

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: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/28/2014 5:36 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/28/2014	Time: 5:36 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCSAN ST. MARGARET HEALTH- DYER (150090) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	17,841	77,899	-175,110	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	59,632	0		5	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	77,473	77,899	-175,110	5	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: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 4:42 pm
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1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00				
1.00	Street: 24 JOLIET STREET	PO Box:								
2.00	City: DYER	State: IN	Zip Code: 46311-1799	County: LAKE						

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	FRANCIS CAN ST. MARGARET HEALTH- DYER	150090	23844	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	FRANCIS CAN ST. MARGARET HEALTH - REH	15T090	23844	5	01/01/2002	N	P	T	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2013	12/31/2013	20.00		
21.00	Type of Control (see instructions)					1		21.00		

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N		22.01		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2		N		23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.						
	3,057	0	0	0	0	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.						
	241	0	0	0	0	0	25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 4:42 pm		
		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	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00	
		V	XVII	XIX		
		1.00	2.00	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)	N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	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		
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		
61.03	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		
61.04	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		
61.05	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		
61.06	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		

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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		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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		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	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
67.01				0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		
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		
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.					
				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	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		
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

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		V		XIX			
		1.00		2.00			
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
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
					1.00	2.00	3.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.			N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2			118.00
		Premiums 1.00		Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	328,772		0			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 high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y			121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00

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		1.00	2.00		
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	158014	140.00	
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: FRANCISCAN ALLIANCE, INC	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101	
142.00	Street: 1515 DRAGOON TRAIL	PO Box: -		142.00	
143.00	City: MISHAWAKA	State: IN		Zip Code: 46546	
				143.00	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N		145.00	
				1.00	
				2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00	
		Part A		Part B	
		Title V		Title XIX	
		1.00		2.00	
		3.00		4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
				1.00	
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00	
		Name		County	
		State		Zip Code	
		CBSA		FTE/Campus	
		0		1.00	
		2.00		3.00	
		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5			0.00	
				1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0		168.00	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.75		169.00	
		Beginning		Ending	
		1.00		2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2012		09/30/2013	
				170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/28/2014 4:42 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			Y	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	03/31/2013	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: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/28/2014 4:42 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			Y	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				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.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	NANCY	RI LEY		41.00
42.00	Enter the employer/company name of the cost report preparer.	FRANCSAN ALLIANCE INC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(219) 932 - 2300 X33175	NANCY. RI LEY@FRANCSANALLIANCE.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/28/2014 4:42 pm
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		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/10/2012		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.		REGIONAL REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150090

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 4:42 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	Title V
	Line Number				Visits / Trips	
	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	127	47,255	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)		127	47,255	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00 NEONATAL INTENSIVE CARE UNIT	32.00	7	2,555	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	43.00				0	13.00
14.00 Total (see instructions)		148	54,920	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,950		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		178				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: 150090

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 4:42 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)	11,937	2,082	22,211			1.00
2.00	HMO and other (see instructions)	860	0				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	252	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	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	11,937	2,082	22,211			7.00
8.00	INTENSIVE CARE UNIT	1,915	237	2,526			8.00
9.00	NEONATAL INTENSIVE CARE UNIT	0	738	1,060			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		0	1,024			13.00
14.00	Total (see instructions)	13,852	3,057	26,821	11.96	832.24	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	4,978	241	6,879	0.00	18.44	17.00
18.00	SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				11.96	850.68	27.00
28.00	Observation Bed Days		325	2,523			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150090

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 4:42 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,531	769	6,130	1.00
2.00 HMO and other (see instructions)			190			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 NEONATAL INTENSIVE CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,531	769	6,130	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	381	14	530	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150090		Period: From 01/01/2013 To 12/31/2013		Worksheet S-3 Part II Date/Time Prepared: 5/28/2014 4:42 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	47,826,733	0	47,826,733	1,769,416.00	27.03	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		821,594	0	821,594	24,877.00	33.03	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)		6,894,039	239	6,894,278	260,251.00	26.49	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		0	0	0	0.00	0.00	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		135,034	0	135,034	1,147.00	117.73	13.00
14.00	Home office salaries & wage-related costs		5,546,534	0	5,546,534	97,723.00	56.76	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		15,138,465	0	15,138,465			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,583,155	0	2,583,155			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	396,507	0	396,507	26,218.00	15.12	26.00
27.00	Administrative & General	5.00	4,141,436	0	4,141,436	162,041.00	25.56	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	917,541	0	917,541	32,851.00	27.93	29.00
30.00	Operation of Plant	7.00	292,306	0	292,306	41,200.00	7.09	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,196,334	0	1,196,334	96,065.00	12.45	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	712,652	-420,992	291,660	59,708.00	4.88	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	420,992	420,992	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	492,408	0	492,408	11,809.00	41.70	38.00
39.00	Central Services and Supply	14.00	465,695	0	465,695	27,673.00	16.83	39.00
40.00	Pharmacy	15.00	2,385,915	0	2,385,915	65,587.00	36.38	40.00
41.00	Medical Records & Medical Records Library	16.00	170,308	0	170,308	12,571.00	13.55	41.00

HOSPITAL WAGE INDEX INFORMATION		Worksheet A		Amount		Reclassification of Salaries		Adjusted Salaries		Paid Hours		Average Hourly Wage	
		Line Number	Reported	(from Worksheet A-6)	(col. 2 ± col. 3)							(col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00		6.00					
42.00	Social Service	17.00	0	0	0	0.00		0.00		42.00			
43.00	Other General Service	18.00	0	0	0	0.00		0.00		43.00			

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150090

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2014 4:42 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)	47,005,139	0	47,005,139	1,744,539.00	26.94	1.00
2.00	Excluded area salaries (see instructions)	6,894,039	239	6,894,278	260,251.00	26.49	2.00
3.00	Subtotal salaries (line 1 minus line 2)	40,111,100	-239	40,110,861	1,484,288.00	27.02	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,681,568	0	5,681,568	98,870.00	57.47	4.00
5.00	Subtotal wage-related costs (see inst.)	15,138,465	0	15,138,465	0.00	37.74	5.00
6.00	Total (sum of lines 3 thru 5)	60,931,133	-239	60,930,894	1,583,158.00	38.49	6.00
7.00	Total overhead cost (see instructions)	11,171,102	0	11,171,102	535,723.00	20.85	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2014 4:42 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			342,666 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)			4,144,449 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			7,556,585 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			-437 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			260,101 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			165,909 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,678,679 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			3,491,956 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			41,829 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))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			39,883 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			17,721,620 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: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part V Date/Time Prepared: 5/28/2014 4:42 pm
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Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital -Based SNF			8.00
9.00	Hospital -Based NF			9.00
10.00	Hospital -Based OLTC			10.00
11.00	Hospital -Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital -Based Hospice			13.00
14.00	Hospital -Based Health Clinic RHC			14.00
15.00	Hospital -Based Health Clinic FQHC			15.00
16.00	Hospital -Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/28/2014 4:42 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)			0.286798	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			7,096,204	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00	
6.00	Medicaid charges			46,463,784	6.00	
7.00	Medicaid cost (line 1 times line 6)			13,325,720	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)			6,229,516	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)			6,229,516	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility			9,913,400	11,233,300	21,146,700
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)			2,843,143	3,221,688	6,064,831
22.00	Partial payment by patients approved for charity care			183,400	975,100	1,158,500
23.00	Cost of charity care (line 21 minus line 22)			2,659,743	2,246,588	4,906,331
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?					24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit					0
26.00	Total bad debt expense for the entire hospital complex (see instructions)					6,385,334
27.00	Medicare bad debts for the entire hospital complex (see instructions)					415,950
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)					5,969,384
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)					1,712,007
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)					6,618,338
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)					12,847,854

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150090

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

Worksheet A
Date/Time Prepared:
5/28/2014 4:42 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		6,730,014	6,730,014	-2,731,848	3,998,166	1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	3,217,200	3,217,200	2.00
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	396,507	17,779,548	18,176,055	0	18,176,055	4.00
5.01 00510 COMMUNICATIONS	107,681	15,377	123,058	0	123,058	5.01
5.02 00511 ADMINITING	1,103,528	197,256	1,300,784	0	1,300,784	5.02
5.03 00512 PATIENT ACCOUNTING	1,065	871,720	872,785	0	872,785	5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL	2,929,162	-4,793,641	-1,864,479	-41,016	-1,905,495	5.04
6.00 00600 MAINTENANCE & REPAIRS	917,541	2,314,052	3,231,593	0	3,231,593	6.00
7.00 00700 OPERATION OF PLANT	292,306	2,866,296	3,158,602	0	3,158,602	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900 HOUSEKEEPING	1,196,334	245,634	1,441,968	0	1,441,968	9.00
10.00 01000 DIETARY	712,652	961,693	1,674,345	-989,102	685,243	10.00
11.00 01100 CAFETERIA	0	0	0	989,102	989,102	11.00
13.00 01300 NURSING ADMINISTRATION	492,408	36,249	528,657	-24,449	504,208	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	465,695	862,236	1,327,931	-329,092	998,839	14.00
15.00 01500 PHARMACY	2,385,915	6,083,350	8,469,265	-3,486,458	4,982,807	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	170,308	436,457	606,765	-41	606,724	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	821,594	821,594	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	9,093,201	1,106,262	10,199,463	-1,292,149	8,907,314	30.00
31.00 03100 INTENSIVE CARE UNIT	1,691,510	391,655	2,083,165	-100,418	1,982,747	31.00
32.00 02060 NEONATAL INTENSIVE CARE UNIT	862,080	547,616	1,409,696	-9,296	1,400,400	32.00
41.00 04100 SUBPROVIDER - IRF	1,926,197	3,999,819	5,926,016	-46,870	5,879,146	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	903,592	903,592	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,511,618	8,069,133	9,580,751	-6,152,133	3,428,618	50.00
50.01 05001 OUTPATIENT SURGERY	919,969	569,422	1,489,391	-202,073	1,287,318	50.01
51.00 05100 RECOVERY ROOM	660,736	123,979	784,715	-53,040	731,675	51.00
53.00 05300 ANESTHESIOLOGY	28,657	249,990	278,647	-161,934	116,713	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,473,150	885,633	2,358,783	18,308	2,377,091	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	242,588	1,267,653	1,510,241	-201,621	1,308,620	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	586,769	341,172	927,941	-7,313	920,628	55.00
56.00 05600 RADIOISOTOPE	259,940	366,885	626,825	13,099	639,924	56.00
60.00 06000 LABORATORY	0	5,028,858	5,028,858	0	5,028,858	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	374,424	374,424	0	374,424	63.00
65.00 06500 RESPIRATORY THERAPY	1,020,532	759,510	1,780,042	-69,609	1,710,433	65.00
66.00 06600 PHYSICAL THERAPY	2,787,147	3,928,301	6,715,448	-16,291	6,699,157	66.00
67.00 06700 OCCUPATIONAL THERAPY	374,215	70,782	444,997	-8,680	436,317	67.00
68.00 06800 SPEECH PATHOLOGY	214,011	82,756	296,767	-44,296	252,471	68.00
69.00 06900 ELECTROCARDIOLOGY	559,978	89,975	649,953	-1,624	648,329	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	232,386	40,100	272,486	-985	271,501	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,591,710	2,591,710	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,787,201	7,787,201	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	3,475,249	3,475,249	73.00
76.00 03020 ULTRASOUND	359,729	171,499	531,228	-36,212	495,016	76.00
76.01 03021 PAIN CLINIC	407,112	66,929	474,041	-46,136	427,905	76.01
76.02 03022 CATH LAB	606,000	3,432,646	4,038,646	-2,172,931	1,865,715	76.02
76.03 03023 ACTIVITY THERAPY	1,789,023	15,645	1,804,668	-30	1,804,638	76.03
76.04 03024 WOUND CARE CENTER	228,494	126,697	355,191	-111,374	243,817	76.04
76.05 03025 BARIATRIC CLINIC	291,523	193,042	484,565	-1,632	482,933	76.05
76.06 03030 HEALTHY LIVING CENTER	1,783	0	1,783	0	1,783	76.06
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	3,559,441	1,213,040	4,772,481	-440,756	4,331,725	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE		2,819,033	2,819,033	-1,037,885	1,781,148	113.00
118.00						118.00
		42,858,891	70,938,697	113,797,588	-239	113,797,349
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,113	81,698	101,811	0	101,811	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3,268,184	296,499	3,564,683	239	3,564,922	192.00
192.01 19201 WORKING WELL	0	0	0	0	0	192.01
194.00 07950 RESIDENTIAL	1,679,545	314,870	1,994,415	0	1,994,415	194.00
194.01 07951 OMNI	0	0	0	0	0	194.01
194.02 07952 PSYCHIATRIC	0	0	0	0	0	194.02
200.00						200.00
		47,826,733	71,631,764	119,458,497	0	119,458,497

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150090

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

Worksheet A
Date/Time Prepared:
5/28/2014 4:42 pm

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	1,230,663	5,228,829	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	3,217,200	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,246,485	19,422,540	4.00
5.01	00510	COMMUNICATIONS	0	123,058	5.01
5.02	00511	ADMITTING	-164,438	1,136,346	5.02
5.03	00512	PATIENT ACCOUNTING	-868,966	3,819	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	22,113,853	20,208,358	5.04
6.00	00600	MAINTENANCE & REPAIRS	-82	3,231,511	6.00
7.00	00700	OPERATION OF PLANT	0	3,158,602	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	280,178	280,178	8.00
9.00	00900	HOUSEKEEPING	0	1,441,968	9.00
10.00	01000	DIETARY	-67,334	617,909	10.00
11.00	01100	CAFETERIA	-477,427	511,675	11.00
13.00	01300	NURSING ADMINISTRATION	0	504,208	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-338,162	660,677	14.00
15.00	01500	PHARMACY	-1,506,106	3,476,701	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	606,724	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	821,594	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-155,250	8,752,064	30.00
31.00	03100	INTENSIVE CARE UNIT	-5,980	1,976,767	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	1,400,400	32.00
41.00	04100	SUBPROVIDER - I RF	-2,936,886	2,942,260	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	903,592	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-469,993	2,958,625	50.00
50.01	05001	OUTPATIENT SURGERY	-33,405	1,253,913	50.01
51.00	05100	RECOVERY ROOM	0	731,675	51.00
53.00	05300	ANESTHESIOLOGY	-822	115,891	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-202,905	2,174,186	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	-9,599	1,299,021	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	-64,999	855,629	55.00
56.00	05600	RADIOISOTOPE	-13,836	626,088	56.00
60.00	06000	LABORATORY	-504,006	4,524,852	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-13,417	361,007	63.00
65.00	06500	RESPIRATORY THERAPY	-347,034	1,363,399	65.00
66.00	06600	PHYSICAL THERAPY	-720,866	5,978,291	66.00
67.00	06700	OCCUPATIONAL THERAPY	-5,410	430,907	67.00
68.00	06800	SPEECH PATHOLOGY	-895	251,576	68.00
69.00	06900	ELECTROCARDIOLOGY	-30,229	618,100	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-18,335	253,166	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,591,710	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,787,201	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,475,249	73.00
76.00	03020	ULTRASOUND	-49,396	445,620	76.00
76.01	03021	PAIN CLINIC	0	427,905	76.01
76.02	03022	CATH LAB	0	1,865,715	76.02
76.03	03023	ACTIVITY THERAPY	0	1,804,638	76.03
76.04	03024	WOUND CARE CENTER	-662	243,155	76.04
76.05	03025	BARITRIC CLINIC	-420	482,513	76.05
76.06	03030	HEALTHY LIVING CENTER	0	1,783	76.06
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-1,020,223	3,311,502	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-1,781,148	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,062,948	126,860,297	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	101,811	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,564,922	192.00
192.01	19201	WORKING WELL	0	0	192.01
194.00	07950	RESIDENTIAL	0	1,994,415	194.00
194.01	07951	OMNI	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	194.02
200.00		TOTAL (SUM OF LINES 118-199)	13,062,948	132,521,445	200.00

RECLASSIFICATIONS

Provider CCN: 150090

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

Worksheet A-6
Date/Time Prepared:
5/28/2014 4:42 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - CAPITAL						
1.00	NEW CAP REL COSTS-MVBLE	2.00	0	3,217,200	1.00	
	EQUIP					
	TOTALS		0	3,217,200		
B - INTEREST EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	353,223	1.00	
	TOTALS		0	353,223		
C - CAFETERIA						
1.00	CAFETERIA	11.00	420,992	568,110	1.00	
	TOTALS		420,992	568,110		
D - INSURANCE EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	132,129	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	552,533	2.00	
	TOTALS		0	684,662		
E - PATIENT TRANSPORT						
1.00	ADULTS & PEDIATRICS	30.00	8,265	0	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	46,111	0	2.00	
3.00	RADIOISOTOPE	56.00	14,014	0	3.00	
4.00	ELECTROCARDIOLOGY	69.00	3,233	0	4.00	
5.00	ULTRASOUND	76.00	5,749	0	5.00	
6.00	CATH LAB	76.02	3,053	0	6.00	
7.00	EMERGENCY	91.00	5,131	0	7.00	
8.00	PHYSICIANS' PRIVATE OFFICES	192.00	239	0	8.00	
	TOTALS		85,795	0		
F - CHARGEABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,378,911	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	
	TOTALS		0	10,378,911		
G - DRUGS CHARGES TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,475,249	1.00	
	TOTALS		0	3,475,249		
H - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	593,549	1.00	
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	228,045	2.00	
	TOTALS		0	821,594		
I - NURSERY						
1.00	NURSERY	43.00	822,443	81,149	1.00	
	TOTALS		822,443	81,149		

