

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: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet S Parts I-III Date/Time Prepared: 11/19/2013 4:21 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: 11/19/2013	Time: 4:21 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 ST. MARY'S MEDICAL CENTER (150100) for the cost reporting period beginning 07/01/2012 and ending 06/30/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-351,501	-57,376	0	0	1.00
2.00 Subprovider - IPF	0	941	0		0	2.00
3.00 Subprovider - IRF	0	-97,697	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	-448,257	-57,376	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part I Date/Time Prepared: 11/19/2013 2:38 pm
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1.00	2.00	3.00	4.00	1.00	2.00
Hospital and Hospital Health Care Complex Address:					
Street: 3700 WASHINGTON AVE		PO Box:			
City: EVANSVILLE		State: IN		Zip Code: 47750	
County: VANDERBURGH					

	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	ST. MARY'S MEDICAL CENTER	150100	21780	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF	ST. MARY'S STRESS CENTER	15S100	21780	4	07/01/1987	N	P	0	4.00
5.00	Subprovider - IRF	ST. MARY'S REHAB UNIT	15T100	21780	5	07/01/1999	N	P	0	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)	07/01/2012	06/30/2013	20.00	
21.00	Type of Control (see instructions)	1		21.00	

Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
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	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00	4,981	1,016	2,264	1,018	6,642	0	24.00
25.00	205	97	11	40	14	0	25.00

		Urban/Rural S	Date of Geogr		
		1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00	

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
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 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN and general surgery) added as a result of section 5503. (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
					1.00	2.00	3.00
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			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	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	80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
					V		XIX
					1.00		2.00
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00		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		97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N			106.00

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		V	XIX		
		1.00	2.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
		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	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	291,208	0	0	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H056		140.00

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1.00		2.00		3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name: ST MARY'S HEALTH	Contractor's Name: WPS		Contractor's Number: 8101		141.00
142.00	Street: 3700 WASHINGTON AVE	PO Box:				142.00
143.00	City: EVANSVILLE	State: IN	Zip Code: 47750-0002			143.00

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

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

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

		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	166.00

		1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act			
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	N	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)		0.00
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)		0.00

		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)			170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part II Date/Time Prepared: 11/19/2013 2:38 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.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/02/2013	Y	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)	N		N	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: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part II Date/Time Prepared: 11/19/2013 2:38 pm
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			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		GAYLE	41.00
42.00	Enter the employer/company name of the cost report preparer.	ST. VINCENT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-583-3230		NKGAYLE@STVINCENT.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part II Date/Time Prepared: 11/19/2013 2:38 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)	10/02/2013		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)			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT 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: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
11/19/2013 2:38 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	294	105,020	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)		294	105,020	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	62	22,630	0.00	0	8.00
8.02 NICU	31.02	40	14,600	0.00	0	8.02
9.00 CORONARY CARE UNIT	32.00	9	3,285	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					0	13.00
14.00 Total (see instructions)		405	145,535	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,110		0	16.00
17.00 SUBPROVIDER - IRF	41.00	24	8,760		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		443				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)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
11/19/2013 2:38 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)	22,297	5,638	50,525			1.00
2.00 HMO and other (see instructions)	6,374	4,920				2.00
3.00 HMO IPF Subprovider	203	0				3.00
4.00 HMO IRF Subprovider	512	151				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	22,297	5,638	50,525			7.00
8.00 INTENSIVE CARE UNIT	7,070	1,102	14,224			8.00
8.02 NICU	0	2,852	6,347			8.02
9.00 CORONARY CARE UNIT	630	92	1,449			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,037	3,166			13.00
14.00 Total (see instructions)	29,997	10,721	75,711	4.00	2,052.63	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	779	216	2,948	0.00	17.31	16.00
17.00 SUBPROVIDER - IRF	2,524	310	5,246	0.00	34.17	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				4.00	2,104.11	27.00
28.00 Observation Bed Days		0	12,531			28.00
29.00 Ambulance Trips	96					29.00
30.00 Employee discount days (see instruction)			1,172			30.00
31.00 Employee discount days - IRF			73			31.00
32.00 Labor & delivery days (see instructions)		280	1,243			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
11/19/2013 2:38 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	6,394	1,096	16,257	1.00
2.00 HMO and other (see instructions)			1,290			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
8.02 NICU						8.02
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	6,394	1,096	16,257	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	96	39	576	16.00
17.00 SUBPROVIDER - IRF	0.00	0	196	26	385	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part II
Date/Time Prepared:
11/19/2013 2:38 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	121,049,926	0	121,049,926	4,376,558.00	27.66
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		149,732	0	149,732	879.00	170.34
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		2,665,861	0	2,665,861	17,094.00	155.95
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	200,167	0	200,167	10,049.00	19.92
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		8,206,800	0	8,206,800	314,990.00	26.05
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		21,245,001	0	21,245,001	458,299.00	46.36
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		6,017,203	0	6,017,203	87,965.00	68.40
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office salaries & wage-related costs		26,840,291	0	26,840,291	480,104.00	55.91
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		33,530,075	0	33,530,075		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		5,303,311	0	5,303,311		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		25,157	0	25,157		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		455,381	0	455,381		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		79,759	0	79,759		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,146,334	0	1,146,334	46,115.00	24.86
27.00	Administrative & General	5.00	16,433,312	0	16,433,312	613,336.00	26.79
28.00	Administrative & General under contract (see inst.)		726,980	0	726,980	8,771.00	82.88
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	2,570,017	0	2,570,017	122,060.00	21.06
31.00	Laundry & Linen Service	8.00	605,780	0	605,780	49,368.00	12.27
32.00	Housekeeping	9.00	52,339	0	52,339	3,510.00	14.91
33.00	Housekeeping under contract (see instructions)		3,518,615	0	3,518,615	166,107.00	21.18
34.00	Dietary	10.00	235,580	-154,431	81,149	3,047.00	26.63
35.00	Dietary under contract (see instructions)		3,077,950	0	3,077,950	153,222.00	20.09
36.00	Cafeteria	11.00	0	154,431	154,431	5,799.00	26.63
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	4,572,614	0	4,572,614	179,583.00	25.46
39.00	Central Services and Supply	14.00	1,265,777	0	1,265,777	72,523.00	17.45
40.00	Pharmacy	15.00	3,643,852	0	3,643,852	102,698.00	35.48
41.00	Medical Records & Medical Records Library	16.00	1,874,693	0	1,874,693	107,548.00	17.43

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part II
Date/Time Prepared:
11/19/2013 2:38 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part III
Date/Time Prepared:
11/19/2013 2:38 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	117,300,643	0	117,300,643	4,362,525.00	26.89	1.00
2.00	Excluded area salaries (see instructions)	21,245,001	0	21,245,001	458,299.00	46.36	2.00
3.00	Subtotal salaries (line 1 minus line 2)	96,055,642	0	96,055,642	3,904,226.00	24.60	3.00
4.00	Subtotal other wages & related costs (see inst.)	32,857,494	0	32,857,494	568,069.00	57.84	4.00
5.00	Subtotal wage-related costs (see inst.)	33,555,232	0	33,555,232	0.00	34.93	5.00
6.00	Total (sum of lines 3 thru 5)	162,468,368	0	162,468,368	4,472,295.00	36.33	6.00
7.00	Total overhead cost (see instructions)	39,723,843	0	39,723,843	1,633,687.00	24.32	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet S-3 Part IV Date/Time Prepared: 11/19/2013 2:38 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		4,563,993	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		3,136,004	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		19,522,771	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		1,517,074	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		163,254	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		116,172	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		205,691	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		860,824	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		8,558,359	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		158,139	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))		226,298	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		365,104	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		39,393,683	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: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet S-3 Part V Date/Time Prepared: 11/19/2013 2:38 pm
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	6,017,203	39,393,683	1.00
2.00	Hospital	6,017,203	33,530,075	2.00
3.00	Subprovider - IPF	0	376,303	3.00
4.00	Subprovider - IRF	0	456,468	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	5,030,837	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet S-10	Date/Time Prepared: 11/19/2013 2:38 pm
					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)			0.252802	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			24,685,794	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			114,311,349	6.00
7.00	Medicaid cost (line 1 times line 6)			28,898,138	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)			4,212,344	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			373,957	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			4,212,344	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	55,518,984	9,012,834	64,531,818	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	14,035,310	2,278,462	16,313,772	21.00
22.00	Partial payment by patients approved for charity care	1,170,484	1,504,040	2,674,524	22.00
23.00	Cost of charity care (line 21 minus line 22)	12,864,826	774,422	13,639,248	23.00
					1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			33,371,979	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			592,889	27.00
28.00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line 26 minus line 27)			32,779,090	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			8,286,620	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			21,925,868	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			26,138,212	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet A Date/Time Prepared: 11/19/2013 2:38 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	CAP REL COSTS-BLDG & FIXT		17,216,016		17,216,016	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		14,437,945		14,437,945	2.00
3.00	00300	OTHER CAP REL COSTS		0		0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,146,334	31,894,001		33,040,335	4.00
5.01	00510	COMMUNICATION	185,791	462,766		648,557	5.01
5.03	00530	PURCHASING RECEIVING AND STORES	634,226	441,136		1,075,362	5.03
5.05	00540	ADMINISTRATIVE	2,044,583	73,431		2,118,014	5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE	969,345	4,069,466		5,038,811	5.06
5.07	00551	PATIENT PLACEMENT	591,846	8,310		600,156	5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL	12,007,521	60,233,398		72,240,919	5.08
7.00	00700	OPERATION OF PLANT	2,570,017	9,143,503		11,713,520	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	605,780	368,138		973,918	8.00
9.00	00900	HOUSEKEEPING	52,339	4,102,003		4,154,342	9.00
10.00	01000	DIETARY	235,580	5,256,364		5,491,944	10.00
11.00	01100	CAFETERIA	0	0		0	11.00
13.00	01300	NURSING ADMINISTRATION	4,572,614	281,632		4,854,246	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,265,777	2,096,622		3,362,399	14.00
15.00	01500	PHARMACY	3,643,852	549,241		4,193,093	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,874,693	1,250,502		3,125,195	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	200,167	54,576		254,743	21.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,148,574	2,831,963		19,980,537	30.00
31.00	03100	INTENSIVE CARE UNIT	7,068,617	1,179,561		8,248,178	31.00
31.02	03102	NICU	3,219,512	587,949		3,807,461	31.02
32.00	03200	CORONARY CARE UNIT	845,269	538,818		1,384,087	32.00
40.00	04000	SUBPROVIDER - I PF	1,507,463	102,363		1,609,826	40.00
41.00	04100	SUBPROVIDER - I RF	1,828,604	78,050		1,906,654	41.00
43.00	04300	NURSERY	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0		0	44.00
45.00	04500	NURSING FACILITY	0	0		0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,211,617	30,916,087		37,127,704	50.00
51.00	05100	RECOVERY ROOM	1,354,890	191,221		1,546,111	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,283,518	539,192		2,822,710	52.00
53.00	05300	ANESTHESIOLOGY	38,576	3,246,226		3,284,802	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,143,376	526,077		3,669,453	54.00
54.02	05402	ULTRASOUND	586,787	73,995		660,782	54.02
54.03	05403	NUCLEAR MEDICINE	528,758	873,424		1,402,182	54.03
56.00	05600	RADIOISOTOPE	0	0		0	56.00
57.00	05700	CT SCAN	819,012	220,561		1,039,573	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,366,649	567,785		1,934,434	59.00
60.00	06000	LABORATORY	4,246,218	7,058,712		11,304,930	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	222,448	2,573,130		2,795,578	63.00
64.00	06400	INTRAVENOUS THERAPY	1,300,300	2,759,287		4,059,587	64.00
65.00	06500	RESPIRATORY THERAPY	2,617,183	651,967		3,269,150	65.00
66.00	06600	PHYSICAL THERAPY	2,520,285	190,196		2,710,481	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,249,077	7,117		1,256,194	67.00
68.00	06800	SPEECH PATHOLOGY	389,785	6,733		396,518	68.00
69.00	06900	ELECTROCARDIOLOGY	722,458	264,376		986,834	69.00
69.02	06902	CARDIAC REHAB	511,544	11,680		523,224	69.02
69.03	06903	DIABETIC EDUCATION	267,283	96,225		363,508	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	633,369	209,982		843,351	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,127,519		11,127,519	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,484,602		16,484,602	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,613,498		14,613,498	73.00
74.00	07400	RENAL DIALYSIS	-7,027	1,254,163		1,247,136	74.00
76.00	03020	OTHER ANCILLARY	109,858	4,773		114,631	76.00
76.01	03021	MOBILE OUTREACH CLINIC	611,412	301,025		912,437	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	89.00
90.00	09000	CLINIC	306,718	54,980		361,698	90.00
90.01	09001	OUTPATIENT PSYCH	53,580	7,950		61,530	90.01
90.02	09002	PEDS CLINIC	0	0		0	90.02
90.04	09004	BARITRICS	280,207	30,993		311,200	90.04
91.00	09100	EMERGENCY	5,557,020	4,720,375		10,277,395	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	997,587	736,450		1,734,037	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	820,765	1,718,035		2,538,800	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		0	97.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet A
Date/Time Prepared:
11/19/2013 2:38 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	103,961,757	259,296,090	363,257,847	0	363,257,847	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	32,309	32,309	0	32,309	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,665,901	4,218,638	15,884,539	0	15,884,539	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	APOTHECARY	483,608	4,120,732	4,604,340	0	4,604,340	194.01
194.02	07952	OCCUPATIONAL MEDICINE	1,456,576	701,899	2,158,475	0	2,158,475	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	595	595	0	595	194.03
194.04	07954	MARKETING	24,190	17,096	41,286	0	41,286	194.04
194.06	07956	MOB	0	522,271	522,271	0	522,271	194.06
194.07	07957	SENIOR PARTNERS	0	24,855	24,855	0	24,855	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	129,444	2,244,337	2,373,781	0	2,373,781	194.08
194.09	07959	CONV CARE	2,770,004	792,631	3,562,635	0	3,562,635	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967	FOUNDATION	558,446	-260,989	297,457	0	297,457	194.17
200.00		TOTAL (SUM OF LINES 118-199)	121,049,926	271,710,464	392,760,390	0	392,760,390	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet A
Date/Time Prepared:
11/19/2013 2:38 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-4,465,738	12,750,278	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-591,179	13,846,766	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-9,675,049	23,365,286	4.00
5.01	00510	COMMUNICATION	-648,557	0	5.01
5.03	00530	PURCHASING RECEIVING AND STORES	-1,075,362	0	5.03
5.05	00540	ADMINISTRATIVE	-1,427	2,116,587	5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE	-234,432	4,804,379	5.06
5.07	00551	PATIENT PLACEMENT	0	600,156	5.07
5.08	00560	MISC ADMIN STRATIVE AND GENERAL	371,396	72,612,315	5.08
7.00	00700	OPERATION OF PLANT	-1,766,559	9,946,961	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-113,815	860,103	8.00
9.00	00900	HOUSEKEEPING	-360,602	3,793,740	9.00
10.00	01000	DIETARY	-1,368	1,890,403	10.00
11.00	01100	CAFETERIA	-2,039,279	1,560,894	11.00
13.00	01300	NURSING ADMINISTRATION	-801,965	4,052,281	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-8,663	3,353,736	14.00
15.00	01500	PHARMACY	-76,562	4,116,531	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-400,548	2,724,647	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	-2,267	252,476	21.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-155,977	18,788,094	30.00
31.00	03100	INTENSIVE CARE UNIT	-673,769	7,574,409	31.00
31.02	03102	NICU	-85,104	3,722,357	31.02
32.00	03200	CORONARY CARE UNIT	-294	1,383,793	32.00
40.00	04000	SUBPROVIDER - I PF	-500,832	1,108,994	40.00
41.00	04100	SUBPROVIDER - I RF	0	1,906,654	41.00
43.00	04300	NURSERY	0	1,036,466	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,271,994	35,855,710	50.00
51.00	05100	RECOVERY ROOM	18	1,546,129	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-334,010	2,488,700	52.00
53.00	05300	ANESTHESIOLOGY	-3,235,676	49,126	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-54,617	3,614,836	54.00
54.02	05402	ULTRASOUND	-42,523	618,259	54.02
54.03	05403	NUCLEAR MEDICINE	-18,445	1,383,737	54.03
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	-8,358	1,031,215	57.00
59.00	05900	CARDIAC CATHETERIZATION	-4,372	1,930,062	59.00
60.00	06000	LABORATORY	-1,453,135	9,851,795	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-2,860	2,792,718	63.00
64.00	06400	INTRAVENOUS THERAPY	-1,521,788	2,537,799	64.00
65.00	06500	RESPIRATORY THERAPY	-185	3,268,965	65.00
66.00	06600	PHYSICAL THERAPY	-1,116	2,709,365	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,256,194	67.00
68.00	06800	SPEECH PATHOLOGY	0	396,518	68.00
69.00	06900	ELECTROCARDIOLOGY	-106,690	880,144	69.00
69.02	06902	CARDIAC REHAB	-91,941	431,283	69.02
69.03	06903	DIABETIC EDUCATION	-6,068	357,440	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	-57,523	785,828	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,127,519	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,484,602	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,613,498	73.00
74.00	07400	RENAL DIALYSIS	0	1,247,136	74.00
76.00	03020	OTHER ANCILLARY	0	114,631	76.00
76.01	03021	MOBILE OUTREACH CLINIC	-253,884	658,553	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	361,698	90.00
90.01	09001	OUTPATIENT PSYCH	-38,108	23,422	90.01
90.02	09002	PEDS CLINIC	0	0	90.02
90.04	09004	BARiatricS	-86,326	224,874	90.04
91.00	09100	EMERGENCY	-25,554	10,251,841	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	10	1,734,047	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-1,339	2,537,461	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet A
Date/Time Prepared:
11/19/2013 2:38 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
SPECIAL PURPOSE COST CENTERS					
106.00	10600	HEART ACQUISITION	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-31,924,436	331,333,411	118.00
NONREIMBURSABLE COST CENTERS					
191.00	19100	RESEARCH	0	32,309	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	15,884,539	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	APOTHECARY	0	4,604,340	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	2,158,475	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	595	194.03
194.04	07954	MARKETING	0	41,286	194.04
194.06	07956	MOB	0	522,271	194.06
194.07	07957	SENIOR PARTNERS	0	24,855	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	2,373,781	194.08
194.09	07959	CONV CARE	0	3,562,635	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	194.15
194.17	07967	FOUNDATION	0	297,457	194.17
200.00		TOTAL (SUM OF LINES 118-199)	-31,924,436	360,835,954	200.00

