions)	4,075,151		11.00
Additional payment for high percentage of ESRD beneficiary discharges				
12.00	Total ESRD additional payment (see instructions)	0		12.00
13.00	Subtotal (see instructions)	79,678,694		13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	79,678,694		15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	6,334,183		16.00
17.00	Special add-on payments for new technologies	2,416		17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	0		18.00
19.00	SUBTOTAL	86,015,293		19.00
		5.00		
20.00	Capital DRG other than outlier	5,583,301		20.00
21.00	Capital DRG outlier payments	426,492		21.00
22.00	Indirect medical education percentage (see instructions)			22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	94,358		23.00
24.00	Allowable disproportionate share percentage (see instructions)			24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	230,032		25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	6,334,183		26.00
		5.00		
27.00	Low volume adjustment factor			27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	0		28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	0		29.00
100.00	Transfer low volume adjustments to W/S E Part A.			100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part B Date/Time Prepared: 2/27/2014 5:17 pm
		Title XVIII	Hospital	PPS
		before 1/1	on/after 1/1	
		1.00	1.01	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)	71,727		1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	39,730,459	0	2.00
3.00	PPS payments	36,035,694	0	3.00
4.00	Outlier payment (see instructions)	97,577	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	0.000	5.00
6.00	Line 2 times line 5	0	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	95,397		9.00
10.00	Organ acquisitions	0		10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	71,727		11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges	287,918		12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0		13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	287,918		14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0		15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0		16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000		17.00
18.00	Total customary charges (see instructions)	287,918		18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	216,191		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)	71,727		21.00
22.00	Interns and residents (see instructions)	0		22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0		23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	36,228,668		24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)	0		25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	7,956,995		26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	28,343,400		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	290,690		28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0		29.00
30.00	Subtotal (sum of lines 27 through 29)	28,634,090		30.00
31.00	Primary payer payments	18,903		31.00
32.00	Subtotal (line 30 minus line 31)	28,615,187		32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0		33.00
34.00	Allowable bad debts (see instructions)	976,795		34.00
35.00	Adjusted reimbursable bad debts (see instructions)	634,917		35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	850,328		36.00
37.00	Subtotal (see instructions)	29,250,104		37.00
38.00	MSP-LCC reconciliation amount from PS&R	607		38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0		39.99
40.00	Subtotal (see instructions)	29,249,497		40.00
40.01	Sequestration adjustment (see instructions)	292,495		40.01
41.00	Interim payments	28,531,991		41.00
42.00	Tentative settlement (for contractors use only)	0		42.00
43.00	Balance due provider/program (see instructions)	425,011		43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2	0		44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)	0		90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0		91.00
92.00	The rate used to calculate the Time Value of Money	0.00		92.00
93.00	Time Value of Money (see instructions)	0		93.00
94.00	Total (sum of lines 91 and 93)	0		94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
2/27/2014 5:17 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		78,251,919		28,531,991	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)		78,251,919		28,531,991	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		623,261		425,011	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		78,875,180		28,957,002	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: 150082
Component CCN: 15S082

Period:
From 10/01/2012
To 09/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
2/27/2014 5:17 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					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		1,203,967		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)		1,203,967		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		15,047		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,219,014		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet E-1
Part II
Date/Time Prepared:
2/27/2014 5:17 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			21,977 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			49,570 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			13,093 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			104,716 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,526,343,695 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			54,756,375 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,913,494 8.00
9.00	Sequestration adjustment amount (see instructions)			38,270 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,875,224 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,904,677 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)			-29,453 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet E-3 Part II Date/Time Prepared: 2/27/2014 5:17 pm
		Component CCN: 15S082	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,382,862	1.00
2.00	Net IPF PPS Outlier Payments		2,253	2.00
3.00	Net IPF PPS ECT Payments		13,100	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		10.016438	9.00
10.00	Indirect Medical Education Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Indirect Medical Education 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)		1,398,215	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,398,215	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,398,215	18.00
19.00	Deductibles		127,256	19.00
20.00	Subtotal (line 18 minus line 19)		1,270,959	20.00
21.00	Coinsurance		54,976	21.00
22.00	Subtotal (line 20 minus line 21)		1,215,983	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		22,427	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		14,578	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		17,369	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,230,561	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		766	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,231,327	31.00
31.01	Sequestration adjustment (see instructions)		12,313	31.01
32.00	Interim payments		1,203,967	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		15,047	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		2,253	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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet E-4 Date/Time Prepared: 2/27/2014 5:17 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			18.00	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			1.40	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))			0.00	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)			16.60	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			18.31	6.00
7.00	Enter the lesser of line 5 or line 6			16.60	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.	18.31	0.00	18.31	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.	16.60	0.00	16.60	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	16.60	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	16.60	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	16.60	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	16.60	0.00		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	16.60	0.00		17.00
18.00	Per resident amount	112,803.46	0.00		18.00
19.00	Approved amount for resident costs	1,872,537	0	1,872,537	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)			1.71	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)			1,872,537	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	51,571	13,138		26.00
27.00	Total Inpatient Days (see instructions)	108,372	108,372		27.00
28.00	Ratio of inpatient days to total inpatient days	0.475870	0.121231		28.00
29.00	Program direct GME amount	891,084	227,010		29.00
30.00	Reduction for direct GME payments for Medicare managed care		32,077		30.00
31.00	Net Program direct GME amount			1,086,017	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet E-4 Date/Time Prepared: 2/27/2014 5:17 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		5,216,387	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
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		109,141,490	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		33,407	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		109,108,083	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		39,897,583	42.00
43.00	Primary payer payments (see instructions)		18,903	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		39,878,680	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		148,986,763	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.732334	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.267666	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,086,017	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		795,327	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		290,690	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 150082 Period: From 10/01/2012 To 09/30/2013 Worksheet G
 Date/Time Prepared: 2/27/2014 5:17 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	43,365,528	0	0	0	1.00
2.00	Temporary investments	4,351,163	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	77,039,261	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,518,992	0	0	0	7.00
8.00	Prepaid expenses	5,393,761	0	0	0	8.00
9.00	Other current assets	6,351,537	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)	142,020,242	0	0	0	11.00
FIXED ASSETS						
12.00	Land	10,349,764	0	0	0	12.00
13.00	Land improvements	4,689,555	0	0	0	13.00
14.00	Accumulated depreciation	-3,925,575	0	0	0	14.00
15.00	Buildings	472,217,430	0	0	0	15.00
16.00	Accumulated depreciation	-236,268,761	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	248,898,529	0	0	0	23.00
24.00	Accumulated depreciation	-188,032,412	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)	307,928,530	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	373,345,777	11,858,628	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	34,619,510	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	407,965,287	11,858,628	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	857,914,059	11,858,628	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	25,158,128	0	0	0	37.00
38.00	Salaries, wages, and fees payable	30,646,255	0	0	0	38.00
39.00	Payroll taxes payable	3,215,096	0	0	0	39.00
40.00	Notes and loans payable (short term)	8,164,490	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	8,163,841	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	75,347,810	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	212,993,397	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	61,125,664	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	274,119,061	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	349,466,871	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	508,447,188				52.00
53.00	Specific purpose fund		11,858,628			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)	508,447,188	11,858,628	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	857,914,059	11,858,628	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet G-1