RECLASSIFICATIONS

Provider CCN: 150090

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

Worksheet A-6

Date/Time Prepared:
5/28/2014 4:42 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
J - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO	72.00	0	7,787,201	1.00	
	PATIENTS _____					
	TOTALS		0	7,787,201		
500.00	Grand Total: Increases		1,329,230	27,367,299	500.00	

RECLASSIFICATIONS

Provider CCN: 150090

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

Worksheet A-6
Date/Time Prepared:
5/28/2014 4:42 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - CAPITAL						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	3,217,200	9	1.00
	TOTALS		0	3,217,200		
B - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	353,223	11	1.00
	TOTALS		0	353,223		
C - CAFETERIA						
1.00	DIETARY	10.00	420,992	568,110	0	1.00
	TOTALS		420,992	568,110		
D - INSURANCE EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	132,129	9	1.00
2.00	INTEREST EXPENSE	113.00	0	552,533	0	2.00
	TOTALS		0	684,662		
E - PATIENT TRANSPORT						
1.00	EMERGENCY	91.00	85,795	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
	TOTALS		85,795	0		
F - CHARGEABLE SUPPLIES						
1.00	NURSING ADMINISTRATION	13.00	0	24,449	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	329,092	0	2.00
3.00	PHARMACY	15.00	0	11,209	0	3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	41	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	396,822	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	100,418	0	6.00
7.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	9,296	0	7.00
8.00	SUBPROVIDER - IRF	41.00	0	46,870	0	8.00
9.00	OPERATING ROOM	50.00	0	6,152,133	0	9.00
10.00	OUTPATIENT SURGERY	50.01	0	202,073	0	10.00
11.00	RECOVERY ROOM	51.00	0	53,040	0	11.00
12.00	ANESTHESIOLOGY	53.00	0	161,934	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	27,803	0	13.00
14.00	RADIOLOGY-SPECIAL PROCEDURES	54.01	0	201,621	0	14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	7,313	0	15.00
16.00	RADIOISOTOPE	56.00	0	915	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	69,609	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	16,291	0	18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	8,680	0	19.00
20.00	SPEECH PATHOLOGY	68.00	0	44,296	0	20.00
21.00	ELECTROCARDIOLOGY	69.00	0	4,857	0	21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	985	0	22.00
23.00	ULTRASOUND	76.00	0	41,961	0	23.00
24.00	PAIN CLINIC	76.01	0	46,136	0	24.00
25.00	CATH LAB	76.02	0	2,175,984	0	25.00
26.00	ACTIVITY THERAPY	76.03	0	30	0	26.00
27.00	WOUND CARE CENTER	76.04	0	111,374	0	27.00
28.00	BARITRIC CLINIC	76.05	0	1,632	0	28.00
29.00	EMERGENCY	91.00	0	132,047	0	29.00
	TOTALS		0	10,378,911		
G - DRUGS CHARGES TO PATIENTS						
1.00	PHARMACY	15.00	0	3,475,249	0	1.00
	TOTALS		0	3,475,249		
H - INTERNS AND RESIDENTS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.04	0	593,549	0	1.00
2.00	EMERGENCY	91.00	0	228,045	0	2.00
	TOTALS		0	821,594		
I - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	822,443	81,149	0	1.00
	TOTALS		822,443	81,149		
J - IMPLANTABLE DEVICES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,787,201	0	1.00
	TOTALS		0	7,787,201		
500.00	Grand Total: Decreases		1,329,230	27,367,299		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150090

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

Worksheet A-7
Part I
Date/Time Prepared:
5/28/2014 4:42 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	536,972	0	0	0	0	1.00
2.00	Land Improvements	9,152,825	114,200	0	114,200	0	2.00
3.00	Buildings and Fixtures	69,563,984	0	0	0	0	3.00
4.00	Building Improvements	1,512,208	0	0	0	0	4.00
5.00	Fixed Equipment	123,636,365	0	0	0	1,303,849	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	204,402,354	114,200	0	114,200	1,303,849	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	204,402,354	114,200	0	114,200	1,303,849	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	536,972	0				1.00
2.00	Land Improvements	9,267,025	0				2.00
3.00	Buildings and Fixtures	69,563,984	0				3.00
4.00	Building Improvements	1,512,208	0				4.00
5.00	Fixed Equipment	122,332,516	0				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	203,212,705	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	203,212,705	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150090

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

Worksheet A-7
Part II
Date/Time Prepared:
5/28/2014 4:42 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	6,730,014	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,730,014	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	6,730,014				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	6,730,014				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150090

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

Worksheet A-7
Part III
Date/Time Prepared:
5/28/2014 4:42 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	0	0	0	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	4,875,606	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	3,217,200	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,092,806	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	353,223	0	0	0	5,228,829	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,217,200	2.00
3.00	Total (sum of lines 1-2)	353,223	0	0	0	8,446,029	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150090

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

Worksheet A-8

Date/Time Prepared:
5/28/2014 4:42 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)	B	-515	INTEREST EXPENSE	113.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-87,371	CENTRAL SERVICES & SUPPLY	14.00		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)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,622,209				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-8,711	RADIOLOGY-DIAGNOSTIC	54.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	8,457,091				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-477,427	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	-11,786	DIETARY	10.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW 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		OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00
33.00 RENTAL INCOME	B	-7,091	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 33.00
34.00 MISC INCOME	B	-435	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 34.00
35.00 DIETETIC INSTRUCTION	B	-2,940	DIETARY	10.00	0 35.00
36.00 SPECIAL FUNCTIONS	B	-77,688	DIETARY	10.00	0 36.00
37.00 ADVERTISING EXPENSE	A	-1,526,507	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 37.00
38.00 MISCELLANEOUS - OTHER OPERATING	B	-1,250	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 38.00
39.00 SHARED SERVICES - HR	A	341,078	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 39.00
40.00 SHARED SERVICES - RECEIVING & STORES	A	309,115	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 40.00
41.00 SHARED SERVICES - A&G	A	6,420,921	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 41.00
42.00 SHARED SERVICES - LAUNDRY	A	280,178	LAUNDRY & LINEN SERVICE	8.00	0 42.00
43.00 SHARED SERVICES - PUBLIC RELATIONS	A	-942,086	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 43.00
44.00 UNNECESSARY BORROWING	A	-619,671	INTEREST EXPENSE	113.00	0 44.00
45.00 MISCELLANEOUS - OTHER OPERATING	B	-420	BARiatric CLINIC	76.05	0 45.00
46.00 LOBBYING EXPENSE	A	-23,434	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 46.00
47.00 DISCOUNTS EARNED/REBATES	B	25,080	DIETARY	10.00	0 47.00
48.00 INTEREST INCOME - PATIENTS	B	-520	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 48.00
49.00 PENSION ADJUSTMENT	A	905,407	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 49.00
49.01 DISCOUNTS EARNED/REBATES	B	-25,883	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 49.01
49.02 DISCOUNTS EARNED/REBATES	B	-82	MAINTENANCE & REPAIRS	6.00	0 49.02
49.03 DISCOUNTS EARNED/REBATES	B	-180,663	CENTRAL SERVICES & SUPPLY	14.00	0 49.03
49.04 DISCOUNTS EARNED/REBATES	B	-113,436	PHARMACY	15.00	0 49.04
49.05 DISCOUNTS EARNED/REBATES	B	-79,674	OPERATING ROOM	50.00	0 49.05
49.06 DISCOUNTS EARNED/REBATES	B	-36,921	RADIOLOGY-DIAGNOSTIC	54.00	0 49.06
49.07 DISCOUNTS EARNED/REBATES	B	-4,106	LABORATORY	60.00	0 49.07
49.08 DISCOUNTS EARNED/REBATES	B	-972	RESPIRATORY THERAPY	65.00	0 49.08
49.09 DISCOUNTS EARNED/REBATES	B	-4,332	PHYSICAL THERAPY	66.00	0 49.09
49.10 PROPERTY TAX	A	-4,397	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 49.10
49.11 HAF PROGRAM FEES	A	2,184,605	OTHER ADMINISTRATIVE AND GENERAL	5.04	0 49.11
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		13,062,948			50.00

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

Provider CCN: 150090

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2014 4:42 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	1.00	NEW CAP REL COSTS-BLDG & FIX	ALLOWABLE NEW CAPITAL COSTS	1,230,663	0
2.00	5.03	PATIENT ACCOUNTING	PATIENT ACCOUNTING	0	868,966
3.00	5.04	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATIVE & GENERAL	8,169,780	3,587,178
4.00	15.00	PHARMACY	COEP / PHARMACY	341,088	287,578
4.01	113.00	INTEREST EXPENSE	INTEREST	976,473	2,137,435
4.02	5.04	OTHER ADMINISTRATIVE AND GEN	PURCHASED SERVICES OTHER	0	-11,148,213
4.03	14.00	CENTRAL SERVICES & SUPPLY	SPD	30,607	100,735
4.04	15.00	PHARMACY	PHARMACY	357,316	1,802,440
4.05	30.00	ADULTS & PEDIATRICS	NEPHROLOGY	0	155,250
4.06	41.00	SUBPROVIDER - IRF	REHABILITATION	0	3,883,711
4.07	50.00	OPERATING ROOM	OPERATING ROOM	13,309	40,802
4.08	50.00	OPERATING ROOM	ORTHOPEDICS	1,045	3,205
4.09	50.01	OUTPATIENT SURGERY	ENDOSCOPY	17,717	35,433
4.10	53.01	ANESTHESIOLOGY	ANESTHESIOLOGY	16,421	17,243
4.11	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY DIAGNOSTIC	19,199	71,211
4.12	54.00	RADIOLOGY-DIAGNOSTIC	COMPUTED TOMOGRAPHY	33,294	123,489
4.13	54.00	RADIOLOGY-DIAGNOSTIC	MRI	5,561	20,627
4.14	54.01	RADIOLOGY-SPECIAL PROCEDURES	RADIOLOGY-SPECIAL PROCEDURES	4,766	14,365
4.15	55.00	RADIOLOGY-THERAPEUTIC	RADIATION ONCOLOGY	41,388	106,387
4.16	56.00	RADIOISOTOPE	NUCLEAR MEDICINE	4,176	18,012
4.17	60.00	LABORATORY	CHEMISTRY	86,587	554,568
4.18	63.00	BLOOD STORING, PROCESSING &	BLOOD BANK	5,801	19,218
4.19	65.00	RESPIRATORY THERAPY	RESPIRATORY THERAPY	164,692	510,133
4.20	66.00	PHYSICAL THERAPY	PHYSICAL THERAPY	32,708	40,830
4.21	66.00	PHYSICAL THERAPY	REHAB UNIT THERAPY	2,820,613	3,521,070
4.22	67.00	OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPY	3,755	9,165
4.23	68.00	SPEECH PATHOLOGY	SPEECH THERAPY	1,395	2,290
4.24	69.00	ELECTROCARDIOLOGY	NON INVASIVE VASCULAR	2,953	33,182
4.25	70.00	ELECTROENCEPHALOGRAPHY	NEURO DIAGNOSTICS	2,308	7,643
4.26	76.00	ULTRASOUND	ULTRASOUND	7,808	57,204
4.27	41.00	SUBPROVIDER - IRF	REHAB UNIT OVERHEAD	946,825	0
4.28	0.00			0	0
4.29	0.00			0	0
4.30	0.00			0	0
4.31	0.00			0	0
4.32	0.00			0	0
4.33	0.00			0	0
4.34	0.00			0	0
4.35	0.00			0	0
4.36	0.00			0	0
4.37	0.00			0	0
4.38	0.00			0	0
4.39	0.00			0	0
4.40	0.00			0	0
4.41	0.00			0	0
4.42	0.00			0	0
4.43	0.00			0	0
4.44	0.00			0	0
4.45	0.00			0	0
4.46	0.00			0	0
4.47	0.00			0	0
4.48	0.00			0	0
4.49	0.00			0	0
4.50	0.00			0	0
5.00	0			15,338,248	6,881,157

* 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

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

Provider CCN: 150090

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2014 4:42 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

the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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

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

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

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

Provider CCN: 150090

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2014 4:42 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	1,230,663	9	1.00
2.00	-868,966	0	2.00
3.00	4,582,602	0	3.00
4.00	53,510	0	4.00
4.01	-1,160,962	0	4.01
4.02	11,148,213	0	4.02
4.03	-70,128	0	4.03
4.04	-1,445,124	0	4.04
4.05	-155,250	0	4.05
4.06	-3,883,711	0	4.06
4.07	-27,493	0	4.07
4.08	-2,160	0	4.08
4.09	-17,716	0	4.09
4.10	-822	0	4.10
4.11	-52,012	0	4.11
4.12	-90,195	0	4.12
4.13	-15,066	0	4.13
4.14	-9,599	0	4.14
4.15	-64,999	0	4.15
4.16	-13,836	0	4.16
4.17	-467,981	0	4.17
4.18	-13,417	0	4.18
4.19	-345,441	0	4.19
4.20	-8,122	0	4.20
4.21	-700,457	0	4.21
4.22	-5,410	0	4.22
4.23	-895	0	4.23
4.24	-30,229	0	4.24
4.25	-5,335	0	4.25
4.26	-49,396	0	4.26
4.27	946,825	0	4.27
4.28	0	0	4.28
4.29	0	0	4.29
4.30	0	0	4.30
4.31	0	0	4.31
4.32	0	0	4.32
4.33	0	0	4.33
4.34	0	0	4.34
4.35	0	0	4.35
4.36	0	0	4.36
4.37	0	0	4.37
4.38	0	0	4.38
4.39	0	0	4.39
4.40	0	0	4.40
4.41	0	0	4.41
4.42	0	0	4.42
4.43	0	0	4.43
4.44	0	0	4.44
4.45	0	0	4.45
4.46	0	0	4.46
4.47	0	0	4.47
4.48	0	0	4.48
4.49	0	0	4.49
4.50	0	0	4.50
5.00	8,457,091		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

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

Provider CCN: 150090

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2014 4:42 pm

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

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	HEALTHCARE SERV	6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150090

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2014 4:42 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	5.02	ADMITTING	164,438	164,438	0	171,400	0	1.00
2.00	15.00	PHARMACY	6,000	0	6,000	171,400	60	2.00
3.00	31.00	INTENSIVE CARE UNIT	5,980	5,980	0	171,400	0	3.00
4.00	32.00	NEONATAL INTENSIVE CARE UNIT	8,954	0	8,954	171,400	186	4.00
5.00	50.00	OPERATING ROOM	360,666	360,666	0	204,100	0	5.00
6.00	50.01	OUTPATIENT SURGERY	30,800	0	30,800	204,100	154	6.00
7.00	60.00	LABORATORY	56,640	16,160	40,480	171,400	300	7.00
8.00	65.00	RESPIRATORY THERAPY	1,280	0	1,280	171,400	8	8.00
9.00	66.00	PHYSICAL THERAPY	29,380	0	29,380	171,400	260	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	13,000	13,000	0	171,400	0	10.00
11.00	76.04	WOUND CARE CENTER	2,640	0	2,640	171,400	24	11.00
12.00	91.00	EMERGENCY	36,083	20,583	15,500	171,400	155	12.00
13.00	91.00	EMERGENCY	937,618	937,618	0	171,400	0	13.00
14.00	91.00	EMERGENCY	39,600	39,600	0	171,400	0	14.00
15.00	91.00	EMERGENCY	19,695	19,695	0	171,400	0	15.00
200.00			1,712,774	1,577,740	135,034		1,147	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	5.02	ADMITTING	0	0	0	0	0	1.00
2.00	15.00	PHARMACY	4,944	247	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	32.00	NEONATAL INTENSIVE CARE UNIT	15,327	766	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	50.01	OUTPATIENT SURGERY	15,111	756	0	0	0	6.00
7.00	60.00	LABORATORY	24,721	1,236	0	0	0	7.00
8.00	65.00	RESPIRATORY THERAPY	659	33	0	0	0	8.00
9.00	66.00	PHYSICAL THERAPY	21,425	1,071	0	0	0	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	10.00
11.00	76.04	WOUND CARE CENTER	1,978	99	0	0	0	11.00
12.00	91.00	EMERGENCY	12,773	639	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
14.00	91.00	EMERGENCY	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	0	0	0	0	0	15.00
200.00			96,938	4,847	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	5.02	ADMITTING	0	0	0	164,438		1.00
2.00	15.00	PHARMACY	0	4,944	1,056	1,056		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	5,980		3.00
4.00	32.00	NEONATAL INTENSIVE CARE UNIT	0	15,327	0	0		4.00
5.00	50.00	OPERATING ROOM	0	0	0	360,666		5.00
6.00	50.01	OUTPATIENT SURGERY	0	15,111	15,689	15,689		6.00
7.00	60.00	LABORATORY	0	24,721	15,759	31,919		7.00
8.00	65.00	RESPIRATORY THERAPY	0	659	621	621		8.00
9.00	66.00	PHYSICAL THERAPY	0	21,425	7,955	7,955		9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	13,000		10.00
11.00	76.04	WOUND CARE CENTER	0	1,978	662	662		11.00
12.00	91.00	EMERGENCY	0	12,773	2,727	23,310		12.00
13.00	91.00	EMERGENCY	0	0	0	937,618		13.00
14.00	91.00	EMERGENCY	0	0	0	39,600		14.00
15.00	91.00	EMERGENCY	0	0	0	19,695		15.00
200.00			0	96,938	44,469	1,622,209		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150090