RECLASSIFICATIONS

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
B - CAFETERIA					
1.00	CAFETERIA	11.00	154,431	3,445,742	1.00
	TOTALS		154,431	3,445,742	
C - NURSERY					
1.00	NURSERY	43.00	952,597	83,869	1.00
	TOTALS		952,597	83,869	
500.00	Grand Total: Increases		1,107,028	3,529,611	500.00

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-6
Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
B - CAFETERIA						
1.00	DIETARY	10.00	154,431	3,445,742	0	1.00
	TOTALS		154,431	3,445,742		
C - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	952,597	83,869	0	1.00
	TOTALS		952,597	83,869		
500.00	Grand Total: Decreases		1,107,028	3,529,611		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-7
Part I
Date/Time Prepared:
11/19/2013 2:38 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,948,022	0	0	2,211,230	1.00
2.00	Land Improvements	9,041,203	0	0	856,121	2.00
3.00	Buildings and Fixtures	151,523,669	3,381,405	0	0	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	169,839,434	3,859,126	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	340,352,328	7,240,531	0	3,067,351	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	340,352,328	7,240,531	0	3,067,351	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,736,792	0			1.00
2.00	Land Improvements	8,185,082	0			2.00
3.00	Buildings and Fixtures	154,905,074	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	173,698,560	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	344,525,508	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	344,525,508	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	8,362,622	4,139,798	4,712,929	667	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	12,604,270	1,802,352	0	27,672	0	2.00
3.00	Total (sum of lines 1-2)	20,966,892	5,942,150	4,712,929	28,339	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	17,216,016	1.00			
2.00	CAP REL COSTS-MVBLE EQUIP	3,651	14,437,945	2.00			
3.00	Total (sum of lines 1-2)	3,651	31,653,961	3.00			

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	170,826,948	0	170,826,948	0.495833	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	173,698,560	0	173,698,560	0.504167	0	2.00
3.00	Total (sum of lines 1-2)	344,525,508	0	344,525,508	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	8,362,622	4,139,798	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	12,013,091	1,802,352	2.00
3.00	Total (sum of lines 1-2)	0	0	0	20,375,713	5,942,150	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	247,191	667	0	0	12,750,278	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	27,672	0	3,651	13,846,766	2.00
3.00	Total (sum of lines 1-2)	247,191	28,339	0	3,651	26,597,044	3.00

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-8

Date/Time Prepared:
11/19/2013 2:38 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
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-3,263,795	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-11,518	MISC ADMINISTRATIVE AND GENERAL	5.08	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-8,246,654			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	9,217,854			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,835,442	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	B	-1,761	CENTRAL SERVICES & SUPPLY	14.00	0	16.00
17.00 Sale of drugs to other than patients	B	-59,074	PHARMACY	15.00	0	17.00
18.00 Sale of medical records and abstracts	B	-72,824	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 MISC INCOME - EMPLOYEE BENEFITS	B	-6,566	EMPLOYEE BENEFITS	4.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-8
Date/Time Prepared:
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Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
				Cost Center		Line #	
				1.00	2.00	3.00	
33.01	MI SC INCOME - COMMUNICATIONS	B	-85,085	MI SC ADMINI STRATIVE AND GENERAL		5.08	0 33.01
33.02	MI SC INCOME - OTHER A&G	B	-447,443	MI SC ADMINI STRATIVE AND GENERAL		5.08	0 33.02
33.03	MI SC INCOME - PLANT	B	-682,060	OPERATION OF PLANT		7.00	0 33.03
33.04	MI SC INCOME - LAUNDRY	B	-113,815	LAUNDRY & LINEN SERVICE		8.00	0 33.04
33.05	MI SC INCOME - HOUSEKEEPING	B	-587	HOUSEKEEPING		9.00	0 33.05
33.06	MI SC INCOME - NURSING ADMIN	B	-28,332	NURSING ADMINI STRATION		13.00	0 33.06
33.07	MI SC INCOME - ADULTS & PEDS	B	-82,979	ADULTS & PEDIATRCS		30.00	0 33.07
33.08	MI SC INCOME - ICU	B	-2,130	INTENSIVE CARE UNIT		31.00	0 33.08
33.09	MI SC INCOME - CCU	B	-300	CORONARY CARE UNIT		32.00	0 33.09
33.11	MI SC INCOME - PSYCH	B	-25,401	SUBPROVIDER - I PF		40.00	0 33.11
33.12	MI SC INCOME - ANESTHESIOLOGY	B	-8	ANESTHESIOLOGY		53.00	0 33.12
33.13	MI SC INCOME - RADIOLOGY	B	-28,446	RADIOLOGY-DIAGNOSTIC		54.00	0 33.13
33.14	MI SC INCOME - ULTRASOUND	B	-42,523	ULTRASOUND		54.02	0 33.14
33.16	MI SC INCOME - NUCLEAR MED	B	-5,100	NUCLEAR MEDICINE		54.03	0 33.16
33.17	MI SC INCOME - CARDIAC CATH	B	-1,083	CARDIAC CATHETERIZATION		59.00	0 33.17
33.18	MI SC INCOME - LAB	B	-828,758	LABORATORY		60.00	0 33.18
33.19	MI SC INCOME - IV THERAPY	B	-132,472	INTRAVENOUS THERAPY		64.00	0 33.19
33.20	MI SC INCOME - RT	B	-175	RESPIRATORY THERAPY		65.00	0 33.20
33.21	MI SC INCOME - CARDIAC REHAB	B	-91,941	CARDIAC REHAB		69.02	0 33.21
33.22	MI SC INCOME - DIABETIC EDUCATION	B	-530	DIABETIC EDUCATION		69.03	0 33.22
33.23	MI SC INCOME - OTHER ANCI LLARY	B	-250,791	MOBILE OUTREACH CLINIC		76.01	0 33.23
33.24	MI SC INCOME - OUTPATIENT PSYCH	B	-32,708	OUTPATIENT PSYCH		90.01	0 33.24
33.26	MI SC INCOME - ER	B	-20,743	EMERGENCY		91.00	0 33.26
33.27	MI SC INCOME - AMBULANCE	B	-1,291	AMBULANCE SERVICES		95.00	0 33.27
33.30	ADVERTISING - EMPLOYEE BENEFITS	A	-14,357	EMPLOYEE BENEFITS		4.00	0 33.30
33.31	ADVERTISING - OTHER A&G	A	-19,718	MI SC ADMINI STRATIVE AND GENERAL		5.08	0 33.31
33.32	ADVERTISING - ADULTS & PEDS	A	-55,123	ADULTS & PEDIATRCS		30.00	0 33.32
33.34	ADVERTISING - OTHER ANCI LLARY	A	-337	MOBILE OUTREACH CLINIC		76.01	0 33.34
33.35	MI SC EXPENSE - EMPLOYEE BENEFITS	A	-58,166	EMPLOYEE BENEFITS		4.00	0 33.35
33.36	MI SC EXPENSE - PURCHASING	A	-23,313	MI SC ADMINI STRATIVE AND GENERAL		5.08	0 33.36
33.37	MI SC EXPENSE - ADMITTING	A	-1,427	ADMITTING		5.05	0 33.37
33.38	MI SC EXPENSE- OTHER A&G	A	-658,270	MI SC ADMINI STRATIVE AND GENERAL		5.08	0 33.38
33.39	MI SC EXPENSE- PLANT	A	-39	OPERATION OF PLANT		7.00	0 33.39
33.40	MI SC EXPENSE- DIETARY	A	-1,368	DIETARY		10.00	0 33.40
33.41	MI SC EXPENSE- CS&S	A	-1,667	CENTRAL SERVICES & SUPPLY		14.00	0 33.41
33.42	MI SC EXPENSE- PHARMACY	A	-17,488	PHARMACY		15.00	0 33.42
33.43	MI SC EXPENSE- MEDICAL RECORDS	A	-446	MEDICAL RECORDS & LIBRARY		16.00	0 33.43
33.44	MI SC EXPENSE- INTERNS & RESIDENTS	A	-2,267	I&R SERVICES-SALARY & FRINGES APPRV		21.00	0 33.44
33.45	MI SC EXPENSE - ADULTS & PEDS	A	-14,886	ADULTS & PEDIATRCS		30.00	0 33.45
33.46	MI SC EXPENSE - NICU	A	-619	NICU		31.02	0 33.46
33.47	MI SC EXPENSE - PT	A	-15	OPERATING ROOM		50.00	0 33.47
33.48	MI SC EXPENSE - LAB	A	-293,464	LABORATORY		60.00	0 33.48
33.49	MI SC EXPENSE - RT	A	-24	RESPIRATORY THERAPY		65.00	0 33.49
33.50	MI SC EXPENSE - PT	A	-1,118	PHYSICAL THERAPY		66.00	0 33.50
33.51	MI SC EXPENSE - MOBILE OUTREACH CLINI	A	-1,342	MOBILE OUTREACH CLINIC		76.01	0 33.51
33.52	MI SC EXPENSE - ER	A	-2,411	EMERGENCY		91.00	0 33.52
33.53	PV LAB BENEFITS	A	-81,952	EMPLOYEE BENEFITS		4.00	0 33.53
33.54	PV LAB PROFIT	A	-1,388,893	INTRAVENOUS THERAPY		64.00	0 33.54
33.55	PROVIDER ASSESSMENT	A	-16,160,221	MI SC ADMINI STRATIVE AND GENERAL		5.08	0 33.55
33.56	PROFESSIONAL LIABILITY INSURANCE	A	-197,629	MI SC ADMINI STRATIVE AND GENERAL		5.08	0 33.56
33.57	LOBBYING DUES	A	-5,129	MI SC ADMINI STRATIVE AND GENERAL		5.08	0 33.57
33.58	PHYSICIAN BILLING	A	-13,773	SUBPROVIDER - I PF		40.00	0 33.58
33.59	PHYSICIAN BILLING	A	-9,933	BARIATRCS		90.04	0 33.59
33.60	PHYSICIAN BILLING	A	-84,485	NICU		31.02	0 33.60
33.61	PHYSICIAN BILLING	A	-8,190	INTENSIVE CARE UNIT		31.00	0 33.61
33.62	PHYSICIAN BILLING	A	-653	OPERATING ROOM		50.00	0 33.62
33.63	PHYSICIAN BILLING	A	-1,873	ELECTROENCEPHALOGRAPHY		70.00	0 33.63

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
33.64 PATIENT PHONES	A	-37,789	MI SC ADMINI STRATIVE AND GENERAL	5.08	0	33.64
33.65 PATIENT PHONES	A	-6,203	MI SC ADMINI STRATIVE AND GENERAL	5.08	0	33.65
33.66 PATIENT PHONES	A	-245	MEDI CAL RECORDS & LI BRARY	16.00	0	33.66
33.67 PATIENT PHONES	A	-189	NUCLEAR MEDI CI NE	54.03	0	33.67
33.68 PATIENT PHONES	A	-29	LABORATORY	60.00	0	33.68
33.69 PATIENT PHONES	A	-189	ELECTROCARDI OLOGY	69.00	0	33.69
33.70 PATIENT PHONES	A	-48	AMBULANCE SERVI CES	95.00	0	33.70
33.71 COLLECTION AGENCY REFUNDS	A	62,733	CASHI ERI NG/ACCOUNTS RECEI VABLE	5.06	0	33.71
33.72 PENSION	A	2,517,741	EMPLOYEE BENEFITS	4.00	0	33.72
33.73 SELF-INSURANCE	A	-8,155,141	EMPLOYEE BENEFITS	4.00	0	33.73
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-31,924,436				50.00

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

Provider CCN: 150100

Period: From 07/01/2012 To 06/30/2013

Worksheet A-8-1

Date/Time Prepared: 11/19/2013 2:38 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	CAP REL COSTS-BLDG & FIXT	ST. MARY'S HOME OFFICE	921,970	674,779 1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	ST. MARY'S HOME OFFICE	0	591,179 2.00
3.00	4.00	EMPLOYEE BENEFITS	ST. MARY'S HOME OFFICE	0	3,344,479 3.00
4.00	5.01	COMMUNICATION	ST. MARY'S HOME OFFICE	0	648,557 4.00
4.01	5.03	PURCHASING RECEIVING AND STORES	ST. MARY'S HOME OFFICE	0	1,075,362 4.01
4.02	5.06	CASHIERING/ACCOUNTS RECEIVABLE	ST. MARY'S HOME OFFICE	0	214,817 4.02
4.03	5.08	MISC ADMINISTRATIVE AND GENERAL	ST. MARY'S HOME OFFICE	47,336,458	28,205,938 4.03
4.04	7.00	OPERATION OF PLANT	ST. MARY'S HOME OFFICE	0	1,207,183 4.04
4.05	9.00	HOUSEKEEPING	ST. MARY'S HOME OFFICE	0	360,015 4.05
4.06	11.00	CAFETERIA	ST. MARY'S HOME OFFICE	0	203,837 4.06
4.07	13.00	NURSING ADMINISTRATION	ST. MARY'S HOME OFFICE	0	773,633 4.07
4.08	14.00	CENTRAL SERVICES & SUPPLY	ST. MARY'S HOME OFFICE	0	5,237 4.08
4.09	16.00	MEDICAL RECORDS & LIBRARY	ST. MARY'S HOME OFFICE	0	327,033 4.09
4.10	1.00	CAP REL COSTS-BLDG & FIXT	ASCENSION BOND AMORTIZATION	2,789,526	4,238,660 4.10
4.11	5.06	CASHIERING/ACCOUNTS RECEIVABLE	ST VINCENT HEALTH EXP	1,882,268	1,964,616 4.11
4.12	7.00	OPERATION OF PLANT	TRIMEDX	3,708,333	3,585,610 4.12
4.13	14.00	CENTRAL SERVICES & SUPPLY	TRIMEDX	73	71 4.13
4.14	30.00	ADULTS & PEDIATRICS	TRIMEDX	346	335 4.14
4.15	31.00	INTENSIVE CARE UNIT	TRIMEDX	3,838	3,711 4.15
4.16	32.00	CORONARY CARE UNIT	TRIMEDX	158	152 4.16
4.17	50.00	OPERATING ROOM	TRIMEDX	617	597 4.17
4.18	51.00	RECOVERY ROOM	TRIMEDX	564	546 4.18
4.19	64.00	INTRAVENOUS THERAPY	TRIMEDX	189	183 4.19
4.20	65.00	RESPIRATORY THERAPY	TRIMEDX	415	401 4.20
4.21	66.00	PHYSICAL THERAPY	TRIMEDX	73	71 4.21
4.22	69.00	ELECTROCARDIOLOGY	TRIMEDX	544	526 4.22
4.23	91.01	DIAGNOSTIC TREATMENT CENTER	TRIMEDX	316	306 4.23
5.00	0			56,645,688	47,427,834 5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	B	0.00	ST MARY'S HLTH	100.00	6.00
7.00	B	0.00	ASCENSION	100.00	7.00
8.00	B	0.00	ST VINCENT HLTH	100.00	8.00
9.00	A	0.00	TRIMEDX	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: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-8-1