Date/Time Prepared:
2/27/2014 5:17 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		426,547,205		10,710,231	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		63,648,203			2.00
3.00	Total (sum of line 1 and line 2)		490,195,408		10,710,231	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	NET UNREALIZED GAIN ON INVESTMENTS	6,980,151		714,825		5.00
6.00	PENSION RELATED CHANGES	31,884,890		0		6.00
7.00	CHANGE IN BENEFICIAL INTERESTS	0		85,722		7.00
8.00	ROUNDING	3		0		8.00
9.00	NET INCOME FOUNDATION	0		347,851		9.00
10.00	Total additions (sum of line 4-9)		38,865,044		1,148,398	10.00
11.00	Subtotal (line 3 plus line 10)		529,060,452		11,858,629	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	CHANGE IN UNRESTRICTED ASSETS	20,613,264		0		13.00
14.00	ROUNDING	0		1		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)		20,613,264		1	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		508,447,188		11,858,628	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	NET UNREALIZED GAIN ON INVESTMENTS		0			5.00
6.00	PENSION RELATED CHANGES		0			6.00
7.00	CHANGE IN BENEFICIAL INTERESTS		0			7.00
8.00	ROUNDING		0			8.00
9.00	NET INCOME FOUNDATION		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	CHANGE IN UNRESTRICTED ASSETS		0			13.00
14.00	ROUNDING		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: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/27/2014 5:17 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	124,672,726		124,672,726	1.00
2.00	SUBPROVIDER - IPF	7,374,309		7,374,309	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				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	132,047,035		132,047,035	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	42,671,864		42,671,864	11.00
12.00	CORONARY CARE UNIT	10,947,729		10,947,729	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	53,619,593		53,619,593	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	185,666,628		185,666,628	17.00
18.00	Ancillary services	527,252,387	631,975,878	1,159,228,265	18.00
19.00	Outpatient services	51,733,759	241,415,394	293,149,153	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		4,578,630	4,578,630	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	10,765	4,956,244	4,967,009	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	764,663,539	882,926,146	1,647,589,685	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		526,761,020		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		526,761,020		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet G-3

Date/Time Prepared:
2/27/2014 5:17 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,647,589,685	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,102,872,544	2.00
3.00	Net patient revenues (line 1 minus line 2)	544,717,141	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	526,761,020	4.00
5.00	Net income from service to patients (line 3 minus line 4)	17,956,121	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	10,149,587	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	41,723,236	24.00
25.00	Total other income (sum of lines 6-24)	51,872,823	25.00
26.00	Total (line 5 plus line 25)	69,828,944	26.00
27.00	LOSS ON DEBT RETIREMENT	6,180,741	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	6,180,741	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	63,648,203	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150082

Period: From 10/01/2012

Worksheet H

HHA CCN: 157132

To 09/30/2013

Date/Time Prepared: 2/27/2014 5:17 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	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	822,611	0	0	0	16,338	838,949	5.00
HHA REIMBURSABLE SERVICES							
6.00	1,113,510	0	96,437	0	0	1,209,947	6.00
7.00	0	0	53,355	709,362	0	762,717	7.00
8.00	0	0	20,032	263,545	0	283,577	8.00
9.00	0	0	2,541	58,701	0	61,242	9.00
10.00	46,383	0	1,561	0	0	47,944	10.00
11.00	81,046	0	15,541	0	0	96,587	11.00
12.00	0	0	0	0	114,851	114,851	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
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	2,063,550	0	189,467	1,031,608	131,189	3,415,814	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			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0	0	0	1.00
2.00	0	0	0	0	0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	0	838,949	0	838,949	0	838,949	5.00
HHA REIMBURSABLE SERVICES							
6.00	0	1,209,947	0	1,209,947	0	1,209,947	6.00
7.00	0	762,717	0	762,717	0	762,717	7.00
8.00	0	283,577	0	283,577	0	283,577	8.00
9.00	0	61,242	0	61,242	0	61,242	9.00
10.00	0	47,944	0	47,944	0	47,944	10.00
11.00	0	96,587	0	96,587	0	96,587	11.00
12.00	0	114,851	0	114,851	0	114,851	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
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	0	3,415,814	0	3,415,814	0	3,415,814	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: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet H-1 Part I Date/Time Prepared: 2/27/2014 5:17 pm
		HHA CCN: 157132	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)		
		Bl dgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0		0		0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	838,949	0	0	0	838,949	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,209,947	0	0	0	1,209,947	6.00	
7.00	Physical Therapy	762,717	0	0	0	762,717	7.00	
8.00	Occupational Therapy	283,577	0	0	0	283,577	8.00	
9.00	Speech Pathology	61,242	0	0	0	61,242	9.00	
10.00	Medical Social Services	47,944	0	0	0	47,944	10.00	
11.00	Home Health Aide	96,587	0	0	0	96,587	11.00	
12.00	Supplies (see instructions)	114,851	0	0	0	114,851	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	3,415,814	0	0	0	3,415,814	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	838,949					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	393,921	1,603,868				6.00	
7.00	Physical Therapy	248,318	1,011,035				7.00	
8.00	Occupational Therapy	92,324	375,901				8.00	
9.00	Speech Pathology	19,939	81,181				9.00	
10.00	Medical Social Services	15,609	63,553				10.00	
11.00	Home Health Aide	31,446	128,033				11.00	
12.00	Supplies (see instructions)	37,392	152,243				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		3,415,814				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150082 HHA CCN: 157132		Period: From 10/01/2012 To 09/30/2013		Worksheet H-1 Part II Date/Time Prepared: 2/27/2014 5:17 pm	
				Home Health Agency I		PPS	
	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					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	3,391				0	1.00
2.00	Capital Related - Movable Equipment		26,707			0	2.00
3.00	Plant Operation & Maintenance	0	0	3,391		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	3,391	26,707	3,391		-838,949	2,576,865
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,209,947
7.00	Physical Therapy	0	0	0	0	0	762,717
8.00	Occupational Therapy	0	0	0	0	0	283,577
9.00	Speech Pathology	0	0	0	0	0	61,242
10.00	Medical Social Services	0	0	0	0	0	47,944
11.00	Home Health Aide	0	0	0	0	0	96,587
12.00	Supplies (see instructions)	0	0	0	0	0	114,851
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	3,391	26,707	3,391	0	-838,949	2,576,865
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	838,949
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.325570