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 4:42 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	5,228,829	5,228,829				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	3,217,200		3,217,200			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	19,422,540	16,412	2,962	19,441,914		4.00
5.01 00510 COMMUNICATIONS	123,058	20,145	849	44,139	188,191	5.01
5.02 00511 ADMITTING	1,136,346	45,838	7,156	452,343	3,074	5.02
5.03 00512 PATIENT ACCOUNTING	3,819	9,828	1,583	437	21,859	5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL	20,208,358	197,311	412,405	1,200,681	20,663	5.04
6.00 00600 MAINTENANCE & REPAIRS	3,231,511	828,975	25,859	376,106	7,343	6.00
7.00 00700 OPERATION OF PLANT	3,158,602	238,846	3,042	119,818	1,708	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	280,178	0	0	0	0	8.00
9.00 00900 HOUSEKEEPING	1,441,968	62,680	1,052	490,384	0	9.00
10.00 01000 DIETARY	617,909	55,294	6,251	119,553	1,878	10.00
11.00 01100 CAFETERIA	511,675	79,825	9,023	172,567	3,074	11.00
13.00 01300 NURSING ADMINISTRATION	504,208	5,827	11,287	201,841	1,878	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	660,677	60,145	103,032	190,891	1,878	14.00
15.00 01500 PHARMACY	3,476,701	44,861	364	978,001	4,952	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	606,724	56,830	5,907	69,810	24,083	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	821,594	0	0	0	1,537	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	8,752,064	1,124,222	539,710	3,393,602	11,783	30.00
31.00 03100 INTENSIVE CARE UNIT	1,976,767	115,509	109,184	693,360	1,195	31.00
32.00 02060 NEONATAL INTENSIVE CARE UNIT	1,400,400	4,071	7,790	353,372	0	32.00
41.00 04100 SUBPROVIDER - I&R	2,942,260	69,066	20,540	789,560	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	903,592	0	0	337,124	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,958,625	191,774	876,497	619,621	5,635	50.00
50.01 05001 OUTPATIENT SURGERY	1,253,913	163,801	58,994	377,101	0	50.01
51.00 05100 RECOVERY ROOM	731,675	64,565	26,316	270,840	1,366	51.00
53.00 05300 ANESTHESIOLOGY	115,891	6,618	40,536	11,747	342	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,174,186	147,878	79,930	622,754	7,172	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	1,299,021	0	324,040	99,438	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	855,629	131,106	54,402	240,520	0	55.00
56.00 05600 RADIOISOTOPE	626,088	57,353	40,359	112,295	2,220	56.00
60.00 06000 LABORATORY	4,524,852	91,398	4,574	0	6,489	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	361,007	32,928	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	1,363,399	24,891	39,841	418,322	1,878	65.00
66.00 06600 PHYSICAL THERAPY	5,978,291	16,888	17,901	1,142,468	1,878	66.00
67.00 06700 OCCUPATIONAL THERAPY	430,907	6,467	131	153,393	171	67.00
68.00 06800 SPEECH PATHOLOGY	251,576	0	7,432	87,724	171	68.00
69.00 06900 ELECTROCARDIOLOGY	618,100	44,291	71,458	230,864	3,757	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	253,166	61,203	9,890	95,256	1,366	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,591,710	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	7,787,201	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,475,249	0	0	0	0	73.00
76.00 03020 ULTRASOUND	445,620	26,624	62,873	149,812	0	76.00
76.01 03021 PAIN CLINIC	427,905	17,982	18,559	166,878	342	76.01
76.02 03022 CATH LAB	1,865,715	49,921	134,961	249,654	0	76.02
76.03 03023 ACTIVITY THERAPY	1,804,638	66,367	159	733,331	1,195	76.03
76.04 03024 WOUND CARE CENTER	243,155	0	1,710	93,661	1,366	76.04
76.05 03025 BARIATRIC CLINIC	482,513	22,413	2,188	119,497	1,366	76.05
76.06 03030 HEALTHY LIVING CENTER	1,783	0	0	731	0	76.06
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	3,311,502	141,691	35,151	1,425,972	4,099	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	126,860,297	4,401,844	3,175,898	17,405,468	147,718	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	101,811	9,258	0	8,244	854	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3,564,922	157,218	10,035	1,339,746	15,711	192.00
192.01 19201 WORKING WELL	0	0	0	0	0	192.01
194.00 07950 RESIDENTIAL	1,994,415	352,505	24,858	688,456	8,026	194.00
194.01 07951 OMNI	0	0	0	0	0	194.01
194.02 07952 PSYCHIATRIC	0	308,004	6,409	0	15,882	194.02
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150090

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 4:42 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
202.00 TOTAL (sum lines 118-201)	132,521,445	5,228,829	3,217,200	19,441,914	188,191	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150090

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 4:42 pm

Cost Center Description			ADMITTING	PATIENT ACCOUNTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.02	5.03	5A.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00511	ADMITTING	1,644,757					5.02
5.03	00512	PATIENT ACCOUNTING	0	37,526				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	22,039,418	22,039,418		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	4,469,794	891,652	5,361,446	6.00
7.00	00700	OPERATION OF PLANT	0	0	3,522,016	702,586	311,547	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	280,178	55,891	0	8.00
9.00	00900	HOUSEKEEPING	0	0	1,996,084	398,187	81,759	9.00
10.00	01000	DIETARY	0	0	800,885	159,764	72,125	10.00
11.00	01100	CAFETERIA	0	0	776,164	154,832	104,122	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	725,041	144,634	7,601	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,016,623	202,800	78,452	14.00
15.00	01500	PHARMACY	0	0	4,504,879	898,651	58,517	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	763,354	152,277	74,128	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	823,131	164,201	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	121,770	2,774	13,945,925	2,782,012	1,466,417	30.00
31.00	03100	INTENSIVE CARE UNIT	24,938	568	2,921,521	582,797	150,668	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	15,627	356	1,781,616	355,404	5,310	32.00
41.00	04100	SUBPROVIDER - IRF	43,239	985	3,865,650	771,135	90,088	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,031	137	1,246,884	248,733	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	118,930	2,709	4,773,791	952,295	250,148	50.00
50.01	05001	OUTPATIENT SURGERY	36,282	826	1,890,917	377,208	213,660	50.01
51.00	05100	RECOVERY ROOM	18,516	422	1,113,700	222,165	84,217	51.00
53.00	05300	ANESTHESIOLOGY	52,919	1,205	229,258	45,733	8,633	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	171,535	3,907	3,207,362	639,817	192,891	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	22,120	504	1,745,123	348,124	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	35,272	803	1,317,732	262,866	171,013	55.00
56.00	05600	RADIOISOTOPE	27,841	634	866,790	172,911	74,811	56.00
60.00	06000	LABORATORY	166,874	3,801	4,797,988	957,122	119,218	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,884	202	403,021	80,396	42,951	63.00
65.00	06500	RESPIRATORY THERAPY	30,812	702	1,879,845	374,999	32,467	65.00
66.00	06600	PHYSICAL THERAPY	66,467	1,514	7,225,407	1,441,353	22,029	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,031	183	599,283	119,547	8,435	67.00
68.00	06800	SPEECH PATHOLOGY	4,937	112	351,952	70,209	0	68.00
69.00	06900	ELECTROCARDIOLOGY	40,484	922	1,009,876	201,454	57,773	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,768	268	432,917	86,360	79,833	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	80,377	1,831	2,673,918	533,404	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	62,220	1,417	7,850,838	1,566,117	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	197,160	4,555	3,676,964	733,495	0	73.00
76.00	03020	ULTRASOUND	29,923	682	715,534	142,738	34,728	76.00
76.01	03021	PAIN CLINIC	14,200	323	646,189	128,904	23,455	76.01
76.02	03022	CATH LAB	88,120	2,007	2,390,378	476,842	65,116	76.02
76.03	03023	ACTIVITY THERAPY	18,227	415	2,624,332	523,512	86,569	76.03
76.04	03024	WOUND CARE CENTER	4,803	109	344,804	68,783	0	76.04
76.05	03025	BARITRIC CLINIC	1,481	34	629,492	125,574	29,236	76.05
76.06	03030	HEALTHY LIVING CENTER	2	0	2,516	502	0	76.06
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	114,967	2,619	5,036,001	1,004,602	184,819	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,644,757	37,526	123,915,091	20,322,588	4,282,736	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	120,167	23,971	12,077	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	5,087,632	1,014,901	205,073	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	0	0	3,068,260	612,069	459,803	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	330,295	65,889	401,757	194.02
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,644,757	37,526	132,521,445	22,039,418	5,361,446	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150090

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 4:42 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00511	ADMINISTRATIVE					5.02
5.03	00512	PATIENT ACCOUNTING					5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	4,536,149				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	336,069			8.00
9.00	00900	HOUSEKEEPING	73,442	0	2,549,472		9.00
10.00	01000	DIETARY	64,788	0	37,012	1,134,574	10.00
11.00	01100	CAFETERIA	93,529	0	53,432	0	1,182,079
13.00	01300	NURSING ADMINISTRATION	6,828	0	3,901	0	9,906
14.00	01400	CENTRAL SERVICES & SUPPLY	70,471	0	40,259	0	23,195
15.00	01500	PHARMACY	52,563	0	30,029	0	54,989
16.00	01600	MEDICAL RECORDS & LIBRARY	66,587	0	38,040	0	10,534
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,317,231	253,917	752,511	857,225	275,467
31.00	03100	INTENSIVE CARE UNIT	135,340	17,694	77,318	59,735	47,804
32.00	02060	NEONATAL INTENSIVE CARE UNIT	4,770	0	2,725	0	19,027
41.00	04100	SUBPROVIDER - IRF	80,923	0	46,230	0	28,951
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	224,699	0	128,367	0	47,978
50.01	05001	OUTPATIENT SURGERY	191,924	0	109,643	0	23,213
51.00	05100	RECOVERY ROOM	75,649	0	43,217	0	14,981
53.00	05300	ANESTHESIOLOGY	7,754	0	4,430	0	1,692
54.00	05400	RADIOLOGY-DIAGNOSTIC	173,267	0	98,985	0	48,100
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	6,017
55.00	05500	RADIOLOGY-THERAPEUTIC	153,615	0	87,758	0	12,383
56.00	05600	RADIOISOTOPE	67,200	0	38,390	0	5,127
60.00	06000	LABORATORY	107,089	0	61,178	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	38,581	0	22,041	0	0
65.00	06500	RESPIRATORY THERAPY	29,164	0	16,661	0	29,579
66.00	06600	PHYSICAL THERAPY	19,788	0	11,305	0	66,970
67.00	06700	OCCUPATIONAL THERAPY	7,577	0	4,329	0	8,720
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	4,325
69.00	06900	ELECTROCARDIOLOGY	51,896	0	29,647	0	16,621
70.00	07000	ELECTROENCEPHALOGRAPHY	71,711	0	40,967	0	6,784
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03020	ULTRASOUND	31,195	0	17,821	0	6,610
76.01	03021	PAIN CLINIC	21,069	0	12,036	0	9,278
76.02	03022	CATH LAB	58,492	0	33,415	0	14,563
76.03	03023	ACTIVITY THERAPY	77,762	0	44,424	0	51,710
76.04	03024	WOUND CARE CENTER	0	0	0	0	5,703
76.05	03025	BARITRIC CLINIC	26,261	0	15,003	0	7,778
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	35
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	166,017	0	94,843	0	85,736
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,567,182	271,611	1,995,917	916,960	943,776
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,848	0	6,197	0	1,570
192.00	19200	PHYSICIANS' PRIVATE OFFICES	184,210	0	105,236	0	66,726
192.01	19201	WORKING WELL	0	0	0	0	0
194.00	07950	RESIDENTIAL	413,025	0	235,955	0	88,805
194.01	07951	OMNI	0	0	0	0	0
194.02	07952	PSYCHIATRIC	360,884	64,458	206,167	217,614	81,202
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	4,536,149	336,069	2,549,472	1,134,574	1,182,079

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 5/28/2014 4:42 pm				
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		13.00	14.00	15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.01	00510	COMMUNICATIONS				5.01		
5.02	00511	ADMITTING				5.02		
5.03	00512	PATIENT ACCOUNTING				5.03		
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL				5.04		
6.00	00600	MAINTENANCE & REPAIRS				6.00		
7.00	00700	OPERATION OF PLANT				7.00		
8.00	00800	LAUNDRY & LINEN SERVICE				8.00		
9.00	00900	HOUSEKEEPING				9.00		
10.00	01000	DIETARY				10.00		
11.00	01100	CAFETERIA				11.00		
13.00	01300	NURSING ADMINISTRATION	897,911			13.00		
14.00	01400	CENTRAL SERVICES & SUPPLY	28,668	1,460,468		14.00		
15.00	01500	PHARMACY	0	2,949	5,602,577	15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY	5,713	409	0	1,111,042	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	423,589	42,967	3,510	82,237	0	30.00
31.00	03100	INTENSIVE CARE UNIT	93,770	7,429	260	16,842	0	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	1,255	496	10,553	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	5,018	600	29,202	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	4,073	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	90,657	25,509	852	80,319	0	50.00
50.01	05001	OUTPATIENT SURGERY	1,232	6,978	3,299	24,503	0	50.01
51.00	05100	RECOVERY ROOM	29,386	3,197	242	12,505	0	51.00
53.00	05300	ANESTHESIOLOGY	3,318	3,897	782	35,738	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,608	254	115,845	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	2,751	0	14,939	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,233	323	23,821	0	55.00
56.00	05600	RADIOISOTOPE	0	180	334,926	18,802	0	56.00
60.00	06000	LABORATORY	0	22	0	112,698	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	6,000	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,427	335	20,808	0	65.00
66.00	06600	PHYSICAL THERAPY	0	852	25	44,888	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	107	0	5,424	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	451	0	3,334	0	68.00
69.00	06900	ELECTROCARDIOLOGY	53,368	1,011	0	27,340	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,089	945	0	7,948	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	447,842	0	54,282	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	846,361	0	42,020	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	5,250,528	133,415	0	73.00
76.00	03020	ULTRASOUND	0	682	0	20,208	0	76.00
76.01	03021	PAIN CLINIC	0	1,236	87	9,590	0	76.01
76.02	03022	CATH LAB	28,565	17,665	659	59,511	0	76.02
76.03	03023	ACTIVITY THERAPY	0	22	0	12,310	0	76.03
76.04	03024	WOUND CARE CENTER	0	830	3,067	3,244	0	76.04
76.05	03025	BARITRIC CLINIC	0	217	446	1,000	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	1	0	76.06
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	133,556	21,418	1,886	77,642	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	897,911	1,460,468	5,602,577	1,111,042	0	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	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	0	0	0	0	0	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	897,911	1,460,468	5,602,577	1,111,042	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150090