Date/Time Prepared:
11/19/2013 2:38 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	247,191	11		1.00
2.00	-591,179	9		2.00
3.00	-3,344,479	0		3.00
4.00	-648,557	0		4.00
4.01	-1,075,362	0		4.01
4.02	-214,817	0		4.02
4.03	19,130,520	0		4.03
4.04	-1,207,183	0		4.04
4.05	-360,015	0		4.05
4.06	-203,837	0		4.06
4.07	-773,633	0		4.07
4.08	-5,237	0		4.08
4.09	-327,033	0		4.09
4.10	-1,449,134	11		4.10
4.11	-82,348	0		4.11
4.12	122,723	0		4.12
4.13	2	0		4.13
4.14	11	0		4.14
4.15	127	0		4.15
4.16	6	0		4.16
4.17	20	0		4.17
4.18	18	0		4.18
4.19	6	0		4.19
4.20	14	0		4.20
4.21	2	0		4.21
4.22	18	0		4.22
4.23	10	0		4.23
5.00	9,217,854			5.00

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

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

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	SYSTEM HOME OFF		6.00
7.00	ADMINISTRATION		7.00
8.00	CASHIERING/AR		8.00
9.00	TECHNOLOGY MGMT		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: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-8-2

Date/Time Prepared:
11/19/2013 2:38 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	5.08 MI SC ADMINI STRATIVE AND GENERAL	1,106,806	1,106,806	0	0	0	1.00
2.00	30.00 ADULTS & PEDI ATRICS	3,000	3,000	0	0	0	2.00
3.00	31.00 INTENSI VE CARE UNI T	663,576	663,576	0	0	0	3.00
4.00	40.00 SUBPROVI DER - IPF	461,658	461,658	0	0	0	4.00
5.00	50.00 OPERATI NG ROOM	1,271,346	1,271,346	0	0	0	5.00
6.00	52.00 DELI VERY ROOM & LABOR ROOM	334,010	334,010	0	0	0	6.00
7.00	53.00 ANESTHESI OLOGY	3,235,668	3,235,668	0	0	0	7.00
8.00	54.00 RADIOLOGY-DI AGNOSTIC	26,171	26,171	0	0	0	8.00
9.00	54.03 NUCLEAR MEDI CINE	13,156	13,156	0	0	0	9.00
10.00	57.00 CT SCAN	8,358	8,358	0	0	0	10.00
11.00	59.00 CARDI AC CATHETERI ZATI ON	3,289	3,289	0	0	0	11.00
12.00	60.00 LABORATORY	330,884	330,884	0	0	0	12.00
13.00	63.00 BLOOD STORI NG, PROCESSI NG & TRANS.	2,860	2,860	0	0	0	13.00
14.00	64.00 INTRAVENOUS THERAPY	429	429	0	0	0	14.00
15.00	69.00 ELECTROCARDI OLOGY	106,519	106,519	0	0	0	15.00
16.00	69.03 DI ABETI C EDUCATI ON	5,538	5,538	0	0	0	16.00
17.00	70.00 ELECTROENCEPHALOGRAPHY	55,650	55,650	0	0	0	17.00
18.00	76.01 MOBI LE OUTREACH CLI NIC	1,414	1,414	0	0	0	18.00
19.00	90.01 OUTPATI ENT PSYCH	5,400	5,400	0	0	0	19.00
20.00	90.04 BARI ATRICS	76,393	76,393	0	0	0	20.00
21.00	91.00 EMERGENCY	2,400	2,400	0	0	0	21.00
22.00	4.00 EMPLOYEE BENEFITS	532,129	532,129	0	0	0	22.00
200.00		8,246,654	8,246,654	0	0	0	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Unadj usted RCE Li mi t	5 Percent of Unadj usted RCE Li mi t	Cost of Membershi ps & Conti nui ng Educati on	Provi der Component Share of col . 12	Physi ci an Cost of Mal practi ce Insuranc e	
1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.08 MI SC ADMINI STRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	30.00 ADULTS & PEDI ATRICS	0	0	0	0	0	2.00
3.00	31.00 INTENSI VE CARE UNI T	0	0	0	0	0	3.00
4.00	40.00 SUBPROVI DER - IPF	0	0	0	0	0	4.00
5.00	50.00 OPERATI NG ROOM	0	0	0	0	0	5.00
6.00	52.00 DELI VERY ROOM & LABOR ROOM	0	0	0	0	0	6.00
7.00	53.00 ANESTHESI OLOGY	0	0	0	0	0	7.00
8.00	54.00 RADIOLOGY-DI AGNOSTIC	0	0	0	0	0	8.00
9.00	54.03 NUCLEAR MEDI CINE	0	0	0	0	0	9.00
10.00	57.00 CT SCAN	0	0	0	0	0	10.00
11.00	59.00 CARDI AC CATHETERI ZATI ON	0	0	0	0	0	11.00
12.00	60.00 LABORATORY	0	0	0	0	0	12.00
13.00	63.00 BLOOD STORI NG, PROCESSI NG & TRANS.	0	0	0	0	0	13.00
14.00	64.00 INTRAVENOUS THERAPY	0	0	0	0	0	14.00
15.00	69.00 ELECTROCARDI OLOGY	0	0	0	0	0	15.00
16.00	69.03 DI ABETI C EDUCATI ON	0	0	0	0	0	16.00
17.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	17.00
18.00	76.01 MOBI LE OUTREACH CLI NIC	0	0	0	0	0	18.00
19.00	90.01 OUTPATI ENT PSYCH	0	0	0	0	0	19.00
20.00	90.04 BARI ATRICS	0	0	0	0	0	20.00
21.00	91.00 EMERGENCY	0	0	0	0	0	21.00
22.00	4.00 EMPLOYEE BENEFITS	0	0	0	0	0	22.00
200.00		0	0	0	0	0	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Provi der Component Share of col . 14	Adj usted RCE Li mi t	RCE Di sal lowance	Adj ustment	
1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.08 MI SC ADMINI STRATIVE AND GENERAL	0	0	0	1,106,806	1.00
2.00	30.00 ADULTS & PEDI ATRICS	0	0	0	3,000	2.00
3.00	31.00 INTENSI VE CARE UNI T	0	0	0	663,576	3.00
4.00	40.00 SUBPROVI DER - IPF	0	0	0	461,658	4.00
5.00	50.00 OPERATI NG ROOM	0	0	0	1,271,346	5.00
6.00	52.00 DELI VERY ROOM & LABOR ROOM	0	0	0	334,010	6.00
7.00	53.00 ANESTHESI OLOGY	0	0	0	3,235,668	7.00
8.00	54.00 RADIOLOGY-DI AGNOSTIC	0	0	0	26,171	8.00
9.00	54.03 NUCLEAR MEDI CINE	0	0	0	13,156	9.00
10.00	57.00 CT SCAN	0	0	0	8,358	10.00
11.00	59.00 CARDI AC CATHETERI ZATI ON	0	0	0	3,289	11.00
12.00	60.00 LABORATORY	0	0	0	330,884	12.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-8-2

Date/Time Prepared:
11/19/2013 2:38 pm

	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		
13.00	63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,860		13.00
14.00	64.00	INTRAVENOUS THERAPY	0	0	0	429		14.00
15.00	69.00	ELECTROCARDIOLOGY	0	0	0	106,519		15.00
16.00	69.03	DIABETIC EDUCATION	0	0	0	5,538		16.00
17.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	55,650		17.00
18.00	76.01	MOBILE OUTREACH CLINIC	0	0	0	1,414		18.00
19.00	90.01	OUTPATIENT PSYCH	0	0	0	5,400		19.00
20.00	90.04	BARIATRICS	0	0	0	76,393		20.00
21.00	91.00	EMERGENCY	0	0	0	2,400		21.00
22.00	4.00	EMPLOYEE BENEFITS	0	0	0	532,129		22.00
200.00			0	0	0	8,246,654		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/19/2013 2:38 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATION	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	12,750,278	12,750,278			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	13,846,766		13,846,766		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	23,365,286	75,246	255	23,440,787	4.00
5.01 00510	COMMUNICATION	0	17,123	8,581	37,145	62,849 5.01
5.03 00530	PURCHASING RECEIVING AND STORES	0	189,986	2,164	126,801	595 5.03
5.05 00540	ADMITTING	2,116,587	219,333	9,085	408,773	1,650 5.05
5.06 00550	CASHIERING/ACCOUNTS RECEIVABLE	4,804,379	99,134	1,449	193,801	3,138 5.06
5.07 00551	PATIENT PLACEMENT	600,156	17,969	0	118,328	0 5.07
5.08 00560	MISC ADMINISTRATIVE AND GENERAL	72,612,315	1,315,690	2,980,109	2,187,267	8,768 5.08
7.00 00700	OPERATION OF PLANT	9,946,961	1,115,072	41,453	513,823	2,841 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	860,103	106,869	273,867	121,114	108 8.00
9.00 00900	HOUSEKEEPING	3,793,740	237,576	30,519	10,464	352 9.00
10.00 01000	DIETARY	1,890,403	311,330	61,536	16,224	758 10.00
11.00 01100	CAFETERIA	1,560,894	0	0	30,875	0 11.00
13.00 01300	NURSING ADMINISTRATION	4,052,281	460,516	293,350	914,203	2,976 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,353,736	221,771	158,226	253,067	433 14.00
15.00 01500	PHARMACY	4,116,531	77,994	35,730	728,515	1,353 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,724,647	123,234	16,272	374,807	3,328 16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	252,476	0	0	40,019	108 21.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	18,788,094	2,011,466	589,318	3,238,104	5,925 30.00
31.00 03100	INTENSIVE CARE UNIT	7,574,409	527,069	525,043	1,288,365	1,623 31.00
31.02 03102	NICU	3,722,357	157,853	169,927	643,677	1,109 31.02
32.00 03200	CORONARY CARE UNIT	1,383,793	70,185	186,360	168,995	460 32.00
40.00 04000	SUBPROVIDER - I PF	1,108,994	143,901	6,848	209,088	541 40.00
41.00 04100	SUBPROVIDER - I RF	1,906,654	439,139	61,219	365,593	1,461 41.00
43.00 04300	NURSERY	1,036,466	0	0	190,453	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	35,855,710	546,095	2,527,284	1,226,405	2,976 50.00
51.00 05100	RECOVERY ROOM	1,546,129	116,494	11,638	270,883	460 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,488,700	300,971	39,120	456,544	514 52.00
53.00 05300	ANESTHESIOLOGY	49,126	0	165,963	7,712	108 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,614,836	347,989	797,494	628,455	2,841 54.00
54.02 05402	ULTRASOUND	618,259	23,254	107,806	117,316	108 54.02
54.03 05403	NUCLEAR MEDICINE	1,383,737	87,594	62,728	105,715	243 54.03
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700	CT SCAN	1,031,215	64,527	345,966	163,265	162 57.00
59.00 05900	CARDIAC CATHETERIZATION	1,930,062	159,507	1,931,424	273,234	1,434 59.00
60.00 06000	LABORATORY	9,851,795	179,118	477,371	782,793	2,381 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	2,792,718	7,710	7,926	44,474	0 63.00
64.00 06400	INTRAVENOUS THERAPY	2,537,799	6,342	16,829	259,969	54 64.00
65.00 06500	RESPIRATORY THERAPY	3,268,965	35,814	177,381	523,253	325 65.00
66.00 06600	PHYSICAL THERAPY	2,709,365	73,667	28,810	503,881	893 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,256,194	0	4,201	249,728	108 67.00
68.00 06800	SPEECH PATHOLOGY	396,518	0	755	77,930	54 68.00
69.00 06900	ELECTROCARDIOLOGY	880,144	56,929	321,487	140,875	1,136 69.00
69.02 06902	CARDIAC REHAB	431,283	95,503	35,611	102,273	541 69.02
69.03 06903	DIABETIC EDUCATION	357,440	57,625	2,570	52,331	920 69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	785,828	89,099	104,411	126,629	189 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,127,519	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	16,484,602	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	14,613,498	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	1,247,136	3,644	57,888	0	135 74.00
76.00 03020	OTHER ANCILLARY	114,631	0	0	21,964	0 76.00
76.01 03021	MOBILE OUTREACH CLINIC	658,553	0	14,178	121,957	1,299 76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	361,698	12,709	443	61,322	325 90.00
90.01 09001	OUTPATIENT PSYCH	23,422	165,004	0	10,712	54 90.01
90.02 09002	PEDS CLINIC	0	0	0	0	0 90.02
90.04 09004	BARITRICS	224,874	0	10,857	40,749	812 90.04
91.00 09100	EMERGENCY	10,251,841	299,118	814,319	1,110,935	2,273 91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER	1,734,047	146,873	125,974	199,448	1,488 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATION	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	2,537,461	0	38,259	164,096	216 95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0 97.00
99.00 09900	CMHC	0	0	0	0	0 99.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
106.00 10600	HEART ACQUISITION	0	0	0	0	0 106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	331,333,411	10,814,042	13,680,004	20,024,349	59,576 118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100	RESEARCH	32,309	0	0	0	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	15,884,539	324,076	96,043	2,332,364	1,109 192.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	256,652	0	0	0 194.00
194.01 07951	APOTHECARY	4,604,340	2,263	0	96,688	325 194.01
194.02 07952	OCCUPATIONAL MEDICINE	2,158,475	491,355	20,105	291,213	703 194.02
194.03 07953	CANCER CENTER/PHYSICIAN RECRUITMENT	595	0	0	0	135 194.03
194.04 07954	MARKETING	41,286	0	0	4,836	433 194.04
194.06 07956	MOB	522,271	0	0	0	0 194.06
194.07 07957	SENIOR PARTNERS	24,855	0	4,756	0	81 194.07
194.08 07958	ASCENSION PHYSICIAN RECRUITMENT	2,373,781	11,329	0	25,880	54 194.08
194.09 07959	CONV CARE	3,562,635	0	45,858	553,807	433 194.09
194.10 07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0 194.10
194.11 07961	ST ELIZABETH	0	13,642	0	0	0 194.11
194.14 07964	FREE STANDING CATH LAB	0	12,883	0	0	0 194.14
194.15 07965	FAMILY PRACTICE	0	305,050	0	0	0 194.15
194.17 07967	FOUNDATION	297,457	518,986	0	111,650	0 194.17
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	360,835,954	12,750,278	13,846,766	23,440,787	62,849 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