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet H-2 Part I Date/Time Prepared: 2/27/2014 5:17 pm
		HHA CCN: 157132	Home Health Agency I	PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	1.01	2.00	4.00	4A	
1.00 Administrative and General	0	66,691	0	37,021	219,996	323,708	1.00
2.00 Skilled Nursing Care	1,603,868	0	0	0	297,793	1,901,661	2.00
3.00 Physical Therapy	1,011,035	0	0	0	0	1,011,035	3.00
4.00 Occupational Therapy	375,901	0	0	0	0	375,901	4.00
5.00 Speech Pathology	81,181	0	0	0	0	81,181	5.00
6.00 Medical Social Services	63,553	0	0	0	12,404	75,957	6.00
7.00 Home Health Aide	128,033	0	0	0	21,675	149,708	7.00
8.00 Supplies (see instructions)	152,243	0	0	0	0	152,243	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)	3,415,814	66,691	0	37,021	551,868	4,071,394	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.000000	21.00
Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	5.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	77,758	71,213	0	25,487	0	9,660	1.00
2.00 Skilled Nursing Care	456,799	0	0	0	0	10,450	2.00
3.00 Physical Therapy	242,861	0	0	0	0	0	3.00
4.00 Occupational Therapy	90,295	0	0	0	0	0	4.00
5.00 Speech Pathology	19,500	0	0	0	0	0	5.00
6.00 Medical Social Services	18,246	0	0	0	0	565	6.00
7.00 Home Health Aide	35,961	0	0	0	0	1,130	7.00
8.00 Supplies (see instructions)	36,570	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)	977,990	71,213	0	25,487	0	21,805	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: 150082

Period: From 10/01/2012

Worksheet H-2

HHA CCN: 157132

To 09/30/2013

Part I
Date/Time Prepared:
2/27/2014 5:17 pm

Home Health Agency I

PPS

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
	13.00	14.00	15.00	16.00	17.00	21.00	
1.00 Administrative and General	57,663	0	0	14,835	0	0	1.00
2.00 Skilled Nursing Care	62,384	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	3,372	0	0	0	0	0	6.00
7.00 Home Health Aide	6,744	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	9,773	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)	130,163	9,773	0	14,835	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM - PHARMACY	PARAMED ED PRGM- CHAPLAIN RESIDENCY	PARAMED ED PRGM- NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	22.00	23.00	23.01	23.03	24.00	25.00	
1.00 Administrative and General	0	0	0	0	580,324	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	2,431,294	0	2.00
3.00 Physical Therapy	0	0	0	0	1,253,896	0	3.00
4.00 Occupational Therapy	0	0	0	0	466,196	0	4.00
5.00 Speech Pathology	0	0	0	0	100,681	0	5.00
6.00 Medical Social Services	0	0	0	0	98,140	0	6.00
7.00 Home Health Aide	0	0	0	0	193,543	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	198,586	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	0	0	0	5,322,660	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: 150082

Period:

Worksheet H-2

HHA CCN: 157132

From 10/01/2012
To 09/30/2013

Part I
Date/Time Prepared:
2/27/2014 5:17 pm

Home Health
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PPS

Cost Center Description		Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		26.00	27.00	28.00		
1.00	Administrative and General	580,324				1.00
2.00	Skilled Nursing Care	2,431,294	297,520	2,728,814		2.00
3.00	Physical Therapy	1,253,896	153,441	1,407,337		3.00
4.00	Occupational Therapy	466,196	57,049	523,245		4.00
5.00	Speech Pathology	100,681	12,320	113,001		5.00
6.00	Medical Social Services	98,140	12,009	110,149		6.00
7.00	Home Health Aide	193,543	23,684	217,227		7.00
8.00	Supplies (see instructions)	198,586	24,301	222,887		8.00
9.00	Drugs	0	0	0		9.00
10.00	DME	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0		13.00
14.00	Clinic	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0		15.00
16.00	Day Care Program	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0		17.00
18.00	Homemaker Service	0	0	0		18.00
19.00	All Others (specify)	0	0	0		19.00
20.00	Total (sum of lines 1-19) (2)	5,322,660	580,324	5,322,660		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.		0.122371			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: 150082
HHA CCN: 157132