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 4:42 pm

Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		22.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00510	COMMUNICATIONS				5.01
5.02	00511	ADMITTING				5.02
5.03	00512	PATIENT ACCOUNTING				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	987,332			22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	949,933	23,152,941	-949,933	22,203,008
31.00	03100	INTENSIVE CARE UNIT	0	4,111,178	0	4,111,178
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	2,181,156	0	2,181,156
41.00	04100	SUBPROVIDER - I&R	0	4,917,797	0	4,917,797
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	1,499,690	0	1,499,690
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	13,090	6,587,705	-13,090	6,574,615
50.01	05001	OUTPATIENT SURGERY	0	2,842,577	0	2,842,577
51.00	05100	RECOVERY ROOM	0	1,599,259	0	1,599,259
53.00	05300	ANESTHESIOLOGY	0	341,235	0	341,235
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,489,129	0	4,489,129
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	2,116,954	0	2,116,954
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,030,744	0	2,030,744
56.00	05600	RADIOISOTOPE	0	1,579,137	0	1,579,137
60.00	06000	LABORATORY	0	6,155,315	0	6,155,315
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	592,990	0	592,990
65.00	06500	RESPIRATORY THERAPY	0	2,388,285	0	2,388,285
66.00	06600	PHYSICAL THERAPY	0	8,832,617	0	8,832,617
67.00	06700	OCCUPATIONAL THERAPY	0	753,422	0	753,422
68.00	06800	SPEECH PATHOLOGY	0	430,271	0	430,271
69.00	06900	ELECTROCARDIOLOGY	0	1,448,986	0	1,448,986
70.00	07000	ELECTROENCEPHALOGRAPHY	0	733,554	0	733,554
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,709,446	0	3,709,446
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,305,336	0	10,305,336
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,794,402	0	9,794,402
76.00	03020	ULTRASOUND	0	969,516	0	969,516
76.01	03021	PAIN CLINIC	0	851,844	0	851,844
76.02	03022	CATH LAB	0	3,145,206	0	3,145,206
76.03	03023	ACTIVITY THERAPY	0	3,420,641	0	3,420,641
76.04	03024	WOUND CARE CENTER	0	426,431	0	426,431
76.05	03025	BARITRIC CLINIC	0	835,007	0	835,007
76.06	03030	HEALTHY LIVING CENTER	0	3,054	0	3,054
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	24,309	6,830,829	-24,309	6,806,520
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
118.00		SUBTOTALS (SUM OF LINES 1-117)	987,332	119,076,654	-987,332	118,089,322
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	174,830	0	174,830
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,663,778	0	6,663,778
192.01	19201	WORKING WELL	0	0	0	0
194.00	07950	RESIDENTIAL	0	4,877,917	0	4,877,917
194.01	07951	OMNI	0	0	0	0
194.02	07952	PSYCHIATRIC	0	1,728,266	0	1,728,266
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150090

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 4:42 pm

Cost Center Description	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	SERVICES-OTHER PRGM COSTS					
	22.00	24.00	25.00	26.00		
202.00 TOTAL (sum lines 118-201)	987,332	132,521,445	-987,332	131,534,113		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150090		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/28/2014 4:42 pm	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		NEW BLDG & FIXT	NEW MVBLE EQUIP					
		0	1.00				2.00	2A
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	16,412	2,962	19,374	19,374	4.00
5.01	00510	COMMUNICATIONS	0	20,145	849	20,994	44	5.01
5.02	00511	ADMINISTRATIVE	0	45,838	7,156	52,994	450	5.02
5.03	00512	PATIENT ACCOUNTING	0	9,828	1,583	11,411	0	5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	197,311	412,405	609,716	1,195	5.04
6.00	00600	MAINTENANCE & REPAIRS	0	828,975	25,859	854,834	374	6.00
7.00	00700	OPERATION OF PLANT	0	238,846	3,042	241,888	119	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	62,680	1,052	63,732	488	9.00
10.00	01000	DIETARY	0	55,294	6,251	61,545	119	10.00
11.00	01100	CAFETERIA	0	79,825	9,023	88,848	172	11.00
13.00	01300	NURSING ADMINISTRATION	0	5,827	11,287	17,114	201	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	60,145	103,032	163,177	190	14.00
15.00	01500	PHARMACY	0	44,861	364	45,225	973	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	56,830	5,907	62,737	69	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,124,222	539,710	1,663,932	3,402	30.00
31.00	03100	INTENSIVE CARE UNIT	0	115,509	109,184	224,693	690	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	4,071	7,790	11,861	352	32.00
41.00	04100	SUBPROVIDER - I RF	0	69,066	20,540	89,606	786	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	336	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	191,774	876,497	1,068,271	617	50.00
50.01	05001	OUTPATIENT SURGERY	0	163,801	58,994	222,795	375	50.01
51.00	05100	RECOVERY ROOM	0	64,565	26,316	90,881	270	51.00
53.00	05300	ANESTHESIOLOGY	0	6,618	40,536	47,154	12	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	147,878	79,930	227,808	620	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	324,040	324,040	99	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	131,106	54,402	185,508	239	55.00
56.00	05600	RADIOISOTOPE	0	57,353	40,359	97,712	112	56.00
60.00	06000	LABORATORY	0	91,398	4,574	95,972	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	32,928	0	32,928	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	24,891	39,841	64,732	416	65.00
66.00	06600	PHYSICAL THERAPY	0	16,888	17,901	34,789	1,137	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,467	131	6,598	153	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	7,432	7,432	87	68.00
69.00	06900	ELECTROCARDIOLOGY	0	44,291	71,458	115,749	230	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	61,203	9,890	71,093	95	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	ULTRASOUND	0	26,624	62,873	89,497	149	76.00
76.01	03021	PAIN CLINIC	0	17,982	18,559	36,541	166	76.01
76.02	03022	CATH LAB	0	49,921	134,961	184,882	248	76.02
76.03	03023	ACTIVITY THERAPY	0	66,367	159	66,526	730	76.03
76.04	03024	WOUND CARE CENTER	0	0	1,710	1,710	93	76.04
76.05	03025	BARITRIC CLINIC	0	22,413	2,188	24,601	119	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	1	76.06
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	141,691	35,151	176,842	1,419	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	4,401,844	3,175,898	7,577,742	17,347	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,258	0	9,258	8	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	157,218	10,035	167,253	1,334	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	0	352,505	24,858	377,363	685	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	0	308,004	6,409	314,413	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118-201)	0	5,228,829	3,217,200	8,446,029	19,374	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150090		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/28/2014 4:42 pm	
Cost Center Description			COMMUNICATIONS	ADMINITTING	PATIENT ACCOUNTING	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.01	5.02	5.03	5.04	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	COMMUNICATIONS	21,038					5.01
5.02	00511	ADMINITTING	344	53,788				5.02
5.03	00512	PATIENT ACCOUNTING	2,444	0	13,855			5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	2,310	0	0	613,221		5.04
6.00	00600	MAINTENANCE & REPAIRS	821	0	0	24,807	880,836	6.00
7.00	00700	OPERATION OF PLANT	191	0	0	19,547	51,184	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,555	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	11,078	13,432	9.00
10.00	01000	DIETARY	210	0	0	4,445	11,850	10.00
11.00	01100	CAFETERIA	344	0	0	4,308	17,106	11.00
13.00	01300	NURSING ADMINISTRATION	210	0	0	4,024	1,249	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	210	0	0	5,642	12,889	14.00
15.00	01500	PHARMACY	554	0	0	25,002	9,614	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,691	0	0	4,237	12,179	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	172	0	0	4,568	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,317	3,993	1,036	77,447	240,921	30.00
31.00	03100	INTENSIVE CARE UNIT	134	818	212	16,214	24,753	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	512	133	9,888	872	32.00
41.00	04100	SUBPROVIDER - I RF	0	1,418	368	21,454	14,801	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	198	51	6,920	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	630	3,900	1,012	26,495	41,097	50.00
50.01	05001	OUTPATIENT SURGERY	0	1,190	309	10,495	35,102	50.01
51.00	05100	RECOVERY ROOM	153	607	158	6,181	13,836	51.00
53.00	05300	ANESTHESIOLOGY	38	1,735	450	1,272	1,418	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	802	5,625	1,460	17,801	31,690	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	725	188	9,685	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,157	300	7,313	28,096	55.00
56.00	05600	RADIOISOTOPE	248	913	237	4,811	12,291	56.00
60.00	06000	LABORATORY	725	5,472	1,420	26,629	19,586	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	291	76	2,237	7,056	63.00
65.00	06500	RESPIRATORY THERAPY	210	1,010	262	10,433	5,334	65.00
66.00	06600	PHYSICAL THERAPY	210	2,180	566	40,101	3,619	66.00
67.00	06700	OCCUPATIONAL THERAPY	19	263	68	3,326	1,386	67.00
68.00	06800	SPEECH PATHOLOGY	19	162	42	1,953	0	68.00
69.00	06900	ELECTROCARDIOLOGY	420	1,327	345	5,605	9,492	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	153	386	100	2,403	13,116	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,636	684	14,840	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,040	530	43,572	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,318	1,535	20,407	0	73.00
76.00	03020	ULTRASOUND	0	981	255	3,971	5,705	76.00
76.01	03021	PAIN CLINIC	38	466	121	3,586	3,853	76.01
76.02	03022	CATH LAB	0	2,890	750	13,267	10,698	76.02
76.03	03023	ACTIVITY THERAPY	134	598	155	14,565	14,222	76.03
76.04	03024	WOUND CARE CENTER	153	158	41	1,914	0	76.04
76.05	03025	BARITRIC CLINIC	153	49	13	3,494	4,803	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	14	0	76.06
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	458	3,770	978	27,950	30,364	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,515	53,788	13,855	565,456	703,614	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	95	0	0	667	1,984	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,756	0	0	28,236	33,692	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	897	0	0	17,029	75,541	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	1,775	0	0	1,833	66,005	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	21,038	53,788	13,855	613,221	880,836	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 4:42 pm				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.01	00510	COMMUNICATIONS				5.01		
5.02	00511	ADMINISTRATIVE				5.02		
5.03	00512	PATIENT ACCOUNTING				5.03		
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL				5.04		
6.00	00600	MAINTENANCE & REPAIRS				6.00		
7.00	00700	OPERATION OF PLANT	312,929			7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,555		8.00		
9.00	00900	HOUSEKEEPING	5,066	0	93,796	9.00		
10.00	01000	DIETARY	4,469	0	1,362	84,000	10.00	
11.00	01100	CAFETERIA	6,452	0	1,966	0	119,196	11.00
13.00	01300	NURSING ADMINISTRATION	471	0	144	0	999	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,861	0	1,481	0	2,339	14.00
15.00	01500	PHARMACY	3,626	0	1,105	0	5,545	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,594	0	1,400	0	1,062	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	90,869	1,175	27,682	63,466	27,776	30.00
31.00	03100	INTENSIVE CARE UNIT	9,337	82	2,845	4,423	4,820	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	329	0	100	0	1,919	32.00
41.00	04100	SUBPROVIDER - IRF	5,583	0	1,701	0	2,919	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,501	0	4,723	0	4,838	50.00
50.01	05001	OUTPATIENT SURGERY	13,240	0	4,034	0	2,341	50.01
51.00	05100	RECOVERY ROOM	5,219	0	1,590	0	1,511	51.00
53.00	05300	ANESTHESIOLOGY	535	0	163	0	171	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,953	0	3,642	0	4,850	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	607	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	10,597	0	3,229	0	1,249	55.00
56.00	05600	RADIOISOTOPE	4,636	0	1,412	0	517	56.00
60.00	06000	LABORATORY	7,388	0	2,251	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,662	0	811	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,012	0	613	0	2,983	65.00
66.00	06600	PHYSICAL THERAPY	1,365	0	416	0	6,753	66.00
67.00	06700	OCCUPATIONAL THERAPY	523	0	159	0	879	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	436	68.00
69.00	06900	ELECTROCARDIOLOGY	3,580	0	1,091	0	1,676	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,947	0	1,507	0	684	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	ULTRASOUND	2,152	0	656	0	667	76.00
76.01	03021	PAIN CLINIC	1,453	0	443	0	936	76.01
76.02	03022	CATH LAB	4,035	0	1,229	0	1,468	76.02
76.03	03023	ACTIVITY THERAPY	5,364	0	1,634	0	5,214	76.03
76.04	03024	WOUND CARE CENTER	0	0	0	0	575	76.04
76.05	03025	BARITRIC CLINIC	1,812	0	552	0	784	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	4	76.06
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	11,453	0	3,489	0	8,645	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	246,084	1,257	73,430	67,889	95,167	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	748	0	228	0	158	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,708	0	3,872	0	6,728	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	28,493	0	8,681	0	8,955	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	24,896	298	7,585	16,111	8,188	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	312,929	1,555	93,796	84,000	119,196	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 4:42 pm
Cost Center Description	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	22.00				
GENERAL SERVICE COST CENTERS					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00510 COMMUNICATIONS				5.01
5.02	00511 ADMITTING				5.02
5.03	00512 PATIENT ACCOUNTING				5.03
5.04	00560 OTHER ADMINISTRATIVE AND GENERAL				5.04
6.00	00600 MAINTENANCE & REPAIRS				6.00
7.00	00700 OPERATION OF PLANT				7.00
8.00	00800 LAUNDRY & LINEN SERVICE				8.00
9.00	00900 HOUSEKEEPING				9.00
10.00	01000 DIETARY				10.00
11.00	01100 CAFETERIA				11.00
13.00	01300 NURSING ADMINISTRATION				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY				14.00
15.00	01500 PHARMACY				15.00
16.00	01600 MEDICAL RECORDS & LIBRARY				16.00
17.00	01700 SOCIAL SERVICE				17.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	4,740			22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		2,226,841	0	30.00
31.00	03100 INTENSIVE CARE UNIT		293,903	0	31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT		26,988	0	32.00
41.00	04100 SUBPROVIDER - IRF		141,653	0	41.00
42.00	04200 SUBPROVIDER		0	0	42.00
43.00	04300 NURSERY		7,833	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		1,179,369	0	50.00
50.01	05001 OUTPATIENT SURGERY		292,854	0	50.01
51.00	05100 RECOVERY ROOM		122,634	0	51.00
53.00	05300 ANESTHESIOLOGY		56,436	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		317,226	0	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES		336,907	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC		239,771	0	55.00
56.00	05600 RADIOISOTOPE		129,927	0	56.00
60.00	06000 LABORATORY		168,510	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		46,544	0	63.00
65.00	06500 RESPIRATORY THERAPY		90,266	0	65.00
66.00	06600 PHYSICAL THERAPY		94,858	0	66.00
67.00	06700 OCCUPATIONAL THERAPY		13,824	0	67.00
68.00	06800 SPEECH PATHOLOGY		10,458	0	68.00
69.00	06900 ELECTROCARDIOLOGY		143,298	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		95,413	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		81,268	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		160,539	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		125,057	0	73.00
76.00	03020 ULTRASOUND		105,747	0	76.00
76.01	03021 PAIN CLINIC		48,537	0	76.01
76.02	03022 CATH LAB		227,358	0	76.02
76.03	03023 ACTIVITY THERAPY		110,135	0	76.03
76.04	03024 WOUND CARE CENTER		5,064	0	76.04
76.05	03025 BARIATRIC CLINIC		36,495	0	76.05
76.06	03030 HEALTHY LIVING CENTER		19	0	76.06
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY		278,084	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	7,213,816	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		13,146	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES		255,579	0	192.00
192.01	19201 WORKING WELL		0	0	192.01
194.00	07950 RESIDENTIAL		517,644	0	194.00
194.01	07951 OMNI		0	0	194.01
194.02	07952 PSYCHIATRIC		441,104	0	194.02
200.00	Cross Foot Adjustments	4,740	4,740	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150090		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/28/2014 4:42 pm	
Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
202.00	TOTAL (sum lines 118-201)	4,740	8,446,029	0	8,446,029		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1
Date/Time Prepared:
5/28/2014 4:42 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	ADMITTING (GROSS CHARGES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	449,554				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		3,044,127			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,411	2,803	47,430,226		4.00
5.01 00510	COMMUNICATIONS	1,732	803	107,681	1,102	5.01
5.02 00511	ADMITTING	3,941	6,771	1,103,528	18	411,750,940
5.03 00512	PATIENT ACCOUNTING	845	1,498	1,065	128	0
5.04 00560	OTHER ADMINISTRATIVE AND GENERAL	16,964	390,219	2,929,162	121	0
6.00 00600	MAINTENANCE & REPAIRS	71,272	24,468	917,541	43	0
7.00 00700	OPERATION OF PLANT	20,535	2,878	292,306	10	0
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00 00900	HOUSEKEEPING	5,389	995	1,196,334	0	0
10.00 01000	DIETARY	4,754	5,915	291,660	11	0
11.00 01100	CAFETERIA	6,863	8,538	420,992	18	0
13.00 01300	NURSING ADMINISTRATION	501	10,680	492,408	11	0
14.00 01400	CENTRAL SERVICES & SUPPLY	5,171	97,489	465,695	11	0
15.00 01500	PHARMACY	3,857	344	2,385,915	29	0
16.00 01600	MEDICAL RECORDS & LIBRARY	4,886	5,589	170,308	141	0
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	9	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	96,656	510,676	8,279,023	69	30,480,572
31.00 03100	INTENSIVE CARE UNIT	9,931	103,310	1,691,510	7	6,242,286
32.00 02060	NEONATAL INTENSIVE CARE UNIT	350	7,371	862,080	0	3,911,583
41.00 04100	SUBPROVIDER - I&R	5,938	19,435	1,926,197	0	10,823,398
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	0	0	822,443	0	1,509,742
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	16,488	829,346	1,511,618	33	29,769,753
50.01 05001	OUTPATIENT SURGERY	14,083	55,820	919,969	0	9,081,805
51.00 05100	RECOVERY ROOM	5,551	24,900	660,736	8	4,634,777
53.00 05300	ANESTHESIOLOGY	569	38,355	28,657	2	13,246,245
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,714	75,630	1,519,261	42	42,937,434
54.01 05401	RADIOLOGY-SPECIAL PROCEDURES	0	306,608	242,588	0	5,537,035
55.00 05500	RADIOLOGY-THERAPEUTIC	11,272	51,475	586,769	0	8,828,973
56.00 05600	RADIOISOTOPE	4,931	38,188	273,954	13	6,968,954
60.00 06000	LABORATORY	7,858	4,328	0	38	41,770,759
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,831	0	0	0	2,223,755
65.00 06500	RESPIRATORY THERAPY	2,140	37,698	1,020,532	11	7,712,546
66.00 06600	PHYSICAL THERAPY	1,452	16,938	2,787,147	11	16,637,597
67.00 06700	OCCUPATIONAL THERAPY	556	124	374,215	1	2,010,359
68.00 06800	SPEECH PATHOLOGY	0	7,032	214,011	1	1,235,729
69.00 06900	ELECTROCARDIOLOGY	3,808	67,614	563,211	22	10,133,566
70.00 07000	ELECTROENCEPHALOGRAPHY	5,262	9,358	232,386	8	2,945,739
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	20,119,483
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	15,574,403
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	49,398,503
76.00 03020	ULTRASOUND	2,289	59,491	365,478	0	7,490,173
76.01 03021	PAIN CLINIC	1,546	17,561	407,112	2	3,554,450
76.02 03022	CATH LAB	4,292	127,701	609,053	0	22,057,490
76.03 03023	ACTIVITY THERAPY	5,706	150	1,789,023	7	4,562,546
76.04 03024	WOUND CARE CENTER	0	1,618	228,494	8	1,202,306
76.05 03025	BARITRIC CLINIC	1,927	2,070	291,523	8	370,778
76.06 03030	HEALTHY LIVING CENTER	0	0	1,783	0	467
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	12,182	33,260	3,478,777	24	28,777,734
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1-117)	378,453	3,005,047	42,462,145	865	411,750,940
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	796	0	20,113	5	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	13,517	9,495	3,268,423	92	0
192.01 19201	WORKING WELL	0	0	0	0	0
194.00 07950	RESIDENTIAL	30,307	23,521	1,679,545	47	0
194.01 07951	OMNI	0	0	0	0	0
194.02 07952	PSYCHIATRIC	26,481	6,064	0	93	0
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 4:42 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	ADMITTING (GROSS CHARGES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
202.00	Cost to be allocated (per Wkst. B, Part I)	5,228,829	3,217,200	19,441,914	188,191	1,644,757	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.631148	1.056855	0.409906	170.772232	0.003995	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			19,374	21,038	53,788	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000408	19.090744	0.000131	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 4:42 pm