Period: From 07/01/2012 To 06/30/2013

Worksheet B Part I Date/Time Prepared: 11/19/2013 2:38 pm

Cost Center Description			PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	PATIENT PLACEMENT	Subtotal	
			5.03	5.05	5.06	5.07	5A.07	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	COMMUNICATION						5.01
5.03	00530	PURCHASING RECEIVING AND STORES	319,546					5.03
5.05	00540	ADMINISTRATIVE	3,869	2,759,297				5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE	355	0	5,102,256			5.06
5.07	00551	PATIENT PLACEMENT	174	0	0	736,627		5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL	60,371	0	0	0	79,164,520	5.08
7.00	00700	OPERATION OF PLANT	24,877	0	0	0	11,645,027	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	22,192	0	0	0	1,384,253	8.00
9.00	00900	HOUSEKEEPING	891	0	0	0	4,073,542	9.00
10.00	01000	DIETARY	1,091	0	0	0	2,281,342	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,591,769	11.00
13.00	01300	NURSING ADMINISTRATION	3,388	0	0	0	5,726,714	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	43,526	0	0	0	4,030,759	14.00
15.00	01500	PHARMACY	10,094	0	0	0	4,970,217	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,344	0	0	0	3,243,632	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	848	0	0	0	293,451	21.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,649	115,703	213,897	0	24,994,156	30.00
31.00	03100	INTENSIVE CARE UNIT	11,506	49,295	91,130	0	10,068,440	31.00
31.02	03102	NICU	5,920	29,144	53,878	0	4,783,865	31.02
32.00	03200	CORONARY CARE UNIT	1,737	6,197	11,457	0	1,829,184	32.00
40.00	04000	SUBPROVIDER - I/PF	1,839	8,354	15,445	0	1,495,010	40.00
41.00	04100	SUBPROVIDER - I/RF	2,385	9,753	18,031	0	2,804,235	41.00
43.00	04300	NURSERY	0	4,658	8,611	0	1,240,188	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,137	437,975	810,894	0	41,425,476	50.00
51.00	05100	RECOVERY ROOM	1,475	43,727	80,837	0	2,071,643	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,621	29,857	55,196	0	3,376,523	52.00
53.00	05300	ANESTHESIOLOGY	577	34,781	64,298	0	322,565	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,519	137,393	253,994	0	5,786,521	54.00
54.02	05402	ULTRASOUND	1,593	39,555	73,125	0	981,016	54.02
54.03	05403	NUCLEAR MEDICINE	664	66,635	123,185	0	1,830,501	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	425	142,772	263,938	0	2,012,270	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,102	128,049	236,721	0	4,662,533	59.00
60.00	06000	LABORATORY	7,949	194,135	358,893	0	11,854,435	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,158	19,495	36,040	0	2,910,521	63.00
64.00	06400	INTRAVENOUS THERAPY	1,901	33,557	62,037	0	2,918,488	64.00
65.00	06500	RESPIRATORY THERAPY	2,107	67,496	124,778	0	4,200,119	65.00
66.00	06600	PHYSICAL THERAPY	2,900	44,521	82,305	0	3,446,342	66.00
67.00	06700	OCCUPATIONAL THERAPY	48	22,376	41,365	0	1,574,020	67.00
68.00	06800	SPEECH PATHOLOGY	49	10,221	18,896	0	504,423	68.00
69.00	06900	ELECTROCARDIOLOGY	971	76,897	142,157	0	1,620,596	69.00
69.02	06902	CARDIAC REHAB	369	2,385	4,408	0	672,373	69.02
69.03	06903	DIABETIC EDUCATION	141	568	1,050	0	472,645	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	1,170	17,454	32,268	0	1,157,048	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	192,911	356,629	0	11,677,059	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	230,752	426,584	0	17,141,938	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	267,828	495,126	0	15,376,452	73.00
74.00	07400	RENAL DIALYSIS	550	9,584	17,717	0	1,336,654	74.00
76.00	03020	OTHER ANCILLARY	174	2,762	5,105	0	144,636	76.00
76.01	03021	MOBILE OUTREACH CLINIC	3,382	1,655	3,059	0	804,083	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	857	2,840	5,250	0	445,444	90.00
90.01	09001	OUTPATIENT PSYCH	5	983	1,816	0	201,996	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARiatricS	256	497	919	0	278,964	90.04
91.00	09100	EMERGENCY	10,200	215,731	398,816	0	13,103,233	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	5,793	42,235	78,079	0	2,333,937	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,950	18,566	34,322	0	2,794,870	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/19/2013 2:38 pm

Cost Center Description		PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	PATIENT PLACEMENT	Subtotal	
		5.03	5.05	5.06	5.07	5A.07	
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	305,099	2,759,297	5,102,256	0	325,059,628
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	32,309	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,922	0	0	18,643,053	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	256,652	194.00
194.01	07951	APOTHECARY	1,069	0	0	4,704,685	194.01
194.02	07952	OCCUPATIONAL MEDICINE	1,746	0	0	2,963,597	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	34	0	0	764	194.03
194.04	07954	MARKETING	366	0	0	46,921	194.04
194.06	07956	MOB	0	0	0	522,271	194.06
194.07	07957	SENIOR PARTNERS	49	0	0	736,627	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	831	0	0	2,411,875	194.08
194.09	07959	CONV CARE	2,815	0	0	4,165,548	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	0	13,642	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	12,883	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	305,050	194.15
194.17	07967	FOUNDATION	2,615	0	0	930,708	194.17
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	319,546	2,759,297	5,102,256	736,627	360,835,954

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/19/2013 2:38 pm

Cost Center Description			MISC ADMINISTRATIVE AND GENERAL 5.08	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	COMMUNICATION						5.01
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.05	00540	ADMITTING						5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.06
5.07	00551	PATIENT PLACEMENT						5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL	79,164,520					5.08
7.00	00700	OPERATION OF PLANT	3,272,870	14,917,897				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	389,048	130,704	1,904,005			8.00
9.00	00900	HOUSEKEEPING	1,144,881	290,563	0	5,508,986		9.00
10.00	01000	DIETARY	641,178	380,766	0	144,698	3,447,984	10.00
11.00	01100	CAFETERIA	447,371	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,609,510	589,172	0	223,896	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,132,857	271,233	0	103,073	0	14.00
15.00	01500	PHARMACY	1,396,894	95,389	0	36,250	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	911,633	194,763	0	74,014	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	82,475	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,024,683	2,462,846	718,633	935,927	2,356,070	30.00
31.00	03100	INTENSIVE CARE UNIT	2,829,765	644,623	219,523	244,969	505,514	31.00
31.02	03102	NICU	1,344,520	193,060	61,438	73,366	0	31.02
32.00	03200	CORONARY CARE UNIT	514,098	85,838	36,583	32,620	61,821	32.00
40.00	04000	SUBPROVIDER - I PF	420,177	175,996	0	66,882	141,684	40.00
41.00	04100	SUBPROVIDER - I RF	788,139	537,082	65,907	204,101	251,247	41.00
43.00	04300	NURSERY	348,559	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,642,670	712,089	187,913	270,607	162	50.00
51.00	05100	RECOVERY ROOM	582,241	232,420	70,323	88,324	1,916	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	948,982	368,097	72,479	139,884	61,009	52.00
53.00	05300	ANESTHESIOLOGY	90,658	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,626,319	543,956	39,098	206,713	11,465	54.00
54.02	05402	ULTRASOUND	275,717	45,976	0	17,472	0	54.02
54.03	05403	NUCLEAR MEDICINE	514,468	168,969	3,246	64,211	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	565,555	118,202	30,257	44,919	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,310,419	195,083	26,110	74,135	0	59.00
60.00	06000	LABORATORY	3,331,725	410,150	0	155,864	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	818,011	9,429	0	3,583	0	63.00
64.00	06400	INTRAVENOUS THERAPY	820,250	7,756	0	2,948	40,077	64.00
65.00	06500	RESPIRATORY THERAPY	1,180,456	43,801	0	16,645	0	65.00
66.00	06600	PHYSICAL THERAPY	968,605	227,797	18,975	86,567	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	442,383	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	141,770	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	455,473	74,827	12,131	28,436	0	69.00
69.02	06902	CARDIAC REHAB	188,972	230,519	12,041	87,601	0	69.02
69.03	06903	DIABETIC EDUCATION	132,838	191,782	0	72,881	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	325,192	108,971	6,397	41,411	3,118	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,281,872	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,817,793	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,321,598	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	375,671	17,216	2,298	6,543	0	74.00
76.00	03020	OTHER ANCILLARY	40,650	0	0	0	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	225,990	53,276	0	20,246	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	125,193	135,632	41,475	51,543	0	90.00
90.01	09001	OUTPATIENT PSYCH	56,772	284,632	0	108,165	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	78,404	0	163	0	0	90.04
91.00	09100	EMERGENCY	3,682,703	365,831	226,016	139,023	422	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	655,960	179,631	50,265	68,263	1,332	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	785,507	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/19/2013 2:38 pm

Cost Center Description		MISC ADMINISTRATIVE AND GENERAL 5.08	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	69,109,475	10,778,077	1,901,271	3,935,780	3,435,837 118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	9,081	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,239,686	437,160	1,086	166,129	12,147 192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	72,133	313,893	0	119,285	0 194.00
194.01	07951	APOTHECARY	1,322,266	46,569	0	17,697	0 194.01
194.02	07952	OCCUPATIONAL MEDICINE	832,928	600,943	0	228,369	0 194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	215	4,821	0	1,832	0 194.03
194.04	07954	MARKETING	13,187	40,988	0	15,576	0 194.04
194.06	07956	MOB	146,786	0	0	0	0 194.06
194.07	07957	SENIOR PARTNERS	215,390	17,916	0	6,808	0 194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	677,865	13,855	0	5,265	0 194.08
194.09	07959	CONV CARE	1,170,740	177,608	1,648	67,494	0 194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0 194.10
194.11	07961	ST ELIZABETH	3,834	16,684	0	6,340	0 194.11
194.14	07964	FREE STANDING CATH LAB	3,621	15,756	0	5,988	0 194.14
194.15	07965	FAMILY PRACTICE	85,735	1,226,707	0	466,171	0 194.15
194.17	07967	FOUNDATION	261,578	1,226,920	0	466,252	0 194.17
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)	79,164,520	14,917,897	1,904,005	5,508,986	3,447,984 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

Period: From 07/01/2012 To 06/30/2013

Worksheet B Part I Date/Time Prepared: 11/19/2013 2: 38 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.03	00530						5.03
5.05	00540						5.05
5.06	00550						5.06
5.07	00551						5.07
5.08	00560						5.08
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,039,140					11.00
13.00	01300	103,640	8,252,932				13.00
14.00	01400	41,854	0	5,579,776			14.00
15.00	01500	59,269	0	0	6,558,019		15.00
16.00	01600	62,068	0	0	0	4,486,110	16.00
21.00	02100	5,799	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	408,347	2,696,428	0	0	188,094	30.00
31.00	03100	154,994	944,547	0	0	80,137	31.00
31.02	03102	61,361	0	0	0	47,378	31.02
32.00	03200	18,399	187,147	0	0	10,075	32.00
40.00	04000	20,783	344,711	0	0	13,582	40.00
41.00	04100	41,020	374,504	0	0	15,856	41.00
43.00	04300	20,999	0	0	0	7,573	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	128,324	290,162	0	0	712,424	50.00
51.00	05100	24,740	263,516	0	0	71,086	51.00
52.00	05200	46,575	387,722	0	0	48,537	52.00
53.00	05300	1,197	0	0	0	56,542	53.00
54.00	05400	67,842	0	0	0	223,355	54.00
54.02	05402	11,542	0	0	0	64,304	54.02
54.03	05403	9,691	0	0	0	108,325	54.03
56.00	05600	0	0	0	0	0	56.00
57.00	05700	15,503	0	0	0	232,099	57.00
59.00	05900	24,792	330,864	0	0	208,165	59.00
60.00	06000	111,627	0	0	0	315,599	60.00
63.00	06300	4,227	0	0	0	31,692	63.00
64.00	06400	25,097	259,320	0	0	54,553	64.00
65.00	06500	54,032	0	0	0	109,725	65.00
66.00	06600	51,112	0	0	0	72,376	66.00
67.00	06700	25,184	0	0	0	36,375	67.00
68.00	06800	6,812	0	0	0	16,616	68.00
69.00	06900	17,759	111,197	0	0	125,009	69.00
69.02	06902	10,107	394,435	0	0	3,876	69.02
69.03	06903	5,453	0	0	0	923	69.03
70.00	07000	18,220	0	0	0	28,375	70.00
71.00	07100	0	0	2,248,616	0	313,608	71.00
72.00	07200	0	0	3,331,160	0	375,124	72.00
73.00	07300	0	0	0	6,558,019	435,398	73.00
74.00	07400	2,168	169,104	0	0	15,580	74.00
76.00	03020	2,176	38,395	0	0	4,489	76.00
76.01	03021	14,846	0	0	0	2,690	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	6,309	0	0	0	4,617	90.00
90.01	09001	964	0	0	0	1,597	90.01
90.02	09002	0	0	0	0	0	90.02
90.04	09004	6,099	0	0	0	808	90.04
91.00	09100	126,859	869,436	0	0	350,706	91.00
91.01	09101	18,660	193,022	0	0	68,660	91.01
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	13,500	398,422	0	0	30,182	95.00
97.00	09700	0	0	0	0	0	97.00
99.00	09900	0	0	0	0	0	99.00
101.00	10100	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/19/2013 2:38 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,849,950	8,252,932	5,579,776	6,558,019	4,486,110
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	94,811	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01	07951	APOTHECARY	8,055	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	28,547	0	0	0	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	194.03
194.04	07954	MARKETING	191	0	0	0	194.04
194.06	07956	MOB	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	1,640	0	0	0	194.08
194.09	07959	CONV CARE	46,397	0	0	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	194.15
194.17	07967	FOUNDATION	9,549	0	0	0	194.17
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,039,140	8,252,932	5,579,776	6,558,019	4,486,110

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/19/2013 2:38 pm

Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	21.00				
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00510 COMMUNICATION					5.01
5.03 00530 PURCHASING RECEIVING AND STORES					5.03
5.05 00540 ADMITTING					5.05
5.06 00550 CASHIERING/ACCOUNTS RECEIVABLE					5.06
5.07 00551 PATIENT PLACEMENT					5.07
5.08 00560 MISC ADMINISTRATIVE AND GENERAL					5.08
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
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	381,725				21.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	381,725	42,166,909	-381,725	41,785,184	30.00
31.00 03100 INTENSIVE CARE UNIT	0	15,692,512	0	15,692,512	31.00
31.02 03102 NICU	0	6,564,988	0	6,564,988	31.02
32.00 03200 CORONARY CARE UNIT	0	2,775,765	0	2,775,765	32.00
40.00 04000 SUBPROVIDER - IPF	0	2,678,825	0	2,678,825	40.00
41.00 04100 SUBPROVIDER - IRF	0	5,082,091	0	5,082,091	41.00
43.00 04300 NURSERY	0	1,617,319	0	1,617,319	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	55,369,827	0	55,369,827	50.00
51.00 05100 RECOVERY ROOM	0	3,406,209	0	3,406,209	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	5,449,808	0	5,449,808	52.00
53.00 05300 ANESTHESIOLOGY	0	470,962	0	470,962	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	8,505,269	0	8,505,269	54.00
54.02 05402 ULTRASOUND	0	1,396,027	0	1,396,027	54.02
54.03 05403 NUCLEAR MEDICINE	0	2,699,411	0	2,699,411	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	56.00
57.00 05700 CT SCAN	0	3,018,805	0	3,018,805	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	6,832,101	0	6,832,101	59.00
60.00 06000 LABORATORY	0	16,179,400	0	16,179,400	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	3,777,463	0	3,777,463	63.00
64.00 06400 INTRAVENOUS THERAPY	0	4,128,489	0	4,128,489	64.00
65.00 06500 RESPIRATORY THERAPY	0	5,604,778	0	5,604,778	65.00
66.00 06600 PHYSICAL THERAPY	0	4,871,774	0	4,871,774	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,077,962	0	2,077,962	67.00
68.00 06800 SPEECH PATHOLOGY	0	669,621	0	669,621	68.00
69.00 06900 ELECTROCARDIOLOGY	0	2,445,428	0	2,445,428	69.00
69.02 06902 CARDIAC REHAB	0	1,599,924	0	1,599,924	69.02
69.03 06903 DIABETIC EDUCATION	0	876,522	0	876,522	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,688,732	0	1,688,732	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,521,155	0	17,521,155	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	25,666,015	0	25,666,015	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	26,691,467	0	26,691,467	73.00
74.00 07400 RENAL DIALYSIS	0	1,925,234	0	1,925,234	74.00
76.00 03020 OTHER ANCILLARY	0	230,346	0	230,346	76.00
76.01 03021 MOBILE OUTREACH CLINIC	0	1,121,131	0	1,121,131	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000 CLINIC	0	810,213	0	810,213	90.00
90.01 09001 OUTPATIENT PSYCH	0	654,126	0	654,126	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	364,438	0	364,438	90.04
91.00 09100 EMERGENCY	0	18,864,229	0	18,864,229	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	3,569,730	0	3,569,730	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/19/2013 2:38 pm