Period: From 10/01/2012 To 09/30/2013

Worksheet H-2 Part II
Date/Time Prepared: 2/27/2014 5:17 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEE T - A)	NEW BLDG & FIXT (SQUARE FEE T - B)	NEW MVBLE EQUIP (DEPRECIATION EXPENSE)				
	1.00	1.01	2.00				
1.00 Administrative and General	3,391	0	26,707	822,611	0	323,708	1.00
2.00 Skilled Nursing Care	0	0	0	1,113,510	0	1,901,661	2.00
3.00 Physical Therapy	0	0	0	0	0	1,011,035	3.00
4.00 Occupational Therapy	0	0	0	0	0	375,901	4.00
5.00 Speech Pathology	0	0	0	0	0	81,181	5.00
6.00 Medical Social Services	0	0	0	46,383	0	75,957	6.00
7.00 Home Health Aide	0	0	0	81,046	0	149,708	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	152,243	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)	3,391	0	26,707	2,063,550		4,071,394	20.00
21.00 Total cost to be allocated	66,691	0	37,021	551,868		977,990	21.00
22.00 Unit cost multiplier	19.667060	0.000000	1.386191	0.267436		0.240210	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEE T - A)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEE T - A)	DIETARY (MEALS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (FTE'S -NRSRG)	
	7.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	3,391	0	3,391	0	171	171	1.00
2.00 Skilled Nursing Care	0	0	0	0	185	185	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	10	10	6.00
7.00 Home Health Aide	0	0	0	0	20	20	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)	3,391	0	3,391	0	386	386	20.00
21.00 Total cost to be allocated	71,213	0	25,487	0	21,805	130,163	21.00
22.00 Unit cost multiplier	21.000590	0.000000	7.516072	0.000000	56.489637	337.209845	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2012
To 09/30/2013

Worksheet H-2
Part II
Date/Time Prepared:
2/27/2014 5:17 pm

HHA CCN: 157132

Home Health Agency I

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Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQ U.S.)	PHARMACY (COSTED REQ U.S.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICES (HOURS - A)	I INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (HOURS - B)	SERVICES-OTHER PRGM COSTS (HOURS - B)	
	14.00	15.00	16.00	17.00	21.00	22.00	
1.00 Administrative and General	0	0	4,568,761	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)	114,851	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)	114,851	0	4,568,761	0	0	0	20.00
21.00 Total cost to be allocated	9,773	0	14,835	0	0	0	21.00
22.00 Unit cost multiplier	0.085093	0.000000	0.003247	0.000000	0.000000	0.000000	22.00
Cost Center Description	PARAMED PRGM - PHARMACY (HOURS - C)	PARAMED PRGM- CHAPLAIN RESIDENCY (HOURS - D)	PARAMED PRGM- NURSING (HOURS - F)				
	23.00	23.01	23.03				
1.00 Administrative and General	0	0	0				1.00
2.00 Skilled Nursing Care	0	0	0				2.00
3.00 Physical Therapy	0	0	0				3.00
4.00 Occupational Therapy	0	0	0				4.00
5.00 Speech Pathology	0	0	0				5.00
6.00 Medical Social Services	0	0	0				6.00
7.00 Home Health Aide	0	0	0				7.00
8.00 Supplies (see instructions)	0	0	0				8.00
9.00 Drugs	0	0	0				9.00
10.00 DME	0	0	0				10.00
11.00 Home Dialysis Aide Services	0	0	0				11.00
12.00 Respiratory Therapy	0	0	0				12.00
13.00 Private Duty Nursing	0	0	0				13.00
14.00 Clinic	0	0	0				14.00
15.00 Health Promotion Activities	0	0	0				15.00
16.00 Day Care Program	0	0	0				16.00
17.00 Home Delivered Meals Program	0	0	0				17.00
18.00 Homemaker Service	0	0	0				18.00
19.00 All Others (specify)	0	0	0				19.00
20.00 Total (sum of lines 1-19)	0	0	0				20.00
21.00 Total cost to be allocated	0	0	0				21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000				22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet H-3 Part I Date/Time Prepared: 2/27/2014 5:17 pm
		HHA CCN: 157132	Title XVIII	Home Health Agency I

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	2,728,814		2,728,814	13,279	205.50	1.00
2.00	Physical Therapy	3.00	1,407,337	0	1,407,337	7,077	198.86	2.00
3.00	Occupational Therapy	4.00	523,245	0	523,245	2,657	196.93	3.00
4.00	Speech Pathology	5.00	113,001	0	113,001	337	335.31	4.00
5.00	Medical Social Services	6.00	110,149		110,149	215	512.32	5.00
6.00	Home Health Aide	7.00	217,227		217,227	2,140	101.51	6.00
7.00	Total (sum of lines 1-6)		5,099,773	0	5,099,773	25,705		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				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		21780	3,650	3,109			8.00
8.01	Skilled Nursing Care		99915	76	83			8.01
9.00	Physical Therapy		21780	2,320	1,666			9.00
9.01	Physical Therapy		99915	27	28			9.01
10.00	Occupational Therapy		21780	892	623			10.00
10.01	Occupational Therapy		99915	21	14			10.01
11.00	Speech Pathology		21780	142	101			11.00
11.01	Speech Pathology		99915	0	0			11.01
12.00	Medical Social Services		21780	74	46			12.00
12.01	Medical Social Services		99915	0	1			12.01
13.00	Home Health Aide		21780	674	1,009			13.00
13.01	Home Health Aide		99915	0	11			13.01
14.00	Total (sum of lines 8-13)			7,876	6,691			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	222,887	0	222,887	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services	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

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	3,726	3,192		765,693	655,956		1.00
2.00	Physical Therapy	2,347	1,694		466,724	336,869		2.00
3.00	Occupational Therapy	913	637		179,797	125,444		3.00
4.00	Speech Pathology	142	101		47,614	33,866		4.00
5.00	Medical Social Services	74	47		37,912	24,079		5.00
6.00	Home Health Aide	674	1,020		68,418	103,540		6.00
7.00	Total (sum of lines 1-6)	7,876	6,691		1,566,158	1,279,754		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150082