Cost Center Description		PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5A.04	5.04	6.00	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00511	ADMITTING					5.02
5.03	00512	PATIENT ACCOUNTING	411,750,940				5.03
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL	0	-22,039,418	110,482,027		5.04
6.00	00600	MAINTENANCE & REPAIRS	0	0	4,469,794	353,389	6.00
7.00	00700	OPERATION OF PLANT	0	0	3,522,016	20,535	332,854
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	280,178	0	0
9.00	00900	HOUSEKEEPING	0	0	1,996,084	5,389	5,389
10.00	01000	DIETARY	0	0	800,885	4,754	4,754
11.00	01100	CAFETERIA	0	0	776,164	6,863	6,863
13.00	01300	NURSING ADMINISTRATION	0	0	725,041	501	501
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,016,623	5,171	5,171
15.00	01500	PHARMACY	0	0	4,504,879	3,857	3,857
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	763,354	4,886	4,886
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	823,131	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	30,480,572	0	13,945,925	96,656	96,656
31.00	03100	INTENSIVE CARE UNIT	6,242,286	0	2,921,521	9,931	9,931
32.00	02060	NEONATAL INTENSIVE CARE UNIT	3,911,583	0	1,781,616	350	350
41.00	04100	SUBPROVIDER - IRF	10,823,398	0	3,865,650	5,938	5,938
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,509,742	0	1,246,884	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	29,769,753	0	4,773,791	16,488	16,488
50.01	05001	OUTPATIENT SURGERY	9,081,805	0	1,890,917	14,083	14,083
51.00	05100	RECOVERY ROOM	4,634,777	0	1,113,700	5,551	5,551
53.00	05300	ANESTHESIOLOGY	13,246,245	0	229,258	569	569
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,937,434	0	3,207,362	12,714	12,714
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	5,537,035	0	1,745,123	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	8,828,973	0	1,317,732	11,272	11,272
56.00	05600	RADIOISOTOPE	6,968,954	0	866,790	4,931	4,931
60.00	06000	LABORATORY	41,770,759	0	4,797,988	7,858	7,858
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,223,755	0	403,021	2,831	2,831
65.00	06500	RESPIRATORY THERAPY	7,712,546	0	1,879,845	2,140	2,140
66.00	06600	PHYSICAL THERAPY	16,637,597	0	7,225,407	1,452	1,452
67.00	06700	OCCUPATIONAL THERAPY	2,010,359	0	599,283	556	556
68.00	06800	SPEECH PATHOLOGY	1,235,729	0	351,952	0	0
69.00	06900	ELECTROCARDIOLOGY	10,133,566	0	1,009,876	3,808	3,808
70.00	07000	ELECTROENCEPHALOGRAPHY	2,945,739	0	432,917	5,262	5,262
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,119,483	0	2,673,918	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,574,403	0	7,850,838	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	49,398,503	0	3,676,964	0	0
76.00	03020	ULTRASOUND	7,490,173	0	715,534	2,289	2,289
76.01	03021	PAIN CLINIC	3,554,450	0	646,189	1,546	1,546
76.02	03022	CATH LAB	22,057,490	0	2,390,378	4,292	4,292
76.03	03023	ACTIVITY THERAPY	4,562,546	0	2,624,332	5,706	5,706
76.04	03024	WOUND CARE CENTER	1,202,306	0	344,804	0	0
76.05	03025	BARITRIC CLINIC	370,778	0	629,492	1,927	1,927
76.06	03030	HEALTHY LIVING CENTER	467	0	2,516	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	28,777,734	0	5,036,001	12,182	12,182
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	411,750,940	-22,039,418	101,875,673	282,288	261,753
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	120,167	796	796
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	5,087,632	13,517	13,517
192.01	19201	WORKING WELL	0	0	0	0	0
194.00	07950	RESIDENTIAL	0	0	3,068,260	30,307	30,307
194.01	07951	OMNI	0	0	0	0	0
194.02	07952	PSYCHIATRIC	0	0	330,295	26,481	26,481
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)	37,526		22,039,418	5,361,446	4,536,149

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5A.04	5.04	6.00	7.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000091		0.199484	15.171514	13.628044	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	13,855		613,221	880,836	312,929	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000034		0.005550	2.492539	0.940139	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 4:42 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)		
		8.00	9.00	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00510	COMMUNICATIONS					5.01	
5.02	00511	ADMITTING					5.02	
5.03	00512	PATIENT ACCOUNTING					5.03	
5.04	00560	OTHER ADMINISTRATIVE AND GENERAL					5.04	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	682,549				8.00	
9.00	00900	HOUSEKEEPING	0	327,465			9.00	
10.00	01000	DIETARY	0	4,754	158,444		10.00	
11.00	01100	CAFETERIA	0	6,863	0	67,779	11.00	
13.00	01300	NURSING ADMINISTRATION	0	501	0	568	26,247	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,171	0	1,330	838	14.00
15.00	01500	PHARMACY	0	3,857	0	3,153	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,886	0	604	167	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	515,700	96,656	119,712	15,795	12,382	30.00
31.00	03100	INTENSIVE CARE UNIT	35,936	9,931	8,342	2,741	2,741	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	350	0	1,091	0	32.00
41.00	04100	SUBPROVIDER - IRF	0	5,938	0	1,660	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	16,488	0	2,751	2,650	50.00
50.01	05001	OUTPATIENT SURGERY	0	14,083	0	1,331	36	50.01
51.00	05100	RECOVERY ROOM	0	5,551	0	859	859	51.00
53.00	05300	ANESTHESIOLOGY	0	569	0	97	97	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,714	0	2,758	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	345	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,272	0	710	0	55.00
56.00	05600	RADIOISOTOPE	0	4,931	0	294	0	56.00
60.00	06000	LABORATORY	0	7,858	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,831	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,140	0	1,696	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,452	0	3,840	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	556	0	500	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	248	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,808	0	953	1,560	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,262	0	389	178	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	ULTRASOUND	0	2,289	0	379	0	76.00
76.01	03021	PAIN CLINIC	0	1,546	0	532	0	76.01
76.02	03022	CATH LAB	0	4,292	0	835	835	76.02
76.03	03023	ACTIVITY THERAPY	0	5,706	0	2,965	0	76.03
76.04	03024	WOUND CARE CENTER	0	0	0	327	0	76.04
76.05	03025	BARITRIC CLINIC	0	1,927	0	446	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	2	0	76.06
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	12,182	0	4,916	3,904	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	551,636	256,364	128,054	54,115	26,247	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	796	0	90	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,517	0	3,826	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
194.00	07950	RESIDENTIAL	0	30,307	0	5,092	0	194.00
194.01	07951	OMNI	0	0	0	0	0	194.01
194.02	07952	PSYCHIATRIC	130,913	26,481	30,390	4,656	0	194.02
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)	336,069	2,549,472	1,134,574	1,182,079	897,911	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 4:42 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (HOURS WORKED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.492373	7.785479	7.160726	17.440195	34.210043	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,555	93,796	84,000	119,196	24,412	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.002278	0.286431	0.530156	1.758598	0.930087	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 4:42 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)
	14.00	15.00	16.00	17.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00510 COMMUNICATIONS						5.01
5.02 00511 ADMITTING						5.02
5.03 00512 PATIENT ACCOUNTING						5.03
5.04 00560 OTHER ADMINISTRATIVE AND GENERAL						5.04
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	13,437,470					14.00
15.00 01500 PHARMACY	27,129	3,594,976				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,767	0	411,750,940			16.00
17.00 01700 SOCIAL SERVICE	0	0	0	411,750,940		17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	5,280	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	395,336	2,252	30,480,572	30,480,572	5,080	30.00
31.00 03100 INTENSIVE CARE UNIT	68,356	167	6,242,286	6,242,286	0	31.00
32.00 02060 NEONATAL INTENSIVE CARE UNIT	11,544	318	3,911,583	3,911,583	0	32.00
41.00 04100 SUBPROVIDER - IRF	46,166	385	10,823,398	10,823,398	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	1,509,742	1,509,742	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	234,700	547	29,769,753	29,769,753	70	50.00
50.01 05001 OUTPATIENT SURGERY	64,201	2,117	9,081,805	9,081,805	0	50.01
51.00 05100 RECOVERY ROOM	29,413	155	4,634,777	4,634,777	0	51.00
53.00 05300 ANESTHESIOLOGY	35,860	502	13,246,245	13,246,245	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	116,005	163	42,937,434	42,937,434	0	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	25,308	0	5,537,035	5,537,035	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	11,349	207	8,828,973	8,828,973	0	55.00
56.00 05600 RADIOISOTOPE	1,653	214,910	6,968,954	6,968,954	0	56.00
60.00 06000 LABORATORY	199	0	41,770,759	41,770,759	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	2,223,755	2,223,755	0	63.00
65.00 06500 RESPIRATORY THERAPY	40,729	215	7,712,546	7,712,546	0	65.00
66.00 06600 PHYSICAL THERAPY	7,835	16	16,637,597	16,637,597	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	981	0	2,010,359	2,010,359	0	67.00
68.00 06800 SPEECH PATHOLOGY	4,151	0	1,235,729	1,235,729	0	68.00
69.00 06900 ELECTROCARDIOLOGY	9,303	0	10,133,566	10,133,566	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	8,699	0	2,945,739	2,945,739	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,120,513	0	20,119,483	20,119,483	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	7,787,201	0	15,574,403	15,574,403	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	3,369,079	49,398,503	49,398,503	0	73.00
76.00 03020 ULTRASOUND	6,275	0	7,490,173	7,490,173	0	76.00
76.01 03021 PAIN CLINIC	11,371	56	3,554,450	3,554,450	0	76.01
76.02 03022 CATH LAB	162,529	423	22,057,490	22,057,490	0	76.02
76.03 03023 ACTIVITY THERAPY	205	0	4,562,546	4,562,546	0	76.03
76.04 03024 WOUND CARE CENTER	7,637	1,968	1,202,306	1,202,306	0	76.04
76.05 03025 BARIATRIC CLINIC	1,996	286	370,778	370,778	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	467	467	0	76.06
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	197,059	1,210	28,777,734	28,777,734	130	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	13,437,470	3,594,976	411,750,940	411,750,940	5,280	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 WORKING WELL	0	0	0	0	0	192.01
194.00 07950 RESIDENTIAL	0	0	0	0	0	194.00
194.01 07951 OMNI	0	0	0	0	0	194.01
194.02 07952 PSYCHIATRIC	0	0	0	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150090

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 4:42 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	INTERNS & RESIDENTS	
		14.00	15.00	16.00	17.00	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,460,468	5,602,577	1,111,042	0	987,332	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.108686	1.558446	0.002698	0.000000	186.994697	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	191,568	92,031	89,178	0	4,740	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.014256	0.025600	0.000217	0.000000	0.897727	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150090

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2014 4:42 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,203,008		22,203,008	0	22,203,008	30.00
31.00	03100	INTENSIVE CARE UNIT	4,111,178		4,111,178	0	4,111,178	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	2,181,156		2,181,156	0	2,181,156	32.00
41.00	04100	SUBPROVIDER - IRF	4,917,797		4,917,797	0	4,917,797	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,499,690		1,499,690	0	1,499,690	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,574,615		6,574,615	0	6,574,615	50.00
50.01	05001	OUTPATIENT SURGERY	2,842,577		2,842,577	15,689	2,858,266	50.01
51.00	05100	RECOVERY ROOM	1,599,259		1,599,259	0	1,599,259	51.00
53.00	05300	ANESTHESIOLOGY	341,235		341,235	0	341,235	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,489,129		4,489,129	0	4,489,129	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	2,116,954		2,116,954	0	2,116,954	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,030,744		2,030,744	0	2,030,744	55.00
56.00	05600	RADIOISOTOPE	1,579,137		1,579,137	0	1,579,137	56.00
60.00	06000	LABORATORY	6,155,315		6,155,315	15,759	6,171,074	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	592,990		592,990	0	592,990	63.00
65.00	06500	RESPIRATORY THERAPY	2,388,285	0	2,388,285	621	2,388,906	65.00
66.00	06600	PHYSICAL THERAPY	8,832,617	0	8,832,617	7,955	8,840,572	66.00
67.00	06700	OCCUPATIONAL THERAPY	753,422	0	753,422	0	753,422	67.00
68.00	06800	SPEECH PATHOLOGY	430,271	0	430,271	0	430,271	68.00
69.00	06900	ELECTROCARDIOLOGY	1,448,986		1,448,986	0	1,448,986	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	733,554		733,554	0	733,554	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,709,446		3,709,446	0	3,709,446	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,305,336		10,305,336	0	10,305,336	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,794,402		9,794,402	0	9,794,402	73.00
76.00	03020	ULTRASOUND	969,516		969,516	0	969,516	76.00
76.01	03021	PAIN CLINIC	851,844		851,844	0	851,844	76.01
76.02	03022	CATH LAB	3,145,206		3,145,206	0	3,145,206	76.02
76.03	03023	ACTIVITY THERAPY	3,420,641		3,420,641	0	3,420,641	76.03
76.04	03024	WOUND CARE CENTER	426,431		426,431	662	427,093	76.04
76.05	03025	BARIATRIC CLINIC	835,007		835,007	0	835,007	76.05
76.06	03030	HEALTHY LIVING CENTER	3,054		3,054	0	3,054	76.06
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,806,520		6,806,520	2,727	6,809,247	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,264,821		2,264,821	0	2,264,821	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	120,354,143	0	120,354,143	43,413	120,397,556	200.00
201.00		Less Observation Beds	2,264,821		2,264,821		2,264,821	201.00
202.00		Total (see instructions)	118,089,322	0	118,089,322	43,413	118,132,735	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150090		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/28/2014 4:42 pm	
			Title XVIII		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	27,727,636		27,727,636			30.00
31.00	03100	INTENSIVE CARE UNIT	6,242,286		6,242,286			31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	3,911,583		3,911,583			32.00
41.00	04100	SUBPROVIDER - I RF	10,823,398		10,823,398			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	1,509,742		1,509,742			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,258,734	13,511,019	29,769,753	0.220849	0.000000	50.00
50.01	05001	OUTPATIENT SURGERY	2,789,309	6,292,496	9,081,805	0.312997	0.000000	50.01
51.00	05100	RECOVERY ROOM	2,306,665	2,328,112	4,634,777	0.345056	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	5,598,776	7,647,469	13,246,245	0.025761	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,778,744	28,158,690	42,937,434	0.104550	0.000000	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	1,331,035	4,206,000	5,537,035	0.382326	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	417,538	8,411,435	8,828,973	0.230009	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,354,507	5,614,447	6,968,954	0.226596	0.000000	56.00
60.00	06000	LABORATORY	20,015,663	21,755,096	41,770,759	0.147359	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,803,264	420,491	2,223,755	0.266662	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	7,215,495	497,051	7,712,546	0.309662	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,494,196	10,143,401	16,637,597	0.530883	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,974,102	36,257	2,010,359	0.374770	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	710,289	525,440	1,235,729	0.348192	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,742,572	5,390,994	10,133,566	0.142989	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	391,052	2,554,687	2,945,739	0.249022	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,075,291	5,044,192	20,119,483	0.184371	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,610,639	4,963,764	15,574,403	0.661684	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,158,059	11,240,444	49,398,503	0.198273	0.000000	73.00
76.00	03020	ULTRASOUND	2,181,832	5,308,341	7,490,173	0.129438	0.000000	76.00
76.01	03021	PAIN CLINIC	52,521	3,501,929	3,554,450	0.239656	0.000000	76.01
76.02	03022	CATH LAB	10,195,037	11,862,453	22,057,490	0.142591	0.000000	76.02
76.03	03023	ACTIVITY THERAPY	2,452,496	2,110,050	4,562,546	0.749722	0.000000	76.03
76.04	03024	WOUND CARE CENTER	8,448	1,193,858	1,202,306	0.354678	0.000000	76.04
76.05	03025	BARIATRIC CLINIC	139	370,639	370,778	2.252040	0.000000	76.05
76.06	03030	HEALTHY LIVING CENTER	0	467	467	6.539615	0.000000	76.06
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	8,625,504	20,152,230	28,777,734	0.236520	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	834,426	1,918,510	2,752,936	0.822693	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	226,590,978	185,159,962	411,750,940			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	226,590,978	185,159,962	411,750,940			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 4:42 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT			32.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.220849		50.00
50.01	05001 OUTPATIENT SURGERY	0.314724		50.01
51.00	05100 RECOVERY ROOM	0.345056		51.00
53.00	05300 ANESTHESIOLOGY	0.025761		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.104550		54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0.382326		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.230009		55.00
56.00	05600 RADIOISOTOPE	0.226596		56.00
60.00	06000 LABORATORY	0.147737		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.266662		63.00
65.00	06500 RESPIRATORY THERAPY	0.309743		65.00
66.00	06600 PHYSICAL THERAPY	0.531361		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.374770		67.00
68.00	06800 SPEECH PATHOLOGY	0.348192		68.00
69.00	06900 ELECTROCARDIOLOGY	0.142989		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.249022		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.184371		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.661684		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.198273		73.00
76.00	03020 ULTRASOUND	0.129438		76.00
76.01	03021 PAIN CLINIC	0.239656		76.01
76.02	03022 CATH LAB	0.142591		76.02
76.03	03023 ACTIVITY THERAPY	0.749722		76.03
76.04	03024 WOUND CARE CENTER	0.355228		76.04
76.05	03025 BARIATRIC CLINIC	2.252040		76.05
76.06	03030 HEALTHY LIVING CENTER	6.539615		76.06
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.236615		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.822693		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150090