Cost Center Description		INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		21.00					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	4,022,481	0	4,022,481	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	381,725	309,087,486	-381,725	308,705,761	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	41,390	0	41,390	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	24,594,072	0	24,594,072	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	761,963	0	761,963	194.00
194.01	07951	APOTHECARY	0	6,099,272	0	6,099,272	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	4,654,384	0	4,654,384	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	7,632	0	7,632	194.03
194.04	07954	MARKETING	0	116,863	0	116,863	194.04
194.06	07956	MOB	0	669,057	0	669,057	194.06
194.07	07957	SENIOR PARTNERS	0	1,006,482	0	1,006,482	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	3,110,500	0	3,110,500	194.08
194.09	07959	CONV CARE	0	5,629,435	0	5,629,435	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	40,500	0	40,500	194.11
194.14	07964	FREE STANDING CATH LAB	0	38,248	0	38,248	194.14
194.15	07965	FAMILY PRACTICE	0	2,083,663	0	2,083,663	194.15
194.17	07967	FOUNDATION	0	2,895,007	0	2,895,007	194.17
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	381,725	360,835,954	-381,725	360,454,229	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
11/19/2013 2:38 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	75,246	255	75,501	75,501 4.00
5.01 00510	COMMUNICATION	0	17,123	8,581	25,704	120 5.01
5.03 00530	PURCHASING RECEIVING AND STORES	0	189,986	2,164	192,150	408 5.03
5.05 00540	ADMITTING	0	219,333	9,085	228,418	1,317 5.05
5.06 00550	CASHIERING/ACCOUNTS RECEIVABLE	0	99,134	1,449	100,583	624 5.06
5.07 00551	PATIENT PLACEMENT	0	17,969	0	17,969	381 5.07
5.08 00560	MISC ADMINISTRATIVE AND GENERAL	0	1,315,690	2,980,109	4,295,799	7,045 5.08
7.00 00700	OPERATION OF PLANT	0	1,115,072	41,453	1,156,525	1,655 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	106,869	273,867	380,736	390 8.00
9.00 00900	HOUSEKEEPING	0	237,576	30,519	268,095	34 9.00
10.00 01000	DIETARY	0	311,330	61,536	372,866	52 10.00
11.00 01100	CAFETERIA	0	0	0	0	99 11.00
13.00 01300	NURSING ADMINISTRATION	0	460,516	293,350	753,866	2,945 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	221,771	158,226	379,997	815 14.00
15.00 01500	PHARMACY	0	77,994	35,730	113,724	2,347 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	123,234	16,272	139,506	1,207 16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	129 21.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,011,466	589,318	2,600,784	10,428 30.00
31.00 03100	INTENSIVE CARE UNIT	0	527,069	525,043	1,052,112	4,150 31.00
31.02 03102	NICU	0	157,853	169,927	327,780	2,073 31.02
32.00 03200	CORONARY CARE UNIT	0	70,185	186,360	256,545	544 32.00
40.00 04000	SUBPROVIDER - IPF	0	143,901	6,848	150,749	673 40.00
41.00 04100	SUBPROVIDER - IRF	0	439,139	61,219	500,358	1,178 41.00
43.00 04300	NURSERY	0	0	0	0	613 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	546,095	2,527,284	3,073,379	3,950 50.00
51.00 05100	RECOVERY ROOM	0	116,494	11,638	128,132	873 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	300,971	39,120	340,091	1,471 52.00
53.00 05300	ANESTHESIOLOGY	0	0	165,963	165,963	25 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	347,989	797,494	1,145,483	2,024 54.00
54.02 05402	ULTRASOUND	0	23,254	107,806	131,060	378 54.02
54.03 05403	NUCLEAR MEDICINE	0	87,594	62,728	150,322	341 54.03
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700	CT SCAN	0	64,527	345,966	410,493	526 57.00
59.00 05900	CARDIAC CATHETERIZATION	0	159,507	1,931,424	2,090,931	880 59.00
60.00 06000	LABORATORY	0	179,118	477,371	656,489	2,521 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	7,710	7,926	15,636	143 63.00
64.00 06400	INTRAVENOUS THERAPY	0	6,342	16,829	23,171	837 64.00
65.00 06500	RESPIRATORY THERAPY	0	35,814	177,381	213,195	1,685 65.00
66.00 06600	PHYSICAL THERAPY	0	73,667	28,810	102,477	1,623 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	4,201	4,201	804 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	755	755	251 68.00
69.00 06900	ELECTROCARDIOLOGY	0	56,929	321,487	378,416	454 69.00
69.02 06902	CARDIAC REHAB	0	95,503	35,611	131,114	329 69.02
69.03 06903	DIABETIC EDUCATION	0	57,625	2,570	60,195	169 69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	0	89,099	104,411	193,510	408 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	3,644	57,888	61,532	0 74.00
76.00 03020	OTHER ANCILLARY	0	0	0	0	71 76.00
76.01 03021	MOBILE OUTREACH CLINIC	0	0	14,178	14,178	393 76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	12,709	443	13,152	198 90.00
90.01 09001	OUTPATIENT PSYCH	0	165,004	0	165,004	35 90.01
90.02 09002	PEDS CLINIC	0	0	0	0	0 90.02
90.04 09004	BARITRICS	0	0	10,857	10,857	131 90.04
91.00 09100	EMERGENCY	0	299,118	814,319	1,113,437	3,578 91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER	0	146,873	125,974	272,847	642 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	38,259	38,259	529 95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
11/19/2013 2:38 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	10,814,042	13,680,004	24,494,046	64,496	118.00
NONREIMBURSABLE COST CENTERS						
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	324,076	96,043	420,119	7,513	192.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	256,652	0	256,652	0	194.00
194.01 07951 APOTHECARY	0	2,263	0	2,263	311	194.01
194.02 07952 OCCUPATIONAL MEDICINE	0	491,355	20,105	511,460	938	194.02
194.03 07953 CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04 07954 MARKETING	0	0	0	0	16	194.04
194.06 07956 MOB	0	0	0	0	0	194.06
194.07 07957 SENIOR PARTNERS	0	0	4,756	4,756	0	194.07
194.08 07958 ASCENSION PHYSICIAN RECRUITMENT	0	11,329	0	11,329	83	194.08
194.09 07959 CONV CARE	0	0	45,858	45,858	1,784	194.09
194.10 07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11 07961 ST ELIZABETH	0	13,642	0	13,642	0	194.11
194.14 07964 FREE STANDING CATH LAB	0	12,883	0	12,883	0	194.14
194.15 07965 FAMILY PRACTICE	0	305,050	0	305,050	0	194.15
194.17 07967 FOUNDATION	0	518,986	0	518,986	360	194.17
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	0	12,750,278	13,846,766	26,597,044	75,501	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150100		Period: From 07/01/2012 To 06/30/2013		Worksheet B Part II Date/Time Prepared: 11/19/2013 2:38 pm	
Cost Center Description			COMMUNICATION	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	PATIENT PLACEMENT	
			5.01	5.03	5.05	5.06	5.07	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	COMMUNICATION	25,824					5.01
5.03	00530	PURCHASING RECEIVING AND STORES	245	192,803				5.03
5.05	00540	ADMINING	678	2,335	232,748			5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE	1,290	214	0	102,711		5.06
5.07	00551	PATIENT PLACEMENT	0	105	0	0	18,455	5.07
5.08	00560	MISC ADMIN STRATIVE AND GENERAL	3,605	36,423	0	0	0	5.08
7.00	00700	OPERATION OF PLANT	1,167	15,010	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	44	13,390	0	0	0	8.00
9.00	00900	HOUSEKEEPING	145	538	0	0	0	9.00
10.00	01000	DIETARY	311	658	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,223	2,044	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	178	26,262	0	0	0	14.00
15.00	01500	PHARMACY	556	6,091	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,367	811	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	44	512	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,435	19,096	9,778	4,300	0	30.00
31.00	03100	INTENSIVE CARE UNIT	667	6,942	4,166	1,832	0	31.00
31.02	03102	NICU	456	3,572	2,463	1,083	0	31.02
32.00	03200	CORONARY CARE UNIT	189	1,048	524	230	0	32.00
40.00	04000	SUBPROVIDER - I PF	222	1,110	706	311	0	40.00
41.00	04100	SUBPROVIDER - I RF	600	1,439	824	363	0	41.00
43.00	04300	NURSERY	0	0	394	173	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,223	10,943	36,564	16,428	0	50.00
51.00	05100	RECOVERY ROOM	189	890	3,696	1,625	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	211	3,391	2,523	1,110	0	52.00
53.00	05300	ANESTHESIOLOGY	44	348	2,939	1,293	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,167	2,123	11,612	5,107	0	54.00
54.02	05402	ULTRASOUND	44	961	3,343	1,470	0	54.02
54.03	05403	NUCLEAR MEDICINE	100	401	5,632	2,477	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	67	256	12,066	5,307	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	589	1,269	10,822	4,759	0	59.00
60.00	06000	LABORATORY	978	4,796	16,407	7,216	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,302	1,648	725	0	63.00
64.00	06400	INTRAVENOUS THERAPY	22	1,147	2,836	1,247	0	64.00
65.00	06500	RESPIRATORY THERAPY	133	1,271	5,704	2,509	0	65.00
66.00	06600	PHYSICAL THERAPY	367	1,750	3,763	1,655	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	44	29	1,891	832	0	67.00
68.00	06800	SPEECH PATHOLOGY	22	29	864	380	0	68.00
69.00	06900	ELECTROCARDIOLOGY	467	586	6,499	2,858	0	69.00
69.02	06902	CARDIAC REHAB	222	222	202	89	0	69.02
69.03	06903	DIABETIC EDUCATION	378	85	48	21	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	78	706	1,475	649	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	16,304	7,170	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	19,502	8,577	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	22,635	9,955	0	73.00
74.00	07400	RENAL DIALYSIS	56	332	810	356	0	74.00
76.00	03020	OTHER ANCILLARY	0	105	233	103	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	534	2,041	140	62	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	133	517	240	106	0	90.00
90.01	09001	OUTPATIENT PSYCH	22	3	83	37	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARiatricS	333	155	42	18	0	90.04
91.00	09100	EMERGENCY	934	6,155	18,232	8,018	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	611	3,495	3,569	1,570	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	89	1,177	1,569	690	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
11/19/2013 2:38 pm

Cost Center Description		COMMUNICATION	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	PATIENT PLACEMENT	
		5.01	5.03	5.05	5.06	5.07	
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	24,479	184,085	232,748	102,711	0118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	456	2,970	0	0	0192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0194.00
194.01	07951	APOTHECARY	133	645	0	0	0194.01
194.02	07952	OCCUPATIONAL MEDICINE	289	1,054	0	0	0194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	56	20	0	0	0194.03
194.04	07954	MARKETING	178	221	0	0	0194.04
194.06	07956	MOB	0	0	0	0	0194.06
194.07	07957	SENIOR PARTNERS	33	30	0	0	18,455194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	22	501	0	0	0194.08
194.09	07959	CONV CARE	178	1,699	0	0	0194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0194.10
194.11	07961	ST ELIZABETH	0	0	0	0	0194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	0194.15
194.17	07967	FOUNDATION	0	1,578	0	0	0194.17
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0201.00
202.00		TOTAL (sum lines 118-201)	25,824	192,803	232,748	102,711	18,455202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/19/2013 2:38 pm		
Cost Center Description			MISC ADMINISTRATIVE AND GENERAL 5.08	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	COMMUNICATION					5.01
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.05	00540	ADMITTING					5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.06
5.07	00551	PATIENT PLACEMENT					5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL	4,342,872				5.08
7.00	00700	OPERATION OF PLANT	179,543	1,353,900			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	21,342	11,862	427,764		8.00
9.00	00900	HOUSEKEEPING	62,806	26,371	0	357,989	9.00
10.00	01000	DIETARY	35,174	34,557	0	9,403	453,021
11.00	01100	CAFETERIA	24,542	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	88,294	53,471	0	14,549	0
14.00	01400	CENTRAL SERVICES & SUPPLY	62,146	24,616	0	6,698	0
15.00	01500	PHARMACY	76,631	8,657	0	2,356	0
16.00	01600	MEDICAL RECORDS & LIBRARY	50,010	17,676	0	4,810	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,524	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	385,360	223,521	161,452	60,816	309,557
31.00	03100	INTENSIVE CARE UNIT	155,235	58,504	49,319	15,919	66,418
31.02	03102	NICU	73,758	17,521	13,803	4,768	0
32.00	03200	CORONARY CARE UNIT	28,202	7,790	8,219	2,120	8,123
40.00	04000	SUBPROVIDER - I PF	23,050	15,973	0	4,346	18,615
41.00	04100	SUBPROVIDER - I RF	43,236	48,744	14,807	13,263	33,011
43.00	04300	NURSERY	19,121	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	638,763	64,627	42,218	17,585	21
51.00	05100	RECOVERY ROOM	31,941	21,094	15,799	5,740	252
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,059	33,407	16,284	9,090	8,016
53.00	05300	ANESTHESIOLOGY	4,973	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	89,217	49,368	8,784	13,433	1,506
54.02	05402	ULTRASOUND	15,125	4,173	0	1,135	0
54.03	05403	NUCLEAR MEDICINE	28,223	15,335	729	4,173	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	31,025	10,728	6,798	2,919	0
59.00	05900	CARDIAC CATHETERIZATION	71,887	17,705	5,866	4,818	0
60.00	06000	LABORATORY	182,772	37,224	0	10,129	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	44,874	856	0	233	0
64.00	06400	INTRAVENOUS THERAPY	44,997	704	0	192	5,266
65.00	06500	RESPIRATORY THERAPY	64,757	3,975	0	1,082	0
66.00	06600	PHYSICAL THERAPY	53,136	20,674	4,263	5,625	0
67.00	06700	OCCUPATIONAL THERAPY	24,268	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	7,777	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	24,986	6,791	2,725	1,848	0
69.02	06902	CARDIAC REHAB	10,367	20,921	2,705	5,693	0
69.03	06903	DIABETIC EDUCATION	7,287	17,406	0	4,736	0
70.00	07000	ELECTROENCEPHALOGRAPHY	17,839	9,890	1,437	2,691	410
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	180,037	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	264,294	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	237,074	0	0	0	0
74.00	07400	RENAL DIALYSIS	20,609	1,562	516	425	0
76.00	03020	OTHER ANCILLARY	2,230	0	0	0	0
76.01	03021	MOBILE OUTREACH CLINIC	12,397	4,835	0	1,316	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	6,868	12,309	9,318	3,349	0
90.01	09001	OUTPATIENT PSYCH	3,114	25,832	0	7,029	0
90.02	09002	PEDS CLINIC	0	0	0	0	0
90.04	09004	BARiatricS	4,301	0	37	0	0
91.00	09100	EMERGENCY	202,026	33,202	50,778	9,034	55
91.01	09101	DIAGNOSTIC TREATMENT CENTER	35,985	16,303	11,293	4,436	175
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	43,091	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150100

Period:
From 07/01/2012
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Worksheet B
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Cost Center Description		MISC ADMINISTRATIVE AND GENERAL 5.08	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,791,273	978,184	427,150	255,759	451,425
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	498	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	287,439	39,675	244	10,796	1,596
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	3,957	28,488	0	7,751	0
194.01	07951	APOTHECARY	72,537	4,226	0	1,150	0
194.02	07952	OCCUPATIONAL MEDICINE	45,693	54,540	0	14,840	0
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	12	438	0	119	0
194.04	07954	MARKETING	723	3,720	0	1,012	0
194.06	07956	MOB	8,052	0	0	0	0
194.07	07957	SENIOR PARTNERS	11,816	1,626	0	442	0
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	37,186	1,257	0	342	0
194.09	07959	CONV CARE	64,224	16,119	370	4,386	0
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0
194.11	07961	ST ELIZABETH	210	1,514	0	412	0
194.14	07964	FREE STANDING CATH LAB	199	1,430	0	389	0
194.15	07965	FAMILY PRACTICE	4,703	111,332	0	30,293	0
194.17	07967	FOUNDATION	14,350	111,351	0	30,298	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	4,342,872	1,353,900	427,764	357,989	453,021