Period:

Worksheet H-3

HHA CCN: 157132

From 10/01/2012
To 09/30/2013

Part I
Date/Time Prepared:
2/27/2014 5:17 pm

Title XVII I

Home Health
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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							15.00	
16.00	Cost of Drugs		0	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	1,421,649							1.00
2.00	Physical Therapy	803,593							2.00
3.00	Occupational Therapy	305,241							3.00
4.00	Speech Pathology	81,480							4.00
5.00	Medical Social Services	61,991							5.00
6.00	Home Health Aide	171,958							6.00
7.00	Total (sum of lines 1-6)	2,845,912							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: 150082

Period:

Worksheet H-3

HHA CCN: 157132

From 10/01/2012

Part II

To 09/30/2013

Date/Time Prepared:

Title XVIII

Home Health Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.216375	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy							2.00
3.00 Speech Pathology							3.00
4.00 Cost of Medical Supplies	71.00	0.239695	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.249123	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150082 HHA CCN: 157132	Period: From 10/01/2012 To 09/30/2013	Worksheet H-4 Part I-II Date/Time Prepared: 2/27/2014 5:17 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
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	3.00
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	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	0	9.00
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		1,183,809	974,443
12.00	Total PPS Reimbursement - Full Episodes with Outliers		17,252	17,184
13.00	Total PPS Reimbursement - LUPA Episodes		22,006	20,809
14.00	Total PPS Reimbursement - PEP Episodes		13,484	5,508
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		1,447	6,866
16.00	Total PPS Outlier Reimbursement - PEP Episodes		237	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		1,238,235	1,024,810
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		1,238,235	1,024,810
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		1,238,235	1,024,810
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)		1,238,235	1,024,810
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		1,238,235	1,024,810
31.01	Sequestration adjustment (see instructions)		11,818	10,365
32.00	Interim payments (see instructions)		1,226,416	1,014,444
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		1	1
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	0

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

Provider CCN: 150082

HHA CCN: 157132

Period:
From 10/01/2012
To 09/30/2013

Home Health Agency I

Worksheet H-5

Date/Time Prepared:
2/27/2014 5:17 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		1,226,416		1,014,444	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)		1,226,416		1,014,444	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		11,819		10,366	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,238,235		1,024,810	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150082

Period: From 10/01/2012

Worksheet K

Hospice CCN: 151512

To 09/30/2013

Date/Time Prepared: 2/27/2014 5:17 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	50,800	0	0	4.00
5.00	Volunteer Service Coordination	49,960	0	0	0	0	5.00
6.00	Administrative and General	426,188	0	0	0	596,651	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	418,080	0	0	0	0	7.00
8.00	Inpatient - Respite Care	75,229	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	435,904	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	1,529	0	12.00
13.00	Occupational Therapy	0	0	0	240	0	13.00
14.00	Speech/ Language Pathology	0	0	0	174	0	14.00
15.00	Medical Social Services	49,595	0	0	0	0	15.00
16.00	Spiritual Counseling	46,496	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	162,452	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	141,879	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	118	26.00
27.00	Patient Transportation	0	0	34,658	0	0	27.00
28.00	Imaging Services	0	0	0	0	3,975	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	31,058	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	12,153	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,663,904	0	85,458	1,943	785,834	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150082

Period: From 10/01/2012

Worksheet K

Hospice CCN: 151512

To 09/30/2013

Date/Time Prepared: 2/27/2014 5:17 pm

		Hospice I				
	Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	3.00
4.00	Transportation - Staff	50,800	0	50,800	0	4.00
5.00	Volunteer Service Coordination	49,960	0	49,960	0	5.00
6.00	Administrative and General	1,022,839	5,020	1,027,859	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	418,080	0	418,080	0	7.00
8.00	Inpatient - Respite Care	75,229	0	75,229	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	435,904	0	435,904	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	1,529	0	1,529	0	12.00
13.00	Occupational Therapy	240	0	240	0	13.00
14.00	Speech/ Language Pathology	174	0	174	0	14.00
15.00	Medical Social Services	49,595	0	49,595	0	15.00
16.00	Spiritual Counseling	46,496	0	46,496	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	162,452	0	162,452	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	141,879	0	141,879	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	118	0	118	0	26.00
27.00	Patient Transportation	34,658	0	34,658	0	27.00
28.00	Imaging Services	3,975	0	3,975	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	31,058	0	31,058	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	12,153	0	12,153	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,537,139	5,020	2,542,159	0	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150082

Period: From 10/01/2012

Worksheet K-1

Hospice CCN: 151512

To 09/30/2013

Date/Time Prepared: 2/27/2014 5:17 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	51,890	0	75,256	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	283,606	7.00
8.00	Inpatient - Respite Care	0	0	0	0	51,032	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	435,904	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	51,890	0	75,256	770,542	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150082