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2014 4:42 pm

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Dissallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,203,008		22,203,008	0	22,203,008	30.00
31.00	03100	INTENSIVE CARE UNIT	4,111,178		4,111,178	0	4,111,178	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	2,181,156		2,181,156	0	2,181,156	32.00
41.00	04100	SUBPROVIDER - I RF	4,917,797		4,917,797	0	4,917,797	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,499,690		1,499,690	0	1,499,690	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,574,615		6,574,615	0	6,574,615	50.00
50.01	05001	OUTPATIENT SURGERY	2,842,577		2,842,577	15,689	2,858,266	50.01
51.00	05100	RECOVERY ROOM	1,599,259		1,599,259	0	1,599,259	51.00
53.00	05300	ANESTHESIOLOGY	341,235		341,235	0	341,235	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,489,129		4,489,129	0	4,489,129	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	2,116,954		2,116,954	0	2,116,954	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,030,744		2,030,744	0	2,030,744	55.00
56.00	05600	RADIOISOTOPE	1,579,137		1,579,137	0	1,579,137	56.00
60.00	06000	LABORATORY	6,155,315		6,155,315	15,759	6,171,074	60.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	592,990		592,990	0	592,990	63.00
65.00	06500	RESPIRATORY THERAPY	2,388,285	0	2,388,285	621	2,388,906	65.00
66.00	06600	PHYSICAL THERAPY	8,832,617	0	8,832,617	7,955	8,840,572	66.00
67.00	06700	OCCUPATIONAL THERAPY	753,422	0	753,422	0	753,422	67.00
68.00	06800	SPEECH PATHOLOGY	430,271	0	430,271	0	430,271	68.00
69.00	06900	ELECTROCARDIOLOGY	1,448,986		1,448,986	0	1,448,986	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	733,554		733,554	0	733,554	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,709,446		3,709,446	0	3,709,446	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,305,336		10,305,336	0	10,305,336	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,794,402		9,794,402	0	9,794,402	73.00
76.00	03020	ULTRASOUND	969,516		969,516	0	969,516	76.00
76.01	03021	PAIN CLINIC	851,844		851,844	0	851,844	76.01
76.02	03022	CATH LAB	3,145,206		3,145,206	0	3,145,206	76.02
76.03	03023	ACTIVITY THERAPY	3,420,641		3,420,641	0	3,420,641	76.03
76.04	03024	WOUND CARE CENTER	426,431		426,431	662	427,093	76.04
76.05	03025	BARIATRIC CLINIC	835,007		835,007	0	835,007	76.05
76.06	03030	HEALTHY LIVING CENTER	3,054		3,054	0	3,054	76.06
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,806,520		6,806,520	2,727	6,809,247	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,264,821		2,264,821	0	2,264,821	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	120,354,143	0	120,354,143	43,413	120,397,556	200.00
201.00		Less Observation Beds	2,264,821		2,264,821		2,264,821	201.00
202.00		Total (see instructions)	118,089,322	0	118,089,322	43,413	118,132,735	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150090

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2014 4:42 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,727,636		27,727,636		30.00
31.00	03100	INTENSIVE CARE UNIT	6,242,286		6,242,286		31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	3,911,583		3,911,583		32.00
41.00	04100	SUBPROVIDER - I RF	10,823,398		10,823,398		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	1,509,742		1,509,742		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,258,734	13,511,019	29,769,753	0.220849	50.00
50.01	05001	OUTPATIENT SURGERY	2,789,309	6,292,496	9,081,805	0.312997	50.01
51.00	05100	RECOVERY ROOM	2,306,665	2,328,112	4,634,777	0.345056	51.00
53.00	05300	ANESTHESIOLOGY	5,598,776	7,647,469	13,246,245	0.025761	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,778,744	28,158,690	42,937,434	0.104550	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	1,331,035	4,206,000	5,537,035	0.382326	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	417,538	8,411,435	8,828,973	0.230009	55.00
56.00	05600	RADIOISOTOPE	1,354,507	5,614,447	6,968,954	0.226596	56.00
60.00	06000	LABORATORY	20,015,663	21,755,096	41,770,759	0.147359	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,803,264	420,491	2,223,755	0.266662	63.00
65.00	06500	RESPIRATORY THERAPY	7,215,495	497,051	7,712,546	0.309662	65.00
66.00	06600	PHYSICAL THERAPY	6,494,196	10,143,401	16,637,597	0.530883	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,974,102	36,257	2,010,359	0.374770	67.00
68.00	06800	SPEECH PATHOLOGY	710,289	525,440	1,235,729	0.348192	68.00
69.00	06900	ELECTROCARDIOLOGY	4,742,572	5,390,994	10,133,566	0.142989	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	391,052	2,554,687	2,945,739	0.249022	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,075,291	5,044,192	20,119,483	0.184371	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,610,639	4,963,764	15,574,403	0.661684	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,158,059	11,240,444	49,398,503	0.198273	73.00
76.00	03020	ULTRASOUND	2,181,832	5,308,341	7,490,173	0.129438	76.00
76.01	03021	PAIN CLINIC	52,521	3,501,929	3,554,450	0.239656	76.01
76.02	03022	CATH LAB	10,195,037	11,862,453	22,057,490	0.142591	76.02
76.03	03023	ACTIVITY THERAPY	2,452,496	2,110,050	4,562,546	0.749722	76.03
76.04	03024	WOUND CARE CENTER	8,448	1,193,858	1,202,306	0.354678	76.04
76.05	03025	BARIATRIC CLINIC	139	370,639	370,778	2.252040	76.05
76.06	03030	HEALTHY LIVING CENTER	0	467	467	6.539615	76.06
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	8,625,504	20,152,230	28,777,734	0.236520	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	834,426	1,918,510	2,752,936	0.822693	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	226,590,978	185,159,962	411,750,940		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	226,590,978	185,159,962	411,750,940		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 4:42 pm
		Title XIX	Hospital	Cost