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150100		Period: From 07/01/2012 To 06/30/2013		Worksheet B Part II Date/Time Prepared: 11/19/2013 2: 38 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.03	00530						5.03
5.05	00540						5.05
5.06	00550						5.06
5.07	00551						5.07
5.08	00560						5.08
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	24,641					11.00
13.00	01300	1,252	917,644				13.00
14.00	01400	506	0	501,218			14.00
15.00	01500	716	0	0	211,078		15.00
16.00	01600	750	0	0	0	216,137	16.00
21.00	02100	70	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	4,936	299,816	0	0	9,062	30.00
31.00	03100	1,873	105,024	0	0	3,861	31.00
31.02	03102	742	0	0	0	2,283	31.02
32.00	03200	222	20,809	0	0	485	32.00
40.00	04000	251	38,328	0	0	654	40.00
41.00	04100	496	41,641	0	0	764	41.00
43.00	04300	254	0	0	0	365	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,551	32,263	0	0	34,333	50.00
51.00	05100	299	29,300	0	0	3,425	51.00
52.00	05200	563	43,111	0	0	2,338	52.00
53.00	05300	14	0	0	0	2,724	53.00
54.00	05400	820	0	0	0	10,760	54.00
54.02	05402	139	0	0	0	3,098	54.02
54.03	05403	117	0	0	0	5,219	54.03
56.00	05600	0	0	0	0	0	56.00
57.00	05700	187	0	0	0	11,182	57.00
59.00	05900	300	36,789	0	0	10,029	59.00
60.00	06000	1,349	0	0	0	15,204	60.00
63.00	06300	51	0	0	0	1,527	63.00
64.00	06400	303	28,834	0	0	2,628	64.00
65.00	06500	653	0	0	0	5,286	65.00
66.00	06600	618	0	0	0	3,487	66.00
67.00	06700	304	0	0	0	1,752	67.00
68.00	06800	82	0	0	0	801	68.00
69.00	06900	215	12,364	0	0	6,022	69.00
69.02	06902	122	43,857	0	0	187	69.02
69.03	06903	66	0	0	0	44	69.03
70.00	07000	220	0	0	0	1,367	70.00
71.00	07100	0	0	201,987	0	15,109	71.00
72.00	07200	0	0	299,231	0	18,072	72.00
73.00	07300	0	0	0	211,078	20,976	73.00
74.00	07400	26	18,803	0	0	751	74.00
76.00	03020	26	4,269	0	0	216	76.00
76.01	03021	179	0	0	0	130	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	76	0	0	0	222	90.00
90.01	09001	12	0	0	0	77	90.01
90.02	09002	0	0	0	0	0	90.02
90.04	09004	74	0	0	0	39	90.04
91.00	09100	1,533	96,673	0	0	16,896	91.00
91.01	09101	225	21,462	0	0	3,308	91.01
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	163	44,301	0	0	1,454	95.00
97.00	09700	0	0	0	0	0	97.00
99.00	09900	0	0	0	0	0	99.00
101.00	10100	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	22,355	917,644	501,218	211,078	216,137
NONREIMBURSABLE COST CENTERS							
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,146	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01	07951	APOTHECARY	97	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	345	0	0	0	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	194.03
194.04	07954	MARKETING	2	0	0	0	194.04
194.06	07956	MOB	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	20	0	0	0	194.08
194.09	07959	CONV CARE	561	0	0	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	194.15
194.17	07967	FOUNDATION	115	0	0	0	194.17
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	24,641	917,644	501,218	211,078	216,137

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

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Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	21.00				
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00510	COMMUNICATION				5.01
5.03 00530	PURCHASING RECEIVING AND STORES				5.03
5.05 00540	ADMITTING				5.05
5.06 00550	CASHIERING/ACCOUNTS RECEIVABLE				5.06
5.07 00551	PATIENT PLACEMENT				5.07
5.08 00560	MISC ADMINISTRATIVE AND GENERAL				5.08
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
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	5,279			21.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS		4,101,341	0	30.00
31.00 03100	INTENSIVE CARE UNIT		1,526,022	0	31.00
31.02 03102	NICU		450,302	0	31.02
32.00 03200	CORONARY CARE UNIT		335,050	0	32.00
40.00 04000	SUBPROVIDER - I PF		254,988	0	40.00
41.00 04100	SUBPROVIDER - I RF		700,724	0	41.00
43.00 04300	NURSERY		20,920	0	43.00
44.00 04400	SKILLED NURSING FACILITY		0	0	44.00
45.00 04500	NURSING FACILITY		0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM		3,973,848	0	50.00
51.00 05100	RECOVERY ROOM		243,255	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM		513,665	0	52.00
53.00 05300	ANESTHESIOLOGY		178,323	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC		1,341,404	0	54.00
54.02 05402	ULTRASOUND		160,926	0	54.02
54.03 05403	NUCLEAR MEDICINE		213,069	0	54.03
56.00 05600	RADIOISOTOPE		0	0	56.00
57.00 05700	CT SCAN		491,554	0	57.00
59.00 05900	CARDIAC CATHETERIZATION		2,256,644	0	59.00
60.00 06000	LABORATORY		935,085	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.		66,995	0	63.00
64.00 06400	INTRAVENOUS THERAPY		112,184	0	64.00
65.00 06500	RESPIRATORY THERAPY		300,250	0	65.00
66.00 06600	PHYSICAL THERAPY		199,438	0	66.00
67.00 06700	OCCUPATIONAL THERAPY		34,125	0	67.00
68.00 06800	SPEECH PATHOLOGY		10,961	0	68.00
69.00 06900	ELECTROCARDIOLOGY		444,231	0	69.00
69.02 06902	CARDIAC REHAB		216,030	0	69.02
69.03 06903	DIABETIC EDUCATION		90,435	0	69.03
70.00 07000	ELECTROENCEPHALOGRAPHY		230,680	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT		420,607	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS		609,676	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		501,718	0	73.00
74.00 07400	RENAL DIALYSIS		105,778	0	74.00
76.00 03020	OTHER ANCILLARY		7,253	0	76.00
76.01 03021	MOBILE OUTREACH CLINIC		36,205	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC		0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	89.00
90.00 09000	CLINIC		46,488	0	90.00
90.01 09001	OUTPATIENT PSYCH		201,248	0	90.01
90.02 09002	PEDS CLINIC		0	0	90.02
90.04 09004	BARIATRICS		15,987	0	90.04
91.00 09100	EMERGENCY		1,560,551	0	91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER		375,921	0	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART			0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150100

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From 07/01/2012
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Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	21.00					
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	131,322	0	131,322	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.00	09900	CMHC	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
106.00	10600	HEART ACQUISITION	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	23,415,203	0	23,415,203
NONREIMBURSABLE COST CENTERS						
191.00	19100	RESEARCH	498	0	498	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	771,954	0	771,954	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	296,848	0	296,848	194.00
194.01	07951	APOTHECARY	81,362	0	81,362	194.01
194.02	07952	OCCUPATIONAL MEDICINE	629,159	0	629,159	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	645	0	645	194.03
194.04	07954	MARKETING	5,872	0	5,872	194.04
194.06	07956	MOB	8,052	0	8,052	194.06
194.07	07957	SENIOR PARTNERS	37,158	0	37,158	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	50,740	0	50,740	194.08
194.09	07959	CONV CARE	135,179	0	135,179	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	194.10
194.11	07961	ST ELIZABETH	15,778	0	15,778	194.11
194.14	07964	FREE STANDING CATH LAB	14,901	0	14,901	194.14
194.15	07965	FAMILY PRACTICE	451,378	0	451,378	194.15
194.17	07967	FOUNDATION	677,038	0	677,038	194.17
200.00		Cross Foot Adjustments	5,279	0	5,279	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,279	26,597,044	0	26,597,044

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

Period:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATION (NON-PATIENT PHONES)	PURCHASING RECEIVING AND STORES (NON-CHARGE SUPPLY EX)	
	BLDG & FIXT (HOSPITAL SQUARE FEE)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,025,331				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		6,783,907			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,051	125	117,244,760		4.00
5.01 00510	COMMUNICATION	1,377	4,204	185,791	2,323	5.01
5.03 00530	PURCHASING RECEIVING AND STORES	15,278	1,060	634,226	22	5,095,436 5.03
5.05 00540	ADMITTING	17,638	4,451	2,044,583	61	61,702 5.05
5.06 00550	CASHIERING/ACCOUNTS RECEIVABLE	7,972	710	969,345	116	5,655 5.06
5.07 00551	PATIENT PLACEMENT	1,445	0	591,846	0	2,779 5.07
5.08 00560	MISC ADMINISTRATIVE AND GENERAL	105,803	1,460,037	10,940,164	324	962,603 5.08
7.00 00700	OPERATION OF PLANT	89,670	20,309	2,570,017	105	396,685 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	8,594	134,175	605,780	4	353,874 8.00
9.00 00900	HOUSEKEEPING	19,105	14,952	52,339	13	14,212 9.00
10.00 01000	DIETARY	25,036	30,148	81,149	28	17,395 10.00
11.00 01100	CAFETERIA	0	0	154,431	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	37,033	143,720	4,572,614	110	54,021 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	17,834	77,519	1,265,777	16	694,066 14.00
15.00 01500	PHARMACY	6,272	17,505	3,643,852	50	160,965 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	9,910	7,972	1,874,693	123	21,424 16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	200,167	4	13,521 21.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	161,755	288,723	16,195,977	219	504,679 30.00
31.00 03100	INTENSIVE CARE UNIT	42,385	257,233	6,444,081	60	183,468 31.00
31.02 03102	NICU	12,694	83,252	3,219,512	41	94,400 31.02
32.00 03200	CORONARY CARE UNIT	5,644	91,303	845,269	17	27,706 32.00
40.00 04000	SUBPROVIDER - IPF	11,572	3,355	1,045,806	20	29,332 40.00
41.00 04100	SUBPROVIDER - IRF	35,314	29,993	1,828,604	54	38,024 41.00
43.00 04300	NURSERY	0	0	952,597	0	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	43,915	1,238,185	6,134,172	110	289,217 50.00
51.00 05100	RECOVERY ROOM	9,368	5,702	1,354,890	17	23,515 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	24,203	19,166	2,283,518	19	89,632 52.00
53.00 05300	ANESTHESIOLOGY	0	81,310	38,576	4	9,195 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	27,984	390,714	3,143,376	105	56,107 54.00
54.02 05402	ULTRASOUND	1,870	52,817	586,787	4	25,397 54.02
54.03 05403	NUCLEAR MEDICINE	7,044	30,732	528,758	9	10,590 54.03
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700	CT SCAN	5,189	169,498	816,612	6	6,777 57.00
59.00 05900	CARDIAC CATHETERIZATION	12,827	946,257	1,366,649	53	33,525 59.00
60.00 06000	LABORATORY	14,404	233,877	3,915,335	88	126,753 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	620	3,883	222,448	0	34,416 63.00
64.00 06400	INTRAVENOUS THERAPY	510	8,245	1,300,300	2	30,317 64.00
65.00 06500	RESPIRATORY THERAPY	2,880	86,904	2,617,183	12	33,601 65.00
66.00 06600	PHYSICAL THERAPY	5,924	14,115	2,520,285	33	46,245 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	2,058	1,249,077	4	769 67.00
68.00 06800	SPEECH PATHOLOGY	0	370	389,785	2	776 68.00
69.00 06900	ELECTROCARDIOLOGY	4,578	157,505	704,622	42	15,487 69.00
69.02 06902	CARDIAC REHAB	7,680	17,447	511,544	20	5,877 69.02
69.03 06903	DIABETIC EDUCATION	4,634	1,259	261,745	34	2,242 69.03
70.00 07000	ELECTROENCEPHALOGRAPHY	7,165	51,154	633,369	7	18,656 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	293	28,361	0	5	8,778 74.00
76.00 03020	OTHER ANCILLARY	0	0	109,858	0	2,781 76.00
76.01 03021	MOBILE OUTREACH CLINIC	0	6,946	609,998	48	53,930 76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	1,022	217	306,718	12	13,665 90.00
90.01 09001	OUTPATIENT PSYCH	13,269	0	53,580	2	86 90.01
90.02 09002	PEDS CLINIC	0	0	0	0	0 90.02
90.04 09004	BARITRICS	0	5,319	203,814	30	4,084 90.04
91.00 09100	EMERGENCY	24,054	398,957	5,556,620	84	162,654 91.00
91.01 09101	DIAGNOSTIC TREATMENT CENTER	11,811	61,718	997,587	55	92,367 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

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Cost Center Description	CAPITAL RELATED COSTS						
	BLDG & FIXT (HOSPITAL SQUARE FEE)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATION (NON-PATIENT PHONES)	PURCHASING RECEIVING AND STORES (NON-CHARGE SUPPLY EX)		
	1.00	2.00	4.00	5.01	5.03		
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	18,744	820,765	8	31,096	95.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900	CMHC	0	0	0	0	0	99.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
106.00 10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	869,626	6,702,206	100,156,591	2,202	4,865,046	118.00
NONREIMBURSABLE COST CENTERS							
191.00 19100	RESEARCH	0	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	26,061	47,054	11,665,901	41	78,485	192.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	20,639	0	0	0	0	194.00
194.01 07951	APOTHECARY	182	0	483,608	12	17,052	194.01
194.02 07952	OCCUPATIONAL MEDICINE	39,513	9,850	1,456,576	26	27,847	194.02
194.03 07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	5	539	194.03
194.04 07954	MARKETING	0	0	24,190	16	5,844	194.04
194.06 07956	MOB	0	0	0	0	0	194.06
194.07 07957	SENIOR PARTNERS	0	2,330	0	3	788	194.07
194.08 07958	ASCENSION PHYSICIAN RECRUITMENT	911	0	129,444	2	13,247	194.08
194.09 07959	CONV CARE	0	22,467	2,770,004	16	44,891	194.09
194.10 07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11 07961	ST ELIZABETH	1,097	0	0	0	0	194.11
194.14 07964	FREE STANDING CATH LAB	1,036	0	0	0	0	194.14
194.15 07965	FAMILY PRACTICE	24,531	0	0	0	0	194.15
194.17 07967	FOUNDATION	41,735	0	558,446	0	41,697	194.17
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)	12,750,278	13,846,766	23,440,787	62,849	319,546	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12.435280	2.041120	0.199930	27.055101	0.062712	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			75,501	25,824	192,803	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000644	11.116659	0.037838	205.00