Period: From 10/01/2012

Worksheet K-1

Hospice CCN: 151512

To 09/30/2013

Date/Time Prepared: 2/27/2014 5:17 pm

		Hospice I			
		Total Therapists	Aides	All-Other	Total (1)
		6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance		0	0	3.00
4.00	Transportation - Staff		0	0	4.00
5.00	Volunteer Service Coordination		0	49,960	5.00
6.00	Administrative and General		0	299,042	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care		134,474	0	7.00
8.00	Inpatient - Respite Care		24,197	0	8.00
VISITING SERVICES					
9.00	Physician Services		0	0	9.00
10.00	Nursing Care		0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	11.00
12.00	Physical Therapy	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services		0	49,595	15.00
16.00	Spiritual Counseling		0	46,496	16.00
17.00	Dietary Counseling		0	0	17.00
18.00	Counseling - Other		0	0	18.00
19.00	Home Health Aide and Homemaker		162,452	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	20.00
21.00	Other		0	0	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy				22.00
23.00	Analgesics				23.00
24.00	Sedatives / Hypnotics				24.00
25.00	Other - Specify				25.00
26.00	Durable Medical Equipment/Oxygen				26.00
27.00	Patient Transportation		0	0	27.00
28.00	Imaging Services		0	0	28.00
29.00	Labs and Diagnostics		0	0	29.00
30.00	Medical Supplies		0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	31.00
32.00	Radiation Therapy		0	0	32.00
33.00	Chemotherapy		0	0	33.00
34.00	Other		0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs		0	0	35.00
36.00	Volunteer Program Costs		0	0	36.00
37.00	Fundraising		0	0	37.00
38.00	Other Program Costs		0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	321,123	445,093	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet K-3
		Hospice CCN: 151512		Date/Time Prepared: 2/27/2014 5:17 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet K-3
		Hospice CCN: 151512		Date/Time Prepared: 2/27/2014 5:17 pm

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	1,529	0	0	1,529	12.00
13.00	Occupational Therapy	240	0	0	240	13.00
14.00	Speech/ Language Pathology	174	0	0	174	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,943	0	0	1,943	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150082

Period:

Worksheet K-4

Hospice CCN: 151512

From 10/01/2012
To 09/30/2013

Part I
Date/Time Prepared:
2/27/2014 5:17 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	50,800	0	0	0	50,800	4.00
5.00	Volunteer Service Coordination	49,960	0	0	0	0	5.00
6.00	Administrative and General	1,027,859	0	0	0	50,800	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	418,080	0	0	0	0	7.00
8.00	Inpatient - Respite Care	75,229	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	435,904	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	1,529	0	0	0	0	12.00
13.00	Occupational Therapy	240	0	0	0	0	13.00
14.00	Speech/ Language Pathology	174	0	0	0	0	14.00
15.00	Medical Social Services	49,595	0	0	0	0	15.00
16.00	Spiritual Counseling	46,496	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	162,452	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	141,879	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	118	0	0	0	0	26.00
27.00	Patient Transportation	34,658	0	0	0	0	27.00
28.00	Imaging Services	3,975	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	31,058	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	12,153	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,542,159	0	0	0	50,800	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 150082	Period: From 10/01/2012	Worksheet K-4
		Hospice CCN: 151512	To 09/30/2013	Part I
				Date/Time Prepared: 2/27/2014 5:17 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	49,960				5.00
6.00	Administrative and General	49,960	1,128,619	1,128,619		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	418,080	333,809	751,889	7.00
8.00	Inpatient - Respite Care	0	75,229	60,065	135,294	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	435,904	348,042	783,946	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	1,529	1,221	2,750	12.00
13.00	Occupational Therapy	0	240	192	432	13.00
14.00	Speech/ Language Pathology	0	174	139	313	14.00
15.00	Medical Social Services	0	49,595	39,598	89,193	15.00
16.00	Spiritual Counseling	0	46,496	37,124	83,620	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	162,452	129,707	292,159	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	141,879	113,281	255,160	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	118	94	212	26.00
27.00	Patient Transportation	0	34,658	27,672	62,330	27.00
28.00	Imaging Services	0	3,975	3,174	7,149	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	31,058	24,798	55,856	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	12,153	9,703	21,856	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	49,960	2,542,159		2,542,159	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period: From 10/01/2012

Worksheet K-4

Hospice CCN: 151512

To 09/30/2013

Part II
Date/Time Prepared:
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		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	9,894					1.00
2.00	Capital Related Costs-Movable Equip.	0	2,349				2.00
3.00	Plant Operation and Maintenance	0	0	9,894			3.00
4.00	Transportation - Staff	0	0	0	100		4.00
5.00	Volunteer Service Coordination	0	0	0	0	100	5.00
6.00	Administrative and General	9,894	2,349	9,894	100	100	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	50,800	49,960	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	508.000000	499.600000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:

Worksheet K-4

Hospice CCN: 151512

From 10/01/2012
To 09/30/2013

Part II
Date/Time Prepared:
2/27/2014 5:17 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-1,128,619	1,413,540	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	418,080	7.00
8.00	Inpatient - Respite Care	0	75,229	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	435,904	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	1,529	12.00
13.00	Occupational Therapy	0	240	13.00
14.00	Speech/ Language Pathology	0	174	14.00
15.00	Medical Social Services	0	49,595	15.00
16.00	Spiritual Counseling	0	46,496	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	162,452	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	141,879	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	118	26.00
27.00	Patient Transportation	0	34,658	27.00
28.00	Imaging Services	0	3,975	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	31,058	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	12,153	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		1,128,619	39.00
40.00	Unit Cost Multiplier		0.798434	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2012
To 09/30/2013

Part I
Date/Time Prepared:
2/27/2014 5:17 pm

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
1.00 Administrative and General		194,587	0	3,256	127,339	1.00
2.00 Inpatient - General Care	751,889	0	0	0	111,810	2.00
3.00 Inpatient - Respite Care	135,294	0	0	0	20,119	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	783,946	0	0	0	116,576	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	2,750	0	0	0	0	7.00
8.00 Occupational Therapy	432	0	0	0	0	8.00
9.00 Speech/ Language Pathology	313	0	0	0	0	9.00
10.00 Medical Social Services	89,193	0	0	0	13,263	10.00
11.00 Spiritual Counseling	83,620	0	0	0	12,435	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	292,159	0	0	0	43,446	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	255,160	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	212	0	0	0	0	21.00
22.00 Patient Transportation	62,330	0	0	0	0	22.00
23.00 Imaging Services	7,149	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	55,856	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	21,856	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	2,542,159	194,587	0	3,256	444,988	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2012
To 09/30/2013