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	02060 NEONATAL INTENSIVE CARE UNIT			32.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	05001 OUTPATIENT SURGERY	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0.000000		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03020 ULTRASOUND	0.000000		76.00
76.01	03021 PAIN CLINIC	0.000000		76.01
76.02	03022 CATH LAB	0.000000		76.02
76.03	03023 ACTIVITY THERAPY	0.000000		76.03
76.04	03024 WOUND CARE CENTER	0.000000		76.04
76.05	03025 BARIATRIC CLINIC	0.000000		76.05
76.06	03030 HEALTHY LIVING CENTER	0.000000		76.06
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/28/2014 4:42 pm
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,226,841	0	2,226,841	24,734	90.03	30.00
31.00	INTENSIVE CARE UNIT	293,903		293,903	2,526	116.35	31.00
32.00	NEONATAL INTENSIVE CARE UNIT	26,988		26,988	1,060	25.46	32.00
41.00	SUBPROVIDER - IRF	141,653	0	141,653	6,879	20.59	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	7,833		7,833	1,024	7.65	43.00
200.00	Total (Lines 30-199)	2,697,218		2,697,218	36,223		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	11,937	1,074,688	30.00
31.00	INTENSIVE CARE UNIT	1,915	222,810	31.00
32.00	NEONATAL INTENSIVE CARE UNIT	0	0	32.00
41.00	SUBPROVIDER - IRF	4,978	102,497	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
200.00	Total (Lines 30-199)	18,830	1,399,995	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/28/2014 4:42 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,179,369	29,769,753	0.039616	5,251,232	208,033	50.00
50.01	05001	OUTPATIENT SURGERY	292,854	9,081,805	0.032246	1,483,922	47,851	50.01
51.00	05100	RECOVERY ROOM	122,634	4,634,777	0.026460	866,773	22,935	51.00
53.00	05300	ANESTHESIOLOGY	56,436	13,246,245	0.004261	2,045,002	8,714	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	317,226	42,937,434	0.007388	7,382,740	54,544	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	336,907	5,537,035	0.060846	824,805	50,186	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	239,771	8,828,973	0.027157	190,340	5,169	55.00
56.00	05600	RADIOISOTOPE	129,927	6,968,954	0.018644	776,962	14,486	56.00
60.00	06000	LABORATORY	168,510	41,770,759	0.004034	9,457,024	38,150	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	46,544	2,223,755	0.020930	910,615	19,059	63.00
65.00	06500	RESPIRATORY THERAPY	90,266	7,712,546	0.011704	4,337,176	50,762	65.00
66.00	06600	PHYSICAL THERAPY	94,858	16,637,597	0.005701	1,014,689	5,785	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,824	2,010,359	0.006876	419,051	2,881	67.00
68.00	06800	SPEECH PATHOLOGY	10,458	1,235,729	0.008463	188,009	1,591	68.00
69.00	06900	ELECTROCARDIOLOGY	143,298	10,133,566	0.014141	2,806,913	39,693	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	95,413	2,945,739	0.032390	214,808	6,958	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	81,268	20,119,483	0.004039	7,079,269	28,593	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	160,539	15,574,403	0.010308	5,269,137	54,314	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	125,057	49,398,503	0.002532	18,795,735	47,591	73.00
76.00	03020	ULTRASOUND	105,747	7,490,173	0.014118	1,198,487	16,920	76.00
76.01	03021	PAIN CLINIC	48,537	3,554,450	0.013655	15,811	216	76.01
76.02	03022	CATH LAB	227,358	22,057,490	0.010308	7,051,765	72,690	76.02
76.03	03023	ACTIVITY THERAPY	110,135	4,562,546	0.024139	13,440	324	76.03
76.04	03024	WOUND CARE CENTER	5,064	1,202,306	0.004212	5,748	24	76.04
76.05	03025	BARITRIC CLINIC	36,495	370,778	0.098428	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	19	467	0.040685	0	0	76.06
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	278,084	28,777,734	0.009663	3,760,371	36,336	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	227,150	2,752,936	0.082512	467,735	38,594	92.00
200.00		Total (lines 50-199)	4,743,748	361,536,295		81,827,559	872,399	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/28/2014 4:42 pm
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Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	32.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,734	0.00	11,937	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,526	0.00	1,915	0		31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	1,060	0.00	0	0		32.00
41.00	04100	SUBPROVIDER - I RF	6,879	0.00	4,978	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	1,024	0.00	0	0		43.00
200.00		Total (lines 30-199)	36,223		18,830	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 4:42 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	OUTPATIENT SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	ULTRASOUND	0	0	0	0	0	76.00
76.01	03021	PAIN CLINIC	0	0	0	0	0	76.01
76.02	03022	CATH LAB	0	0	0	0	0	76.02
76.03	03023	ACTIVITY THERAPY	0	0	0	0	0	76.03
76.04	03024	WOUND CARE CENTER	0	0	0	0	0	76.04
76.05	03025	BARIATRIC CLINIC	0	0	0	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	0	0	0	0	76.06
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 4:42 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)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS	
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	29,769,753	0.000000	0.000000	5,251,232	50.00
50.01	05001	OUTPATIENT SURGERY	0	9,081,805	0.000000	0.000000	1,483,922	50.01
51.00	05100	RECOVERY ROOM	0	4,634,777	0.000000	0.000000	866,773	51.00
53.00	05300	ANESTHESIOLOGY	0	13,246,245	0.000000	0.000000	2,045,002	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	42,937,434	0.000000	0.000000	7,382,740	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0	5,537,035	0.000000	0.000000	824,805	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,828,973	0.000000	0.000000	190,340	55.00
56.00	05600	RADIOISOTOPE	0	6,968,954	0.000000	0.000000	776,962	56.00
60.00	06000	LABORATORY	0	41,770,759	0.000000	0.000000	9,457,024	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,223,755	0.000000	0.000000	910,615	63.00
65.00	06500	RESPIRATORY THERAPY	0	7,712,546	0.000000	0.000000	4,337,176	65.00
66.00	06600	PHYSICAL THERAPY	0	16,637,597	0.000000	0.000000	1,014,689	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,010,359	0.000000	0.000000	419,051	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,235,729	0.000000	0.000000	188,009	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,133,566	0.000000	0.000000	2,806,913	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,945,739	0.000000	0.000000	214,808	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,119,483	0.000000	0.000000	7,079,269	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,574,403	0.000000	0.000000	5,269,137	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	49,398,503	0.000000	0.000000	18,795,735	73.00
76.00	03020	ULTRASOUND	0	7,490,173	0.000000	0.000000	1,198,487	76.00
76.01	03021	PAIN CLINIC	0	3,554,450	0.000000	0.000000	15,811	76.01
76.02	03022	CATH LAB	0	22,057,490	0.000000	0.000000	7,051,765	76.02
76.03	03023	ACTIVITY THERAPY	0	4,562,546	0.000000	0.000000	13,440	76.03
76.04	03024	WOUND CARE CENTER	0	1,202,306	0.000000	0.000000	5,748	76.04
76.05	03025	BARIATRIC CLINIC	0	370,778	0.000000	0.000000	0	76.05
76.06	03030	HEALTHY LIVING CENTER	0	467	0.000000	0.000000	0	76.06
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	28,777,734	0.000000	0.000000	3,760,371	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,752,936	0.000000	0.000000	467,735	92.00
200.00		Total (lines 50-199)	0	361,536,295			81,827,559	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 4:42 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	3,038,974	0		50.00
50.01	05001 OUTPATIENT SURGERY	0	1,854,218	0		50.01
51.00	05100 RECOVERY ROOM	0	707,533	0		51.00
53.00	05300 ANESTHESIOLOGY	0	2,074,948	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	8,598,248	0		54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0	496,129	0		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	3,540,744	0		55.00
56.00	05600 RADIOISOTOPE	0	2,245,723	0		56.00
60.00	06000 LABORATORY	0	707,857	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	176,605	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	160,963	0		65.00
66.00	06600 PHYSICAL THERAPY	0	84,048	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,697	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	46,020	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,928,502	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	810,381	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,561,237	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,067,493	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	5,044,153	0		73.00
76.00	03020 ULTRASOUND	0	1,386,341	0		76.00
76.01	03021 PAIN CLINIC	0	1,049,893	0		76.01
76.02	03022 CATH LAB	0	4,695,113	0		76.02
76.03	03023 ACTIVITY THERAPY	0	95,135	0		76.03
76.04	03024 WOUND CARE CENTER	0	643,802	0		76.04
76.05	03025 BARIATRIC CLINIC	0	46,749	0		76.05
76.06	03030 HEALTHY LIVING CENTER	0	438	0		76.06
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0	3,292,891	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	616,130	0		92.00
200.00	Total (lines 50-199)	0	46,974,965	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 4:42 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.220849	3,038,974	0	87	671,154	50.00
50.01	05001	OUTPATIENT SURGERY	0.312997	1,854,218	0	0	580,365	50.01
51.00	05100	RECOVERY ROOM	0.345056	707,533	0	0	244,139	51.00
53.00	05300	ANESTHESIOLOGY	0.025761	2,074,948	0	0	53,453	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.104550	8,598,248	0	3,964	898,947	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.382326	496,129	0	83	189,683	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.230009	3,540,744	0	0	814,403	55.00
56.00	05600	RADIOISOTOPE	0.226596	2,245,723	0	0	508,872	56.00
60.00	06000	LABORATORY	0.147359	707,857	1,007	0	104,309	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.266662	176,605	0	0	47,094	63.00
65.00	06500	RESPIRATORY THERAPY	0.309662	160,963	0	0	49,844	65.00
66.00	06600	PHYSICAL THERAPY	0.530883	84,048	0	0	44,620	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.374770	4,697	0	0	1,760	67.00
68.00	06800	SPEECH PATHOLOGY	0.348192	46,020	0	0	16,024	68.00
69.00	06900	ELECTROCARDIOLOGY	0.142989	1,928,502	0	0	275,755	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.249022	810,381	0	0	201,803	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.184371	1,561,237	0	0	287,847	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.661684	2,067,493	0	0	1,368,027	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.198273	5,044,153	1	41,288	1,000,119	73.00
76.00	03020	ULTRASOUND	0.129438	1,386,341	0	0	179,445	76.00
76.01	03021	PAIN CLINIC	0.239656	1,049,893	0	0	251,613	76.01
76.02	03022	CATH LAB	0.142591	4,695,113	0	1,619	669,481	76.02
76.03	03023	ACTIVITY THERAPY	0.749722	95,135	0	0	71,325	76.03
76.04	03024	WOUND CARE CENTER	0.354678	643,802	0	1,891	228,342	76.04
76.05	03025	BARITRIC CLINIC	2.252040	46,749	0	0	105,281	76.05
76.06	03030	HEALTHY LIVING CENTER	6.539615	438	0	0	2,864	76.06
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.236520	3,292,891	3	0	778,835	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.822693	616,130	0	0	506,886	92.00
200.00		Subtotal (see instructions)		46,974,965	1,011	48,932	10,152,290	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		46,974,965	1,011	48,932	10,152,290	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 4:42 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	19		50.00
50.01 05001 OUTPATIENT SURGERY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	414		54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	32		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
60.00 06000 LABORATORY	148	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	8,186		73.00
76.00 03020 ULTRASOUND	0	0		76.00
76.01 03021 PAIN CLINIC	0	0		76.01
76.02 03022 CATH LAB	0	231		76.02
76.03 03023 ACTIVITY THERAPY	0	0		76.03
76.04 03024 WOUND CARE CENTER	0	671		76.04
76.05 03025 BARIATRIC CLINIC	0	0		76.05
76.06 03030 HEALTHY LIVING CENTER	0	0		76.06
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	1	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	149	9,553		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	149	9,553		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150090 Component CCN: 15T090		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/28/2014 4:42 pm		
				Title XVIIII		Subprovider - IRF		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,179,369	29,769,753	0.039616	7,706	305	50.00
50.01	05001	OUTPATIENT SURGERY	292,854	9,081,805	0.032246	16,365	528	50.01
51.00	05100	RECOVERY ROOM	122,634	4,634,777	0.026460	0	0	51.00
53.00	05300	ANESTHESIOLOGY	56,436	13,246,245	0.004261	4,162	18	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	317,226	42,937,434	0.007388	294,353	2,175	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	336,907	5,537,035	0.060846	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	239,771	8,828,973	0.027157	55,486	1,507	55.00
56.00	05600	RADIOISOTOPE	129,927	6,968,954	0.018644	23,804	444	56.00
60.00	06000	LABORATORY	168,510	41,770,759	0.004034	18,224	74	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	46,544	2,223,755	0.020930	21,462	449	63.00
65.00	06500	RESPIRATORY THERAPY	90,266	7,712,546	0.011704	64,850	759	65.00
66.00	06600	PHYSICAL THERAPY	94,858	16,637,597	0.005701	4,466,116	25,461	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,824	2,010,359	0.006876	5,220	36	67.00
68.00	06800	SPEECH PATHOLOGY	10,458	1,235,729	0.008463	408,715	3,459	68.00
69.00	06900	ELECTROCARDIOLOGY	143,298	10,133,566	0.014141	407,161	5,758	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	95,413	2,945,739	0.032390	7,150	232	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	81,268	20,119,483	0.004039	731,390	2,954	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	160,539	15,574,403	0.010308	13,098	135	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	125,057	49,398,503	0.002532	2,513,698	6,365	73.00
76.00	03020	ULTRASOUND	105,747	7,490,173	0.014118	88,018	1,243	76.00
76.01	03021	PAIN CLINIC	48,537	3,554,450	0.013655	0	0	76.01
76.02	03022	CATH LAB	227,358	22,057,490	0.010308	11,909	123	76.02
76.03	03023	ACTIVITY THERAPY	110,135	4,562,546	0.024139	0	0	76.03
76.04	03024	WOUND CARE CENTER	5,064	1,202,306	0.004212	0	0	76.04
76.05	03025	BARITRIC CLINIC	36,495	370,778	0.098428	0	0	76.05
76.06	03030	HEALTHY LIVING CENTER	19	467	0.040685	0	0	76.06
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	278,084	28,777,734	0.009663	949,463	9,175	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,752,936	0.000000	0	0	92.00
200.00		Total (lines 50-199)	4,516,598	361,536,295		10,108,350	61,200	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 4:42 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 OUTPATIENT SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03020 ULTRASOUND	0	0	0	0	0	76.00
76.01 03021 PAIN CLINIC	0	0	0	0	0	76.01
76.02 03022 CATH LAB	0	0	0	0	0	76.02
76.03 03023 ACTIVITY THERAPY	0	0	0	0	0	76.03
76.04 03024 WOUND CARE CENTER	0	0	0	0	0	76.04
76.05 03025 BARIATRIC CLINIC	0	0	0	0	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	0	0	0	76.06
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 4:42 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	29,769,753	0.000000	0.000000	7,706 50.00
50.01 05001 OUTPATIENT SURGERY	0	9,081,805	0.000000	0.000000	16,365 50.01
51.00 05100 RECOVERY ROOM	0	4,634,777	0.000000	0.000000	0 51.00
53.00 05300 ANESTHESIOLOGY	0	13,246,245	0.000000	0.000000	4,162 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	42,937,434	0.000000	0.000000	294,353 54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	5,537,035	0.000000	0.000000	0 54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	8,828,973	0.000000	0.000000	55,486 55.00
56.00 05600 RADIOISOTOPE	0	6,968,954	0.000000	0.000000	23,804 56.00
60.00 06000 LABORATORY	0	41,770,759	0.000000	0.000000	18,224 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	2,223,755	0.000000	0.000000	21,462 63.00
65.00 06500 RESPIRATORY THERAPY	0	7,712,546	0.000000	0.000000	64,850 65.00
66.00 06600 PHYSICAL THERAPY	0	16,637,597	0.000000	0.000000	4,466,116 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,010,359	0.000000	0.000000	5,220 67.00
68.00 06800 SPEECH PATHOLOGY	0	1,235,729	0.000000	0.000000	408,715 68.00
69.00 06900 ELECTROCARDIOLOGY	0	10,133,566	0.000000	0.000000	407,161 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,945,739	0.000000	0.000000	7,150 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,119,483	0.000000	0.000000	731,390 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	15,574,403	0.000000	0.000000	13,098 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	49,398,503	0.000000	0.000000	2,513,698 73.00
76.00 03020 ULTRASOUND	0	7,490,173	0.000000	0.000000	88,018 76.00
76.01 03021 PAIN CLINIC	0	3,554,450	0.000000	0.000000	0 76.01
76.02 03022 CATH LAB	0	22,057,490	0.000000	0.000000	11,909 76.02
76.03 03023 ACTIVITY THERAPY	0	4,562,546	0.000000	0.000000	0 76.03
76.04 03024 WOUND CARE CENTER	0	1,202,306	0.000000	0.000000	0 76.04
76.05 03025 BARIATRIC CLINIC	0	370,778	0.000000	0.000000	0 76.05
76.06 03030 HEALTHY LIVING CENTER	0	467	0.000000	0.000000	0 76.06
OUTPATIENT SERVICE COST CENTERS					
91.00 09100 EMERGENCY	0	28,777,734	0.000000	0.000000	949,463 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,752,936	0.000000	0.000000	0 92.00
200.00 Total (lines 50-199)	0	361,536,295			10,108,350 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 4:42 pm
	Component CCN: 15T090	Title XVIII	Subprovider - IRF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
50.01 05001 OUTPATIENT SURGERY	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
60.00 06000 LABORATORY	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00 03020 ULTRASOUND	0	0	0	76.00
76.01 03021 PAIN CLINIC	0	0	0	76.01
76.02 03022 CATH LAB	0	0	0	76.02
76.03 03023 ACTIVITY THERAPY	0	0	0	76.03
76.04 03024 WOUND CARE CENTER	0	0	0	76.04
76.05 03025 BARIATRIC CLINIC	0	0	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	0	76.06
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150090 Component CCN: 15T090		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/28/2014 4:42 pm	
		Title XIX		Subprovider - IRF		Tefra	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,179,369	29,769,753	0.039616	0	0 50.00
50.01	05001	OUTPATIENT SURGERY	292,854	9,081,805	0.032246	0	0 50.01
51.00	05100	RECOVERY ROOM	122,634	4,634,777	0.026460	0	0 51.00
53.00	05300	ANESTHESIOLOGY	56,436	13,246,245	0.004261	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	317,226	42,937,434	0.007388	0	0 54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	336,907	5,537,035	0.060846	0	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	239,771	8,828,973	0.027157	0	0 55.00
56.00	05600	RADIOISOTOPE	129,927	6,968,954	0.018644	0	0 56.00
60.00	06000	LABORATORY	168,510	41,770,759	0.004034	0	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	46,544	2,223,755	0.020930	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	90,266	7,712,546	0.011704	0	0 65.00
66.00	06600	PHYSICAL THERAPY	94,858	16,637,597	0.005701	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	13,824	2,010,359	0.006876	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	10,458	1,235,729	0.008463	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	143,298	10,133,566	0.014141	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	95,413	2,945,739	0.032390	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	81,268	20,119,483	0.004039	1,347	5 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	160,539	15,574,403	0.010308	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	125,057	49,398,503	0.002532	0	0 73.00
76.00	03020	ULTRASOUND	105,747	7,490,173	0.014118	0	0 76.00
76.01	03021	PAIN CLINIC	48,537	3,554,450	0.013655	0	0 76.01
76.02	03022	CATH LAB	227,358	22,057,490	0.010308	0	0 76.02
76.03	03023	ACTIVITY THERAPY	110,135	4,562,546	0.024139	0	0 76.03
76.04	03024	WOUND CARE CENTER	5,064	1,202,306	0.004212	0	0 76.04
76.05	03025	BARITRIC CLINIC	36,495	370,778	0.098428	0	0 76.05
76.06	03030	HEALTHY LIVING CENTER	19	467	0.040685	0	0 76.06
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	278,084	28,777,734	0.009663	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,752,936	0.000000	0	0 92.00
200.00		Total (lines 50-199)	4,516,598	361,536,295		1,347	5 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 4:42 pm
	Title XIX	Subprovider - IRF	Tefra

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 OUTPATIENT SURGERY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020 ULTRASOUND	0	0	0	0	0	76.00
76.01	03021 PAIN CLINIC	0	0	0	0	0	76.01
76.02	03022 CATH LAB	0	0	0	0	0	76.02
76.03	03023 ACTIVITY THERAPY	0	0	0	0	0	76.03
76.04	03024 WOUND CARE CENTER	0	0	0	0	0	76.04
76.05	03025 BARIATRIC CLINIC	0	0	0	0	0	76.05
76.06	03030 HEALTHY LIVING CENTER	0	0	0	0	0	76.06
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 4:42 pm
	Title XIX	Subprovider - IRF	Tefra

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	29,769,753	0.000000	0.000000	0	50.00
50.01	05001 OUTPATIENT SURGERY	0	9,081,805	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	4,634,777	0.000000	0.000000	0	51.00
53.00	05300 ANESTHESIOLOGY	0	13,246,245	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	42,937,434	0.000000	0.000000	0	54.00
54.01	05401 RADIOLOGY-SPECIAL PROCEDURES	0	5,537,035	0.000000	0.000000	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	8,828,973	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	6,968,954	0.000000	0.000000	0	56.00
60.00	06000 LABORATORY	0	41,770,759	0.000000	0.000000	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,223,755	0.000000	0.000000	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	7,712,546	0.000000	0.000000	0	65.00
66.00	06600 PHYSICAL THERAPY	0	16,637,597	0.000000	0.000000	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,010,359	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,235,729	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	10,133,566	0.000000	0.000000	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,945,739	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,119,483	0.000000	0.000000	1,347	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	15,574,403	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	49,398,503	0.000000	0.000000	0	73.00
76.00	03020 ULTRASOUND	0	7,490,173	0.000000	0.000000	0	76.00
76.01	03021 PAIN CLINIC	0	3,554,450	0.000000	0.000000	0	76.01
76.02	03022 CATH LAB	0	22,057,490	0.000000	0.000000	0	76.02
76.03	03023 ACTIVITY THERAPY	0	4,562,546	0.000000	0.000000	0	76.03
76.04	03024 WOUND CARE CENTER	0	1,202,306	0.000000	0.000000	0	76.04
76.05	03025 BARIATRIC CLINIC	0	370,778	0.000000	0.000000	0	76.05
76.06	03030 HEALTHY LIVING CENTER	0	467	0.000000	0.000000	0	76.06
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	28,777,734	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,752,936	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	361,536,295			1,347	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 4:42 pm
	Component CCN: 15T090	Title XIX	Subprovider - IRF Tefra