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description			ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	PATIENT PLACEMENT (ASSIGNED TIME)	Reconciliation	MISC ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.05	5.06	5.07	5A.08	5.08	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	COMMUNICATION						5.01
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.05	00540	ADMITTING	1,221,134,146					5.05
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	1,221,134,146				5.06
5.07	00551	PATIENT PLACEMENT	0	0	100			5.07
5.08	00560	MISC ADMINISTRATIVE AND GENERAL	0	0	0	-79,164,520	281,671,434	5.08
7.00	00700	OPERATION OF PLANT	0	0	0	0	11,645,027	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	1,384,253	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	4,073,542	9.00
10.00	01000	DIETARY	0	0	0	0	2,281,342	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,591,769	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	5,726,714	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	4,030,759	14.00
15.00	01500	PHARMACY	0	0	0	0	4,970,217	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,243,632	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	293,451	21.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	51,196,049	51,196,049	0	0	24,994,156	30.00
31.00	03100	INTENSIVE CARE UNIT	21,811,851	21,811,851	0	0	10,068,440	31.00
31.02	03102	NICU	12,895,554	12,895,554	0	0	4,783,865	31.02
32.00	03200	CORONARY CARE UNIT	2,742,192	2,742,192	0	0	1,829,184	32.00
40.00	04000	SUBPROVIDER - I PF	3,696,662	3,696,662	0	0	1,495,010	40.00
41.00	04100	SUBPROVIDER - I RF	4,315,647	4,315,647	0	0	2,804,235	41.00
43.00	04300	NURSERY	2,061,116	2,061,116	0	0	1,240,188	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	194,001,176	194,001,176	0	0	41,425,476	50.00
51.00	05100	RECOVERY ROOM	19,348,302	19,348,302	0	0	2,071,643	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,211,003	13,211,003	0	0	3,376,523	52.00
53.00	05300	ANESTHESIOLOGY	15,389,761	15,389,761	0	0	322,565	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,793,320	60,793,320	0	0	5,786,521	54.00
54.02	05402	ULTRASOUND	17,502,345	17,502,345	0	0	981,016	54.02
54.03	05403	NUCLEAR MEDICINE	29,484,318	29,484,318	0	0	1,830,501	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	63,173,364	63,173,364	0	0	2,012,270	57.00
59.00	05900	CARDIAC CATHETERIZATION	56,658,914	56,658,914	0	0	4,662,533	59.00
60.00	06000	LABORATORY	85,900,555	85,900,555	0	0	11,854,435	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,626,140	8,626,140	0	0	2,910,521	63.00
64.00	06400	INTRAVENOUS THERAPY	14,848,384	14,848,384	0	0	2,918,488	64.00
65.00	06500	RESPIRATORY THERAPY	29,865,374	29,865,374	0	0	4,200,119	65.00
66.00	06600	PHYSICAL THERAPY	19,699,512	19,699,512	0	0	3,446,342	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,900,762	9,900,762	0	0	1,574,020	67.00
68.00	06800	SPEECH PATHOLOGY	4,522,652	4,522,652	0	0	504,423	68.00
69.00	06900	ELECTROCARDIOLOGY	34,025,243	34,025,243	0	0	1,620,596	69.00
69.02	06902	CARDIAC REHAB	1,055,094	1,055,094	0	0	672,373	69.02
69.03	06903	DIABETIC EDUCATION	251,223	251,223	0	0	472,645	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	7,723,221	7,723,221	0	0	1,157,048	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	85,358,827	85,358,827	0	0	11,677,059	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	102,102,467	102,102,467	0	0	17,141,938	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	118,507,784	118,507,784	0	0	15,376,452	73.00
74.00	07400	RENAL DIALYSIS	4,240,492	4,240,492	0	0	1,336,654	74.00
76.00	03020	OTHER ANCILLARY	1,221,934	1,221,934	0	0	144,636	76.00
76.01	03021	MOBILE OUTREACH CLINIC	732,204	732,204	0	0	804,083	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,256,635	1,256,635	0	0	445,444	90.00
90.01	09001	OUTPATIENT PSYCH	434,761	434,761	0	0	201,996	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARITRICS	220,035	220,035	0	0	278,964	90.04
91.00	09100	EMERGENCY	95,456,218	95,456,218	0	0	13,103,233	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	18,688,157	18,688,157	0	0	2,333,937	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	8,214,898	8,214,898	0	0	2,794,870	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/19/2013 2:38 pm

Cost Center Description			ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	PATIENT PLACEMENT (ASSIGNED TIME)	Reconciliation	MISC ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.05	5.06	5.07	5A.08	5.08	
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,221,134,146	1,221,134,146	0	-79,164,520	245,895,108	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	32,309	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	18,643,053	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	256,652	194.00
194.01	07951	APOTHECARY	0	0	0	0	4,704,685	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	2,963,597	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	764	194.03
194.04	07954	MARKETING	0	0	0	0	46,921	194.04
194.06	07956	MOB	0	0	0	0	522,271	194.06
194.07	07957	SENIOR PARTNERS	0	0	100	0	766,368	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	2,411,875	194.08
194.09	07959	CONV CARE	0	0	0	0	4,165,548	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	13,642	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	12,883	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	305,050	194.15
194.17	07967	FOUNDATION	0	0	0	0	930,708	194.17
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)	2,759,297	5,102,256	736,627		79,164,520	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002260	0.004178	7,366.270000		0.281053	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	232,748	102,711	18,455		4,342,872	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000191	0.000084	184.550000		0.015418	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/19/2013 2:38 pm

Cost Center Description		OPERATION OF PLANT (TOTAL SQA RE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL SQA RE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00510	COMMUNICATION					5.01	
5.03	00530	PURCHASING RECEIVING AND STORES					5.03	
5.05	00540	ADMITTING					5.05	
5.06	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.06	
5.07	00551	PATIENT PLACEMENT					5.07	
5.08	00560	MISC ADMINISTRATIVE AND GENERAL					5.08	
7.00	00700	OPERATION OF PLANT	980,876				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	8,594	4,092,789			8.00	
9.00	00900	HOUSEKEEPING	19,105	0	953,177		9.00	
10.00	01000	DIETARY	25,036	0	25,036	212,330	10.00	
11.00	01100	CAFETERIA	0	0	0	3,533,323	11.00	
13.00	01300	NURSING ADMINISTRATION	38,739	0	38,739	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	17,834	0	17,834	0	14.00	
15.00	01500	PHARMACY	6,272	0	6,272	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	12,806	0	12,806	0	16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	10,049	21.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	161,936	1,544,749	161,936	145,089	707,564	30.00
31.00	03100	INTENSIVE CARE UNIT	42,385	471,879	42,385	31,130	268,566	31.00
31.02	03102	NICU	12,694	132,065	12,694	0	106,324	31.02
32.00	03200	CORONARY CARE UNIT	5,644	78,638	5,644	3,807	31,881	32.00
40.00	04000	SUBPROVIDER - IPF	11,572	0	11,572	8,725	36,011	40.00
41.00	04100	SUBPROVIDER - IRF	35,314	141,671	35,314	15,472	71,077	41.00
43.00	04300	NURSERY	0	0	0	0	36,386	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	46,821	403,932	46,821	10	222,353	50.00
51.00	05100	RECOVERY ROOM	15,282	151,164	15,282	118	42,868	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,203	155,799	24,203	3,757	80,703	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	2,074	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,766	84,044	35,766	706	117,553	54.00
54.02	05402	ULTRASOUND	3,023	0	3,023	0	19,999	54.02
54.03	05403	NUCLEAR MEDICINE	11,110	6,978	11,110	0	16,792	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	7,772	65,039	7,772	0	26,862	57.00
59.00	05900	CARDIAC CATHETERIZATION	12,827	56,126	12,827	0	42,959	59.00
60.00	06000	LABORATORY	26,968	0	26,968	0	193,422	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	620	0	620	0	7,324	63.00
64.00	06400	INTRAVENOUS THERAPY	510	0	510	2,468	43,487	64.00
65.00	06500	RESPIRATORY THERAPY	2,880	0	2,880	0	93,624	65.00
66.00	06600	PHYSICAL THERAPY	14,978	40,788	14,978	0	88,565	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	43,637	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	11,804	68.00
69.00	06900	ELECTROCARDIOLOGY	4,920	26,077	4,920	0	30,772	69.00
69.02	06902	CARDIAC REHAB	15,157	25,883	15,157	0	17,513	69.02
69.03	06903	DIABETIC EDUCATION	12,610	0	12,610	0	9,449	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	7,165	13,751	7,165	192	31,571	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,132	4,940	1,132	0	3,757	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	3,771	76.00
76.01	03021	MOBILE OUTREACH CLINIC	3,503	0	3,503	0	25,725	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	8,918	89,153	8,918	0	10,932	90.00
90.01	09001	OUTPATIENT PSYCH	18,715	0	18,715	0	1,670	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004	BARITRICS	0	351	0	0	10,568	90.04
91.00	09100	EMERGENCY	24,054	485,836	24,054	26	219,815	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	11,811	108,048	11,811	82	32,333	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	23,392	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (TOTAL SQA RE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL SQA RE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	708,676	4,086,911	680,977	211,582	3,205,504	118.00
NONREIMBURSABLE COST CENTERS							
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	28,744	2,335	28,744	748	164,283	192.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	20,639	0	20,639	0	0	194.00
194.01	07951 APOTHECARY	3,062	0	3,062	0	13,958	194.01
194.02	07952 OCCUPATIONAL MEDICINE	39,513	0	39,513	0	49,464	194.02
194.03	07953 CANCER CNETER/PHYSICIAN RECRUITMENT	317	0	317	0	0	194.03
194.04	07954 MARKETING	2,695	0	2,695	0	331	194.04
194.06	07956 MOB	0	0	0	0	0	194.06
194.07	07957 SENIOR PARTNERS	1,178	0	1,178	0	0	194.07
194.08	07958 ASCENSION PHYSICIAN RECRUITMENT	911	0	911	0	2,842	194.08
194.09	07959 CONV CARE	11,678	3,543	11,678	0	80,395	194.09
194.10	07960 EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961 ST ELIZABETH	1,097	0	1,097	0	0	194.11
194.14	07964 FREE STANDING CATH LAB	1,036	0	1,036	0	0	194.14
194.15	07965 FAMILY PRACTICE	80,658	0	80,658	0	0	194.15
194.17	07967 FOUNDATION	80,672	0	80,672	0	16,546	194.17
200.00	20000 Cross Foot Adjustments						200.00
201.00	20100 Negative Cost Centers						201.00
202.00	20200 Cost to be allocated (per Wkst. B, Part I)	14,917,897	1,904,005	5,508,986	3,447,984	2,039,140	202.00
203.00	20300 Unit cost multiplier (Wkst. B, Part I)	15.208749	0.465210	5.779604	16.238798	0.577117	203.00
204.00	20400 Cost to be allocated (per Wkst. B, Part II)	1,353,900	427,764	357,989	453,021	24,641	204.00
205.00	20500 Unit cost multiplier (Wkst. B, Part II)	1.380297	0.104517	0.375575	2.133570	0.006974	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1
Date/Time Prepared:
11/19/2013 2:38 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	(DIRECT NRSNG HRS)	(COSTED REQUIS.)				
	13.00	14.00	15.00	16.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00510 COMMUNICATION						5.01
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.05 00540 ADMITTING						5.05
5.06 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.06
5.07 00551 PATIENT PLACEMENT						5.07
5.08 00560 MISC ADMINSTRATIVE AND GENERAL						5.08
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	39,336					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	27,612,121				14.00
15.00 01500 PHARMACY	0	0	1,000			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	1,221,134,146		16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	100	21.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	12,852	0	0	51,196,049	100	30.00
31.00 03100 INTENSIVE CARE UNIT	4,502	0	0	21,811,851	0	31.00
31.02 03102 NICU	0	0	0	12,895,554	0	31.02
32.00 03200 CORONARY CARE UNIT	892	0	0	2,742,192	0	32.00
40.00 04000 SUBPROVIDER - IPF	1,643	0	0	3,696,662	0	40.00
41.00 04100 SUBPROVIDER - IRF	1,785	0	0	4,315,647	0	41.00
43.00 04300 NURSERY	0	0	0	2,061,116	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,383	0	0	194,001,176	0	50.00
51.00 05100 RECOVERY ROOM	1,256	0	0	19,348,302	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,848	0	0	13,211,003	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	15,389,761	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	60,793,320	0	54.00
54.02 05402 ULTRASOUND	0	0	0	17,502,345	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	0	29,484,318	0	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	63,173,364	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	1,577	0	0	56,658,914	0	59.00
60.00 06000 LABORATORY	0	0	0	85,900,555	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	8,626,140	0	63.00
64.00 06400 INTRAVENOUS THERAPY	1,236	0	0	14,848,384	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	29,865,374	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	19,699,512	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	9,900,762	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,522,652	0	68.00
69.00 06900 ELECTROCARDIOLOGY	530	0	0	34,025,243	0	69.00
69.02 06902 CARDIAC REHAB	1,880	0	0	1,055,094	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	0	251,223	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	7,723,221	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	11,127,519	0	85,358,827	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	16,484,602	0	102,102,467	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	1,000	118,507,784	0	73.00
74.00 07400 RENAL DIALYSIS	806	0	0	4,240,492	0	74.00
76.00 03020 OTHER ANCILLARY	183	0	0	1,221,934	0	76.00
76.01 03021 MOBILE OUTREACH CLINIC	0	0	0	732,204	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	1,256,635	0	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	0	434,761	0	90.01
90.02 09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04 09004 BARIATRICS	0	0	0	220,035	0	90.04
91.00 09100 EMERGENCY	4,144	0	0	95,456,218	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	920	0	0	18,688,157	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/19/2013 2:38 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)		
		(DIRECT NRSING HRS)	(COSTED REQUIS.)					
		13.00	14.00	15.00	16.00	21.00		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,899	0	0	8,214,898	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	39,336	27,612,121	1,000	1,221,134,146	100	118.00
NONREIMBURSABLE COST CENTERS								
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	APOTHECARY	0	0	0	0	0	194.01
194.02	07952	OCCUPATIONAL MEDICINE	0	0	0	0	0	194.02
194.03	07953	CANCER CENTER/PHYSICIAN RECRUITMENT	0	0	0	0	0	194.03
194.04	07954	MARKETING	0	0	0	0	0	194.04
194.06	07956	MOB	0	0	0	0	0	194.06
194.07	07957	SENIOR PARTNERS	0	0	0	0	0	194.07
194.08	07958	ASCENSION PHYSICIAN RECRUITMENT	0	0	0	0	0	194.08
194.09	07959	CONV CARE	0	0	0	0	0	194.09
194.10	07960	EMPLOYEE FITNESS CENTER	0	0	0	0	0	194.10
194.11	07961	ST ELIZABETH	0	0	0	0	0	194.11
194.14	07964	FREE STANDING CATH LAB	0	0	0	0	0	194.14
194.15	07965	FAMILY PRACTICE	0	0	0	0	0	194.15
194.17	07967	FOUNDATION	0	0	0	0	0	194.17
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)	8,252,932	5,579,776	6,558,019	4,486,110	381,725	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	209.806081	0.202077	6,558.019000	0.003674	3,817.250000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	917,644	501,218	211,078	216,137	5,279	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	23.328351	0.018152	211.078000	0.000177	52.790000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
11/19/2013 2:38 pm

		Title XVIIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		41,785,184	0	41,785,184	30.00
31.00	03100	INTENSIVE CARE UNIT		15,692,512	0	15,692,512	31.00
31.02	03102	NICU		6,564,988	0	6,564,988	31.02
32.00	03200	CORONARY CARE UNIT		2,775,765	0	2,775,765	32.00
40.00	04000	SUBPROVIDER - IPF		2,678,825	0	2,678,825	40.00
41.00	04100	SUBPROVIDER - IRF		5,082,091	0	5,082,091	41.00
43.00	04300	NURSERY		1,617,319	0	1,617,319	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
45.00	04500	NURSING FACILITY		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		55,369,827	0	55,369,827	50.00
51.00	05100	RECOVERY ROOM		3,406,209	0	3,406,209	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		5,449,808	0	5,449,808	52.00
53.00	05300	ANESTHESIOLOGY		470,962	0	470,962	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		8,505,269	0	8,505,269	54.00
54.02	05402	ULTRASOUND		1,396,027	0	1,396,027	54.02
54.03	05403	NUCLEAR MEDICINE		2,699,411	0	2,699,411	54.03
56.00	05600	RADIOISOTOPE		0	0	0	56.00
57.00	05700	CT SCAN		3,018,805	0	3,018,805	57.00
59.00	05900	CARDIAC CATHETERIZATION		6,832,101	0	6,832,101	59.00
60.00	06000	LABORATORY		16,179,400	0	16,179,400	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		3,777,463	0	3,777,463	63.00
64.00	06400	INTRAVENOUS THERAPY		4,128,489	0	4,128,489	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,604,778	0	5,604,778	65.00
66.00	06600	PHYSICAL THERAPY	0	4,871,774	0	4,871,774	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,077,962	0	2,077,962	67.00
68.00	06800	SPEECH PATHOLOGY	0	669,621	0	669,621	68.00
69.00	06900	ELECTROCARDIOLOGY		2,445,428	0	2,445,428	69.00
69.02	06902	CARDIAC REHAB		1,599,924	0	1,599,924	69.02
69.03	06903	DIABETIC EDUCATION		876,522	0	876,522	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY		1,688,732	0	1,688,732	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		17,521,155	0	17,521,155	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		25,666,015	0	25,666,015	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		26,691,467	0	26,691,467	73.00
74.00	07400	RENAL DIALYSIS		1,925,234	0	1,925,234	74.00
76.00	03020	OTHER ANCILLARY		230,346	0	230,346	76.00
76.01	03021	MOBILE OUTREACH CLINIC		1,121,131	0	1,121,131	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000	CLINIC		810,213	0	810,213	90.00
90.01	09001	OUTPATIENT PSYCH		654,126	0	654,126	90.01
90.02	09002	PEDS CLINIC		0	0	0	90.02
90.04	09004	BARITRICS		364,438	0	364,438	90.04
91.00	09100	EMERGENCY		18,864,229	0	18,864,229	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER		3,569,730	0	3,569,730	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		8,303,918	0	8,303,918	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES		4,022,481	0	4,022,481	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
99.00	09900	CMHC		0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION		0	0	0	106.00
200.00		Subtotal (see instructions)		317,009,679	0	317,009,679	200.00
201.00		Less Observation Beds		8,303,918	0	8,303,918	201.00
202.00		Total (see instructions)		308,705,761	0	308,705,761	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
11/19/2013 2:38 pm