Part I
Date/Time Prepared:
2/27/2014 5:17 pm

Cost Center Description		Hospice I					
		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
1.00	Administrative and General	325,182	78,112	207,779	0	74,364	1.00
2.00	Inpatient - General Care	863,699	207,469	0	9,287	0	2.00
3.00	Inpatient - Respite Care	155,413	37,332	0	1,671	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	900,522	216,314	0	384	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	2,750	661	0	0	0	7.00
8.00	Occupational Therapy	432	104	0	0	0	8.00
9.00	Speech/ Language Pathology	313	75	0	0	0	9.00
10.00	Medical Social Services	102,456	24,611	0	0	0	10.00
11.00	Spiritual Counseling	96,055	23,073	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	335,605	80,616	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	255,160	61,292	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	212	51	0	0	0	21.00
22.00	Patient Transportation	62,330	14,972	0	0	0	22.00
23.00	Imaging Services	7,149	1,717	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	55,856	13,417	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	21,856	5,250	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	3,184,990	765,066	207,779	11,342	74,364	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2012
To 09/30/2013

Part I
Date/Time Prepared:
2/27/2014 5:17 pm

Cost Center Description		Hospice I					
		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	4,647	27,743	0	0	1.00
2.00	Inpatient - General Care	42,299	4,591	27,404	0	0	2.00
3.00	Inpatient - Respite Care	7,610	850	5,075	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	1,753	3,627	21,653	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	567	3,383	0	0	10.00
11.00	Spiritual Counseling	0	567	3,383	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	2,324	13,871	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	50,194	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	2,659	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	51,662	17,173	102,512	2,659	50,194	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2012
To 09/30/2013

Part I
Date/Time Prepared:
2/27/2014 5:17 pm

Hospice I

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
1.00 Administrative and General	16,036	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	16,036	0	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2012
To 09/30/2013

Part I
Date/Time Prepared:
2/27/2014 5:17 pm

Cost Center Description		Hospice I					
		PARAMED ED PRGM- CHAPLAIN RESIDENCY	PARAMED ED PRGM- NURSING	Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col s. 24 ± 25)	
		23.01	23.03	24.00	25.00	26.00	
1.00	Administrative and General	0	0	733,863			1.00
2.00	Inpatient - General Care	0	0	1,154,749	0	1,154,749	2.00
3.00	Inpatient - Respite Care	0	0	207,951	0	207,951	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	1,144,253	0	1,144,253	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	3,411	0	3,411	7.00
8.00	Occupational Therapy	0	0	536	0	536	8.00
9.00	Speech/ Language Pathology	0	0	388	0	388	9.00
10.00	Medical Social Services	0	0	131,017	0	131,017	10.00
11.00	Spiritual Counseling	0	0	123,078	0	123,078	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	432,416	0	432,416	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	366,646	0	366,646	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	263	0	263	21.00
22.00	Patient Transportation	0	0	77,302	0	77,302	22.00
23.00	Imaging Services	0	0	8,866	0	8,866	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	71,932	0	71,932	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	27,106	0	27,106	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	4,483,777	0	4,483,777	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2012
To 09/30/2013

Part I
Date/Time Prepared:
2/27/2014 5:17 pm

Cost Center Description		Allocated Hospice A&G (See Part 11)	Total Hospice Costs (cols. 26 ± 27)	Hospice I	
		27.00	28.00		
1.00	Administrative and General				1.00
2.00	Inpatient - General Care	225,988	1,380,737		2.00
3.00	Inpatient - Respite Care	40,696	248,647		3.00
4.00	Physician Services	0	0		4.00
5.00	Nursing Care	223,931	1,368,184		5.00
6.00	Nursing Care-Continuous Home Care	0	0		6.00
7.00	Physical Therapy	668	4,079		7.00
8.00	Occupational Therapy	105	641		8.00
9.00	Speech/ Language Pathology	76	464		9.00
10.00	Medical Social Services	25,640	156,657		10.00
11.00	Spiritual Counseling	24,086	147,164		11.00
12.00	Dietary Counseling	0	0		12.00
13.00	Counseling - Other	0	0		13.00
14.00	Home Health Aide and Homemaker	84,624	517,040		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0		15.00
16.00	Other	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	71,753	438,399		17.00
18.00	Analgesics	0	0		18.00
19.00	Sedatives / Hypnotics	0	0		19.00
20.00	Other - Specify	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	51	314		21.00
22.00	Patient Transportation	15,128	92,430		22.00
23.00	Imaging Services	1,735	10,601		23.00
24.00	Labs and Diagnostics	0	0		24.00
25.00	Medical Supplies	14,077	86,009		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0		26.00
27.00	Radiation Therapy	0	0		27.00
28.00	Chemotherapy	0	0		28.00
29.00	Other	5,305	32,411		29.00
30.00	Bereavement Program Costs	0	0		30.00
31.00	Volunteer Program Costs	0	0		31.00
32.00	Fundraising	0	0		32.00
33.00	Other Program Costs	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)		4,483,777		34.00
35.00	Unit Cost Multiplier (see instructions)	0.195701			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150082

Hospice CCN: 151512

Period:
From 10/01/2012
To 09/30/2013

Worksheet K-5
Part II
Date/Time Prepared:
2/27/2014 5:17 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
		NEW BLDG & FIXT (SQUARE FEET - A)	NEW BLDG & FIXT (SQUARE FEET - B)	NEW MVBLE EQUIP (DEPRECIATION EXPENSE)			
		1.00	1.01	2.00			
1.00	Administrative and General	9,894	0	9,894	476,148	0	1.00
2.00	Inpatient - General Care	0	0	0	418,081	0	2.00
3.00	Inpatient - Respite Care	0	0	0	75,229	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	435,904	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	49,595	0	10.00
11.00	Spiritual Counseling	0	0	0	46,496	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	162,452	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	9,894	0	9,894	1,663,905	0	34.00
35.00	Total cost to be allocated	194,587	0	3,256	444,988	0	35.00
36.00	Unit Cost Multiplier (see instructions)	19.667172	0.000000	0.329088	0.267436	0	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2012