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
50.01 05001 OUTPATIENT SURGERY	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 05401 RADIOLOGY-SPECIAL PROCEDURES	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
60.00 06000 LABORATORY	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00 03020 ULTRASOUND	0	0	0	76.00
76.01 03021 PAIN CLINIC	0	0	0	76.01
76.02 03022 CATH LAB	0	0	0	76.02
76.03 03023 ACTIVITY THERAPY	0	0	0	76.03
76.04 03024 WOUND CARE CENTER	0	0	0	76.04
76.05 03025 BARIATRIC CLINIC	0	0	0	76.05
76.06 03030 HEALTHY LIVING CENTER	0	0	0	76.06
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/28/2014 4:42 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)		24,734	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,734	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)		22,211	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)		11,937	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)		22,203,008	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)		22,203,008	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)		22,203,008	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)		897.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,715,487	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)		10,715,487	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/28/2014 4:42 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,111,178	2,526	1,627.54	1,915	3,116,739	43.00
44.00	NEONATAL INTENSIVE CARE UNIT	2,181,156	1,060	2,057.69	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)					18,455,001	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					32,287,227	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)					1,297,498	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					872,399	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,169,897	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					30,117,330	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)					2,523	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					897.67	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,264,821	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 4:42 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,226,841	22,203,008	0.100295	2,264,821	227,150	90.00
91.00	Nursing School cost	0	22,203,008	0.000000	2,264,821	0	91.00
92.00	Allied health cost	0	22,203,008	0.000000	2,264,821	0	92.00
93.00	All other Medical Education	0	22,203,008	0.000000	2,264,821	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/28/2014 4:42 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			6,879 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			6,879 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)			6,879 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)			4,978 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)			4,917,797 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)			4,917,797 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)			4,917,797 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)			714.90 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			3,558,772 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)			3,558,772 41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
					Component CCN: 15T090		Date/Time Prepared: 5/28/2014 4:42 pm
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	44.00	
45.00 BURN INTENSIVE CARE UNIT						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT						46.00	
47.00 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)					3,541,440	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,100,212	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)					102,497	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					61,200	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					163,697	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,936,515	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: 150090 Component CCN: 15T090		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 4:42 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	141,653	4,917,797	0.028804	0	0	90.00
91.00	Nursing School cost	0	4,917,797	0.000000	0	0	91.00
92.00	Allied health cost	0	4,917,797	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,917,797	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/28/2014 4:42 pm
		Title XIX	Subprovider - IRF	Tefra
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)		6,879	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,879	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)		6,879	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)		241	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,024	15.00
16.00	Nursery days (title V or XIX only)		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)		4,917,797	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)		4,917,797	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)		4,917,797	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)		714.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		172,291	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)		172,291	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150090		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1		
		Component CCN: 15T090				Date/Time Prepared: 5/28/2014 4:42 pm		
		Title XIX		Subprovider - IRF		Tefra		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
44.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 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)						248		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						172,539		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						5		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						5		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						172,534		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00 Program discharges						14		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)						-172,534		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)						5		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: 150090 Component CCN: 15T090		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 4:42 pm	
		Title XIX		Subprovider - IRF		Tefra	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	4,917,797	0.000000	0	0	90.00
91.00	Nursing School cost	0	4,917,797	0.000000	0	0	91.00
92.00	Allied health cost	0	4,917,797	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,917,797	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/28/2014 4:42 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		14,436,518	30.00
31.00	03100	INTENSIVE CARE UNIT		3,581,678	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.220849	5,251,232	50.00
50.01	05001	OUTPATIENT SURGERY	0.314724	1,483,922	50.01
51.00	05100	RECOVERY ROOM	0.345056	866,773	51.00
53.00	05300	ANESTHESIOLOGY	0.025761	2,045,002	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.104550	7,382,740	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.382326	824,805	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.230009	190,340	55.00
56.00	05600	RADIOISOTOPE	0.226596	776,962	56.00
60.00	06000	LABORATORY	0.147737	9,457,024	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.266662	910,615	63.00
65.00	06500	RESPIRATORY THERAPY	0.309743	4,337,176	65.00
66.00	06600	PHYSICAL THERAPY	0.531361	1,014,689	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.374770	419,051	67.00
68.00	06800	SPEECH PATHOLOGY	0.348192	188,009	68.00
69.00	06900	ELECTROCARDIOLOGY	0.142989	2,806,913	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.249022	214,808	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.184371	7,079,269	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.661684	5,269,137	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.198273	18,795,735	73.00
76.00	03020	ULTRASOUND	0.129438	1,198,487	76.00
76.01	03021	PAIN CLINIC	0.239656	15,811	76.01
76.02	03022	CATH LAB	0.142591	7,051,765	76.02
76.03	03023	ACTIVITY THERAPY	0.749722	13,440	76.03
76.04	03024	WOUND CARE CENTER	0.355228	5,748	76.04
76.05	03025	BARIATRIC CLINIC	2.252040	0	76.05
76.06	03030	HEALTHY LIVING CENTER	6.539615	0	76.06
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.236615	3,760,371	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.822693	467,735	92.00
200.00		Total (sum of lines 50-94 and 96-98)		81,827,559	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)		81,827,559	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15T090		Date/Time Prepared: 5/28/2014 4:42 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - IRF		5,087,015	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.220849	7,706	50.00
50.01	05001	OUTPATIENT SURGERY	0.314724	16,365	50.01
51.00	05100	RECOVERY ROOM	0.345056	0	51.00
53.00	05300	ANESTHESIOLOGY	0.025761	4,162	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.104550	294,353	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.382326	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.230009	55,486	55.00
56.00	05600	RADIOISOTOPE	0.226596	23,804	56.00
60.00	06000	LABORATORY	0.147737	18,224	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.266662	21,462	63.00
65.00	06500	RESPIRATORY THERAPY	0.309743	64,850	65.00
66.00	06600	PHYSICAL THERAPY	0.531361	4,466,116	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.374770	5,220	67.00
68.00	06800	SPEECH PATHOLOGY	0.348192	408,715	68.00
69.00	06900	ELECTROCARDIOLOGY	0.142989	407,161	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.249022	7,150	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.184371	731,390	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.661684	13,098	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.198273	2,513,698	73.00
76.00	03020	ULTRASOUND	0.129438	88,018	76.00
76.01	03021	PAIN CLINIC	0.239656	0	76.01
76.02	03022	CATH LAB	0.142591	11,909	76.02
76.03	03023	ACTIVITY THERAPY	0.749722	0	76.03
76.04	03024	WOUND CARE CENTER	0.355228	0	76.04
76.05	03025	BARIATRIC CLINIC	2.252040	0	76.05
76.06	03030	HEALTHY LIVING CENTER	6.539615	0	76.06
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.236615	949,463	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.822693	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		10,108,350	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)		10,108,350	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/28/2014 4:42 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		1,795,447	30.00
31.00	03100	INTENSIVE CARE UNIT		360,454	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		1,763,303	32.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.220849	844,838	50.00
50.01	05001	OUTPATIENT SURGERY	0.312997	107,713	50.01
51.00	05100	RECOVERY ROOM	0.345056	100,475	51.00
53.00	05300	ANESTHESIOLOGY	0.025761	270,950	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.104550	689,510	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.382326	146,914	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.230009	18,760	55.00
56.00	05600	RADIOISOTOPE	0.226596	58,322	56.00
60.00	06000	LABORATORY	0.147359	1,711,231	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.266662	142,096	63.00
65.00	06500	RESPIRATORY THERAPY	0.309662	698,697	65.00
66.00	06600	PHYSICAL THERAPY	0.530883	124,430	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.374770	50,126	67.00
68.00	06800	SPEECH PATHOLOGY	0.348192	56,333	68.00
69.00	06900	ELECTROCARDIOLOGY	0.142989	165,970	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.249022	8,484	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.184371	625,596	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.661684	380,866	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.198273	3,013,665	73.00
76.00	03020	ULTRASOUND	0.129438	115,180	76.00
76.01	03021	PAIN CLINIC	0.239656	8,802	76.01
76.02	03022	CATH LAB	0.142591	227,056	76.02
76.03	03023	ACTIVITY THERAPY	0.749722	0	76.03
76.04	03024	WOUND CARE CENTER	0.354678	0	76.04
76.05	03025	BARIATRIC CLINIC	2.252040	0	76.05
76.06	03030	HEALTHY LIVING CENTER	6.539615	0	76.06
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.236520	533,894	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.822693	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		10,099,908	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)		10,099,908	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15T090		Date/Time Prepared: 5/28/2014 4:42 pm	
		Title XIX	Subprovider - IRF	Tefra	
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	02060	NEONATAL INTENSIVE CARE UNIT		0	32.00
41.00	04100	SUBPROVIDER - IRF		204,976	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.220849	0	50.00
50.01	05001	OUTPATIENT SURGERY	0.312997	0	50.01
51.00	05100	RECOVERY ROOM	0.345056	0	51.00
53.00	05300	ANESTHESIOLOGY	0.025761	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.104550	0	54.00
54.01	05401	RADIOLOGY-SPECIAL PROCEDURES	0.382326	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.230009	0	55.00
56.00	05600	RADIOISOTOPE	0.226596	0	56.00
60.00	06000	LABORATORY	0.147359	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.266662	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.309662	0	65.00
66.00	06600	PHYSICAL THERAPY	0.530883	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.374770	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.348192	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.142989	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.249022	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.184371	1,347	248 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.661684	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.198273	0	73.00
76.00	03020	ULTRASOUND	0.129438	0	76.00
76.01	03021	PAIN CLINIC	0.239656	0	76.01
76.02	03022	CATH LAB	0.142591	0	76.02
76.03	03023	ACTIVITY THERAPY	0.749722	0	76.03
76.04	03024	WOUND CARE CENTER	0.354678	0	76.04
76.05	03025	BARIATRIC CLINIC	2.252040	0	76.05
76.06	03030	HEALTHY LIVING CENTER	6.539615	0	76.06
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.236520	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.822693	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,347	248 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,347	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 4:42 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		16,766,455	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		4,650,018	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0	1.03
2.00	Outlier payments for discharges. (see instructions)		710,994	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		1,436,429	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		143.55	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)		7.80	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		-0.89	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.		3.54	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)		12.23	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		9.45	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.51	11.00
12.00	Current year allowable FTE (see instructions)		11.96	12.00
13.00	Total allowable FTE count for the prior year.		8.66	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.		9.15	14.00
15.00	Sum of lines 12 through 14 divided by 3.		9.92	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		9.92	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.069105	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.057218	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.057218	21.00
22.00	IME payment adjustment (see instructions)		703,115	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		703,115	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.75	30.00
31.00	Percentage of Medicaid patient days (see instructions)		11.40	31.00
32.00	Sum of lines 30 and 31		14.15	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 4:42 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)			0	35.00
35.01	Factor 3 (see instructions)			0.00000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)			0	36.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)			0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)			0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)			0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			0	46.00
47.00	Subtotal (see instructions)			22,830,582	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)			22,830,582	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)			1,881,349	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).			358,142	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)			0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)			0	56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			25,070,073	59.00
60.00	Primary payer payments			15,726	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			25,054,347	61.00
62.00	Deductibles billed to program beneficiaries			2,076,968	62.00
63.00	Coinurance billed to program beneficiaries			188,927	63.00
64.00	Allowable bad debts (see instructions)			434,464	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			282,402	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			157,981	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			23,070,854	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			-8,164	70.00
70.92	Bundled Model 1 discount amount			0	70.92
70.93	HVBP incentive payment (see instructions)			-12,741	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-122,097	70.94
70.95	Recovery of Accelerated Depreciation			0	70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 4:42 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		22,927,852		71.00
71.01	Sequestration adjustment (see instructions)		346,211		71.01
72.00	Interim payments		22,563,800		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		17,841		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/28/2014 4:42 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		9,702	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,152,290	2.00
3.00	PPS payments		8,970,383	3.00
4.00	Outlier payment (see instructions)		42,132	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		9,702	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		49,943	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)		49,943	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		49,943	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		40,241	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		9,702	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		9,012,515	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)		1,970,662	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		7,051,555	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		92,409	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		7,143,964	30.00
31.00	Primary payer payments		3,123	31.00
32.00	Subtotal (line 30 minus line 31)		7,140,841	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)		205,459	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		133,548	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		96,820	36.00
37.00	Subtotal (see instructions)		7,274,389	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-53	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		7,274,442	40.00
40.01	Sequestration adjustment (see instructions)		109,844	40.01
41.00	Interim payments		7,086,699	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		77,899	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150090

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2014 4:42 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		22,563,800		7,086,699	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)		22,563,800		7,086,699	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		17,841		77,899	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		22,581,641		7,164,598	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: 150090
Component CCN: 15T090

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2014 4:42 pm

Title XVIII

Subprovider -
IRF

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		6,139,562		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)		6,139,562		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		59,632		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		6,199,194		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: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part II Date/Time Prepared: 5/28/2014 4:42 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			6,130 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			13,852 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			860 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			25,797 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			411,750,940 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			21,146,700 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)			1,350,986 8.00
9.00	Sequestration adjustment amount (see instructions)			27,020 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,323,966 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,499,076 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)			-175,110 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part III Date/Time Prepared: 5/28/2014 4:42 pm	
		Title XVIIII	Subprovider - IRF	PPS	
			Prior to 10/01	On/After 10/01	
			1.00	1.01	
PART III - MEDICARE PART A SERVICES - IRF PPS					
1.00	Net Federal PPS Payment (see instructions)		4,324,868	1,748,400	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0312		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		129,746	36,017	3.00
4.00	Outlier Payments		136,267		4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00		5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00		5.01
6.00	New Teaching program adjustment. (see instructions)		0.00		6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00		7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00		8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00		9.00
10.00	Average Daily Census (see instructions)		18.846575		10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	0	12.00
13.00	Total PPS Payment (see instructions)		6,375,298		13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0		14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)				15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0		16.00
17.00	Subtotal (see instructions)		6,375,298		17.00
18.00	Primary payer payments		0		18.00
19.00	Subtotal (line 17 less line 18).		6,375,298		19.00
20.00	Deductibles		31,912		20.00
21.00	Subtotal (line 19 minus line 20)		6,343,386		21.00
22.00	Coinurance		47,339		22.00
23.00	Subtotal (line 21 minus line 22)		6,296,047		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0		24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0		26.00
27.00	Subtotal (sum of lines 23 and 25)		6,296,047		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0		28.00
29.00	Other pass through costs (see instructions)		0		29.00
30.00	Outlier payments reconciliation		0		30.00
31.00	OTHER		-1,810		31.00
31.99	Recovery of Accelerated Depreciation		0		31.99
32.00	Total amount payable to the provider (see instructions)		6,294,237		32.00
32.01	Sequestration adjustment (see instructions)		95,043		32.01
33.00	Interim payments		6,139,562		33.00
34.00	Tentative settlement (for contractor use only)		0		34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34		59,632		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0		36.00
TO BE COMPLETED BY CONTRACTOR					
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		136,267		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0		51.00
52.00	The rate used to calculate the Time Value of Money		0.00		52.00
53.00	Time Value of Money (see instructions)		0		53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2014 4:42 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		10,099,908	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		10,099,908	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		10,099,908	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		10,099,908	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150090 Component CCN: 15T090	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2014 4:42 pm	
		Title XIX	Subprovider - IRF	Tefra	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		5		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		5	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		5	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		1,347	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		1,347	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		1,347	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		1,342	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		5	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		5	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		5	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		5	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		5	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		5	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		5	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/28/2014 4:42 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.			7.76	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			0.86	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))			3.54	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)			10.44	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			9.45	6.00
7.00	Enter the lesser of line 5 or line 6			9.45	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.	1.20	7.87	9.07	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.	1.20	7.87	9.07	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.30		10.00
11.00	Total weighted FTE count	1.20	10.17		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.23	8.20		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.16	7.14		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.86	8.50		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.86	8.50		17.00
18.00	Per resident amount	81,996.46	79,246.57		18.00
19.00	Approved amount for resident costs	70,517	673,596	744,113	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			744,113	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	18,830	1,112		26.00
27.00	Total Inpatient Days (see instructions)	32,676	32,676		27.00
28.00	Ratio of inpatient days to total inpatient days	0.576264	0.034031		28.00
29.00	Program direct GME amount	428,806	25,323		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		3,578		30.00
31.00	Net Program direct GME amount			450,551	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/28/2014 4:42 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)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		39,387,439	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)		15,726	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		39,371,713	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		10,161,992	42.00
43.00	Primary payer payments (see instructions)		3,123	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		10,158,869	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		49,530,582	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.794897	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.205103	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		450,551	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		358,142	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		92,409	50.00

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

Provider CCN: 150090

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

Worksheet G

Date/Time Prepared:
5/28/2014 4:42 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	166,105,702	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	-39,644,863	0	0	0	4.00
5.00	Other receivable	814,293	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-9,966,998	0	0	0	6.00
7.00	Inventory	2,478,325	0	0	0	7.00
8.00	Prepaid expenses	504,392	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	120,290,851	0	0	0	11.00
FIXED ASSETS						
12.00	Land	536,972	0	0	0	12.00
13.00	Land improvements	9,267,025	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	72,050,704	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	1,512,208	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	122,995,023	0	0	0	19.00
20.00	Accumulated depreciation	-114,515,245	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	91,846,687	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	21,018	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	21,018	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	212,158,556	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,805,561	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,027,657	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,044,285	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	714,838	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	10,592,341	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	660,878	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	41,321,962	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	41,982,840	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	52,575,181	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	159,583,375				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	159,583,375	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	212,158,556	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150090

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

Worksheet G-1

Date/Time Prepared:
5/28/2014 4:42 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		130,556,098			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		29,352,980				2.00
3.00	Total (sum of line 1 and line 2)		159,909,078			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0			0	10.00
11.00	Subtotal (line 3 plus line 10)		159,909,078			0	11.00
12.00	DEDUCTIONS	325,703		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		325,703			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		159,583,375			0	19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	DEDUCTIONS		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150090

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2014 4:42 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	29,237,378		29,237,378	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	10,823,398		10,823,398	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	40,060,776		40,060,776	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	10,153,869		10,153,869	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0		0	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)	10,153,869		10,153,869	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	50,214,645		50,214,645	17.00
18.00	Ancillary services	166,916,400	163,089,220	330,005,620	18.00
19.00	Outpatient services	9,459,930	22,070,740	31,530,670	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER	-8,304,637	17,895,254	9,590,617	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	218,286,338	203,055,214	421,341,552	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		119,458,497		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		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)		119,458,497		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet G-3 Date/Time Prepared: 5/28/2014 4:42 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	421,341,552	1.00
2.00	Less contractual allowances and discounts on patients' accounts	269,884,313	2.00
3.00	Net patient revenues (line 1 minus line 2)	151,457,239	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	119,458,497	4.00
5.00	Net income from service to patients (line 3 minus line 4)	31,998,742	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	PROVISION FOR BAD DEBTS	-6,385,334	24.00
24.01	PREMIUM REVENUE	230,417	24.01
24.02	OTHER OPERATING REVENUE	3,234,155	24.02
24.03	NET ASSETS RELEASED FOR OPERATIONS	275,000	24.03
25.00	Total other income (sum of lines 6-24)	-2,645,762	25.00
26.00	Total (line 5 plus line 25)	29,352,980	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	29,352,980	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150090	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/28/2014 4:42 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,704,934	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		57,922	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		70.68	3.00
4.00	Number of interns & residents (see instructions)		9.92	4.00
5.00	Indirect medical education percentage (see instructions)		4.04	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		68,879	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.75	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		11.40	8.00
9.00	Sum of lines 7 and 8		14.15	9.00
10.00	Allowable disproportionate share percentage (see instructions)		2.91	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		49,614	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,881,349	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