Part II

To 09/30/2013

Date/Time Prepared:
2/27/2014 5:17 pm

Cost Center Description		Hospice I					
		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET - A)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - A)	DIETARY (MEALS)	
		5.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	325,182	9,894	0	9,894	0	1.00
2.00	Inpatient - General Care	863,699	0	13,545	0	4,730	2.00
3.00	Inpatient - Respite Care	155,413	0	2,437	0	851	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	900,522	0	560	0	196	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	2,750	0	0	0	0	7.00
8.00	Occupational Therapy	432	0	0	0	0	8.00
9.00	Speech/ Language Pathology	313	0	0	0	0	9.00
10.00	Medical Social Services	102,456	0	0	0	0	10.00
11.00	Spiritual Counseling	96,055	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	335,605	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	255,160	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	212	0	0	0	0	21.00
22.00	Patient Transportation	62,330	0	0	0	0	22.00
23.00	Imaging Services	7,149	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	55,856	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	21,856	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	3,184,990	9,894	16,542	9,894	5,777	34.00
35.00	Total cost to be allocated	765,066	207,779	11,342	74,364	51,662	35.00
36.00	Unit Cost Multiplier (see instructions)	0.240210	21.000505	0.685649	7.516070	8.942704	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2012
To 09/30/2013

Part II
Date/Time Prepared:
2/27/2014 5:17 pm

Cost Center Description		Hospice I					
		CAFETERIA (FTES)	NURSING ADMINISTRATION (FTE'S -NRSG)	CENTRAL SERVICES & SUPPLY (COSTED REQ U.S.)	PHARMACY (COSTED REQ U.S.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	82	82	0	0	4,938,745	1.00
2.00	Inpatient - General Care	81	81	0	0	0	2.00
3.00	Inpatient - Respite Care	15	15	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	64	64	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	10	10	0	0	0	10.00
11.00	Spiritual Counseling	10	10	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	41	41	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	141,801	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	31,254	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	303	303	31,254	141,801	4,938,745	34.00
35.00	Total cost to be allocated	17,173	102,512	2,659	50,194	16,036	35.00
36.00	Unit Cost Multiplier (see instructions)	56.676568	338.323432	0.085077	0.353975	0.003247	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150082
Hospice CCN: 151512

Period:
From 10/01/2012
To 09/30/2013

Worksheet K-5
Part II
Date/Time Prepared:
2/27/2014 5:17 pm

Cost Center Description	Hospice I					
	SOCIAL SERVICE (HOURS - A)	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY (HOURS - C)	PARAMED PRGM- CHAPLAIN RESIDENCY (HOURS - D)	
		SERVICES-SALAR Y & FRINGES (HOURS - B)	SERVICES-OTHER PRGM COSTS (HOURS - B)			
17.00	21.00	22.00	23.00	23.01		
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2012
To 09/30/2013

Part II
Date/Time Prepared:
2/27/2014 5:17 pm

Cost Center Description		PARAMED ED PRGM- NURSING (HOURS - F)	Hospice I
		23.03	
1.00	Administrative and General	0	1.00
2.00	Inpatient - General Care	0	2.00
3.00	Inpatient - Respite Care	0	3.00
4.00	Physician Services	0	4.00
5.00	Nursing Care	0	5.00
6.00	Nursing Care-Continuous Home Care	0	6.00
7.00	Physical Therapy	0	7.00
8.00	Occupational Therapy	0	8.00
9.00	Speech/ Language Pathology	0	9.00
10.00	Medical Social Services	0	10.00
11.00	Spiritual Counseling	0	11.00
12.00	Dietary Counseling	0	12.00
13.00	Counseling - Other	0	13.00
14.00	Home Health Aide and Homemaker	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	15.00
16.00	Other	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	17.00
18.00	Analgesics	0	18.00
19.00	Sedatives / Hypnotics	0	19.00
20.00	Other - Specify	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	21.00
22.00	Patient Transportation	0	22.00
23.00	Imaging Services	0	23.00
24.00	Labs and Diagnostics	0	24.00
25.00	Medical Supplies	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	26.00
27.00	Radiation Therapy	0	27.00
28.00	Chemotherapy	0	28.00
29.00	Other	0	29.00
30.00	Bereavement Program Costs	0	30.00
31.00	Volunteer Program Costs	0	31.00
32.00	Fundraising	0	32.00
33.00	Other Program Costs	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	34.00
35.00	Total cost to be allocated	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet K-5 Part III Date/Time Prepared: 2/27/2014 5:17 pm		
Cost Center Description		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.216375	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00		0	0	2.00
3.00	SPEECH PATHOLOGY	68.00		0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.249123	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.441556	0	0	5.00
6.00	LABORATORY	60.00	0.188471	0	0	6.00
6.01	BLOOD LABORATORY	60.01		0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.239695	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00		0	0	8.00
9.00	RADIOLOGY - THERAPEUTIC	55.00	0.247671	0	0	9.00
10.00	BEHAVIORAL HEALTH SERVICES	76.00	2.261215	0	0	10.00
11.00	Totals (sum of lines 1-10)					11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150082

Period: From 10/01/2012

Worksheet K-6

Hospice CCN: 151512

To 09/30/2013

Date/Time Prepared: 2/27/2014 5:17 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				4,483,777	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				13,656	2.00
3.00	Average cost per diem (line 1 divided by line 2)				328.34	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	11,333				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	3,721,077				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		685			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		224,913			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		38			10.00
11.00	Aggregate NF cost (line 3 times line 10)		12,477			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			1,638		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			537,821		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150082	Period: From 10/01/2012 To 09/30/2013	Worksheet L Parts I-III Date/Time Prepared: 2/27/2014 5:17 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,583,301	1.00
2.00	Capital DRG outlier payments		426,492	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		289.86	3.00
4.00	Number of interns & residents (see instructions)		17.26	4.00
5.00	Indirect medical education percentage (see instructions)		1.69	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		94,358	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.74	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		14.22	8.00
9.00	Sum of lines 7 and 8		19.96	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.12	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		230,032	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		6,334,183	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00