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	43,210,294		43,210,294		30.00
31.00	03100	INTENSIVE CARE UNIT	21,811,851		21,811,851		31.00
31.02	03102	NICU	12,895,554		12,895,554		31.02
32.00	03200	CORONARY CARE UNIT	2,742,192		2,742,192		32.00
40.00	04000	SUBPROVIDER - I/PF	3,696,662		3,696,662		40.00
41.00	04100	SUBPROVIDER - I/RF	4,315,647		4,315,647		41.00
43.00	04300	NURSERY	2,061,116		2,061,116		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	63,207,329	130,793,847	194,001,176	0.285410	50.00
51.00	05100	RECOVERY ROOM	7,451,120	11,897,182	19,348,302	0.176047	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,273,447	1,937,556	13,211,003	0.412520	52.00
53.00	05300	ANESTHESIOLOGY	8,220,465	7,169,296	15,389,761	0.030602	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,426,780	41,366,540	60,793,320	0.139905	54.00
54.02	05402	ULTRASOUND	7,521,411	9,980,934	17,502,345	0.079762	54.02
54.03	05403	NUCLEAR MEDICINE	6,910,211	22,574,107	29,484,318	0.091554	54.03
56.00	05600	RADIO SOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	21,052,196	42,121,168	63,173,364	0.047786	57.00
59.00	05900	CARDIAC CATHETERIZATION	31,982,652	24,676,262	56,658,914	0.120583	59.00
60.00	06000	LABORATORY	35,477,964	50,422,591	85,900,555	0.188350	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,602,146	2,023,994	8,626,140	0.437909	63.00
64.00	06400	INTRAVENOUS THERAPY	4,200,693	10,647,691	14,848,384	0.278043	64.00
65.00	06500	RESPIRATORY THERAPY	27,183,169	2,682,205	29,865,374	0.187668	65.00
66.00	06600	PHYSICAL THERAPY	13,082,114	6,617,398	19,699,512	0.247304	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,525,096	375,666	9,900,762	0.209879	67.00
68.00	06800	SPEECH PATHOLOGY	4,257,695	264,957	4,522,652	0.148059	68.00
69.00	06900	ELECTROCARDIOLOGY	15,138,160	18,887,083	34,025,243	0.071871	69.00
69.02	06902	CARDIAC REHAB	3,525	1,051,569	1,055,094	1.516381	69.02
69.03	06903	DIABETIC EDUCATION	0	251,223	251,223	3.489020	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	2,409,008	5,314,213	7,723,221	0.218656	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	52,657,441	32,701,386	85,358,827	0.205265	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	66,796,956	35,305,511	102,102,467	0.251375	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	67,664,672	50,843,112	118,507,784	0.225230	73.00
74.00	07400	RENAL DIALYSIS	3,538,751	701,741	4,240,492	0.454012	74.00
76.00	03020	OTHER ANCILLARY	505,188	716,746	1,221,934	0.188509	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	732,204	732,204	1.531173	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	22,722	1,233,913	1,256,635	0.644748	90.00
90.01	09001	OUTPATIENT PSYCH	378,449	56,312	434,761	1.504565	90.01
90.02	09002	PEDS CLINIC	0	0	0	0.000000	90.02
90.04	09004	BARITRICS	0	220,035	220,035	1.656273	90.04
91.00	09100	EMERGENCY	29,140,644	66,315,574	95,456,218	0.197622	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	8,662,116	10,026,041	18,688,157	0.191016	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	80,974	7,904,781	7,985,755	1.039841	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	181,148	8,033,750	8,214,898	0.489657	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
99.00	09900	CMHC	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0		106.00
200.00		Subtotal (see instructions)	615,287,558	605,846,588	1,221,134,146		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	615,287,558	605,846,588	1,221,134,146		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/19/2013 2:38 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
31.02	03102 NICU			31.02
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.285410		50.00
51.00	05100 RECOVERY ROOM	0.176047		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.412520		52.00
53.00	05300 ANESTHESIOLOGY	0.030602		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.139905		54.00
54.02	05402 ULTRASOUND	0.079762		54.02
54.03	05403 NUCLEAR MEDICINE	0.091554		54.03
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.047786		57.00
59.00	05900 CARDIAC CATHETERIZATION	0.120583		59.00
60.00	06000 LABORATORY	0.188350		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.437909		63.00
64.00	06400 INTRAVENOUS THERAPY	0.278043		64.00
65.00	06500 RESPIRATORY THERAPY	0.187668		65.00
66.00	06600 PHYSICAL THERAPY	0.247304		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.209879		67.00
68.00	06800 SPEECH PATHOLOGY	0.148059		68.00
69.00	06900 ELECTROCARDIOLOGY	0.071871		69.00
69.02	06902 CARDIAC REHAB	1.516381		69.02
69.03	06903 DIABETIC EDUCATION	3.489020		69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.218656		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.205265		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.251375		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.225230		73.00
74.00	07400 RENAL DIALYSIS	0.454012		74.00
76.00	03020 OTHER ANCILLARY	0.188509		76.00
76.01	03021 MOBILE OUTREACH CLINIC	1.531173		76.01
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.644748		90.00
90.01	09001 OUTPATIENT PSYCH	1.504565		90.01
90.02	09002 PEDS CLINIC	0.000000		90.02
90.04	09004 BARIATRICS	1.656273		90.04
91.00	09100 EMERGENCY	0.197622		91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.191016		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.039841		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.489657		95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900 CMHC			99.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
106.00	10600 HEART ACQUISITION			106.00
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: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
11/19/2013 2:38 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	41,785,184		41,785,184	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	15,692,512		15,692,512	0	0	31.00
31.02	03102 NICU	6,564,988		6,564,988	0	0	31.02
32.00	03200 CORONARY CARE UNIT	2,775,765		2,775,765	0	0	32.00
40.00	04000 SUBPROVIDER - IPF	2,678,825		2,678,825	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	5,082,091		5,082,091	0	0	41.00
43.00	04300 NURSERY	1,617,319		1,617,319	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	55,369,827		55,369,827	0	0	50.00
51.00	05100 RECOVERY ROOM	3,406,209		3,406,209	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,449,808		5,449,808	0	0	52.00
53.00	05300 ANESTHESIOLOGY	470,962		470,962	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,505,269		8,505,269	0	0	54.00
54.02	05402 ULTRASOUND	1,396,027		1,396,027	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	2,699,411		2,699,411	0	0	54.03
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
57.00	05700 CT SCAN	3,018,805		3,018,805	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	6,832,101		6,832,101	0	0	59.00
60.00	06000 LABORATORY	16,179,400		16,179,400	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	3,777,463		3,777,463	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	4,128,489		4,128,489	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	5,604,778	0	5,604,778	0	0	65.00
66.00	06600 PHYSICAL THERAPY	4,871,774	0	4,871,774	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,077,962	0	2,077,962	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	669,621	0	669,621	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,445,428		2,445,428	0	0	69.00
69.02	06902 CARDIAC REHAB	1,599,924		1,599,924	0	0	69.02
69.03	06903 DIABETIC EDUCATION	876,522		876,522	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	1,688,732		1,688,732	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	17,521,155		17,521,155	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	25,666,015		25,666,015	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	26,691,467		26,691,467	0	0	73.00
74.00	07400 RENAL DIALYSIS	1,925,234		1,925,234	0	0	74.00
76.00	03020 OTHER ANCILLARY	230,346		230,346	0	0	76.00
76.01	03021 MOBILE OUTREACH CLINIC	1,121,131		1,121,131	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	810,213		810,213	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	654,126		654,126	0	0	90.01
90.02	09002 PEDS CLINIC	0		0	0	0	90.02
90.04	09004 BARIATRICS	364,438		364,438	0	0	90.04
91.00	09100 EMERGENCY	18,864,229		18,864,229	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	3,569,730		3,569,730	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	8,303,918		8,303,918	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	4,022,481		4,022,481	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900 CMHC	0		0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600 HEART ACQUISITION	0		0	0	0	106.00
200.00	Subtotal (see instructions)	317,009,679	0	317,009,679	0	0	200.00
201.00	Less Observation Beds	8,303,918		8,303,918	0	0	201.00
202.00	Total (see instructions)	308,705,761	0	308,705,761	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
11/19/2013 2:38 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	43,210,294		43,210,294		30.00
31.00	03100	INTENSIVE CARE UNIT	21,811,851		21,811,851		31.00
31.02	03102	NICU	12,895,554		12,895,554		31.02
32.00	03200	CORONARY CARE UNIT	2,742,192		2,742,192		32.00
40.00	04000	SUBPROVIDER - I/PF	3,696,662		3,696,662		40.00
41.00	04100	SUBPROVIDER - I/RF	4,315,647		4,315,647		41.00
43.00	04300	NURSERY	2,061,116		2,061,116		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	63,207,329	130,793,847	194,001,176	0.285410	50.00
51.00	05100	RECOVERY ROOM	7,451,120	11,897,182	19,348,302	0.176047	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,273,447	1,937,556	13,211,003	0.412520	52.00
53.00	05300	ANESTHESIOLOGY	8,220,465	7,169,296	15,389,761	0.030602	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,426,780	41,366,540	60,793,320	0.139905	54.00
54.02	05402	ULTRASOUND	7,521,411	9,980,934	17,502,345	0.079762	54.02
54.03	05403	NUCLEAR MEDICINE	6,910,211	22,574,107	29,484,318	0.091554	54.03
56.00	05600	RADIO SOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	21,052,196	42,121,168	63,173,364	0.047786	57.00
59.00	05900	CARDIAC CATHETERIZATION	31,982,652	24,676,262	56,658,914	0.120583	59.00
60.00	06000	LABORATORY	35,477,964	50,422,591	85,900,555	0.188350	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,602,146	2,023,994	8,626,140	0.437909	63.00
64.00	06400	INTRAVENOUS THERAPY	4,200,693	10,647,691	14,848,384	0.278043	64.00
65.00	06500	RESPIRATORY THERAPY	27,183,169	2,682,205	29,865,374	0.187668	65.00
66.00	06600	PHYSICAL THERAPY	13,082,114	6,617,398	19,699,512	0.247304	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,525,096	375,666	9,900,762	0.209879	67.00
68.00	06800	SPEECH PATHOLOGY	4,257,695	264,957	4,522,652	0.148059	68.00
69.00	06900	ELECTROCARDIOLOGY	15,138,160	18,887,083	34,025,243	0.071871	69.00
69.02	06902	CARDIAC REHAB	3,525	1,051,569	1,055,094	1.516381	69.02
69.03	06903	DIABETIC EDUCATION	0	251,223	251,223	3.489020	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	2,409,008	5,314,213	7,723,221	0.218656	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	52,657,441	32,701,386	85,358,827	0.205265	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	66,796,956	35,305,511	102,102,467	0.251375	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	67,664,672	50,843,112	118,507,784	0.225230	73.00
74.00	07400	RENAL DIALYSIS	3,538,751	701,741	4,240,492	0.454012	74.00
76.00	03020	OTHER ANCILLARY	505,188	716,746	1,221,934	0.188509	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	732,204	732,204	1.531173	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	22,722	1,233,913	1,256,635	0.644748	90.00
90.01	09001	OUTPATIENT PSYCH	378,449	56,312	434,761	1.504565	90.01
90.02	09002	PEDS CLINIC	0	0	0	0.000000	90.02
90.04	09004	BARITRICS	0	220,035	220,035	1.656273	90.04
91.00	09100	EMERGENCY	29,140,644	66,315,574	95,456,218	0.197622	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	8,662,116	10,026,041	18,688,157	0.191016	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	80,974	7,904,781	7,985,755	1.039841	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	181,148	8,033,750	8,214,898	0.489657	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
99.00	09900	CMHC	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
106.00	10600	HEART ACQUISITION	0	0	0		106.00
200.00		Subtotal (see instructions)	615,287,558	605,846,588	1,221,134,146		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	615,287,558	605,846,588	1,221,134,146		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/19/2013 2:38 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.02	03102 NICU			31.02
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.02	05402 ULTRASOUND	0.000000		54.02
54.03	05403 NUCLEAR MEDICINE	0.000000		54.03
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
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
69.02	06902 CARDIAC REHAB	0.000000		69.02
69.03	06903 DIABETIC EDUCATION	0.000000		69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03020 OTHER ANCILLARY	0.000000		76.00
76.01	03021 MOBILE OUTREACH CLINIC	0.000000		76.01
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 OUTPATIENT PSYCH	0.000000		90.01
90.02	09002 PEDS CLINIC	0.000000		90.02
90.04	09004 BARIATRICS	0.000000		90.04
91.00	09100 EMERGENCY	0.000000		91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.000000		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900 CMHC			99.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
106.00	10600 HEART ACQUISITION			106.00
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: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part I Date/Time Prepared: 11/19/2013 2:38 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	PPS Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,101,341	0	4,101,341	63,056	65.04	30.00
31.00	INTENSIVE CARE UNIT	1,526,022		1,526,022	14,224	107.29	31.00
31.02	NICU	450,302		450,302	6,347	70.95	31.02
32.00	CORONARY CARE UNIT	335,050		335,050	1,449	231.23	32.00
40.00	SUBPROVIDER - IPF	254,988	0	254,988	2,948	86.50	40.00
41.00	SUBPROVIDER - IRF	700,724	0	700,724	5,246	133.57	41.00
43.00	NURSERY	20,920		20,920	3,166	6.61	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	7,389,347		7,389,347	96,436		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	22,297	1,450,197	30.00
31.00	INTENSIVE CARE UNIT	7,070	758,540	31.00
31.02	NICU	0	0	31.02
32.00	CORONARY CARE UNIT	630	145,675	32.00
40.00	SUBPROVIDER - IPF	779	67,384	40.00
41.00	SUBPROVIDER - IRF	2,524	337,131	41.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	33,300	2,758,927	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150100		Period: From 07/01/2012 To 06/30/2013		Worksheet D Part II Date/Time Prepared: 11/19/2013 2: 38 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,973,848	194,001,176	0.020484	27,649,069	566,364	50.00
51.00	05100	RECOVERY ROOM	243,255	19,348,302	0.012572	4,954,630	62,290	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	513,665	13,211,003	0.038882	7,194	280	52.00
53.00	05300	ANESTHESIOLOGY	178,323	15,389,761	0.011587	3,211,935	37,217	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,341,404	60,793,320	0.022065	7,020,405	154,905	54.00
54.02	05402	ULTRASOUND	160,926	17,502,345	0.009195	2,643,136	24,304	54.02
54.03	05403	NUCLEAR MEDICINE	213,069	29,484,318	0.007227	3,359,817	24,281	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	491,554	63,173,364	0.007781	8,575,215	66,724	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,256,644	56,658,914	0.039829	15,231,885	606,671	59.00
60.00	06000	LABORATORY	935,085	85,900,555	0.010886	15,082,675	164,190	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	66,995	8,626,140	0.007767	3,593,897	27,914	63.00
64.00	06400	INTRAVENOUS THERAPY	112,184	14,848,384	0.007555	1,757,658	13,279	64.00
65.00	06500	RESPIRATORY THERAPY	300,250	29,865,374	0.010053	10,819,080	108,764	65.00
66.00	06600	PHYSICAL THERAPY	199,438	19,699,512	0.010124	4,175,705	42,275	66.00
67.00	06700	OCCUPATIONAL THERAPY	34,125	9,900,762	0.003447	2,967,383	10,229	67.00
68.00	06800	SPEECH PATHOLOGY	10,961	4,522,652	0.002424	838,125	2,032	68.00
69.00	06900	ELECTROCARDIOLOGY	444,231	34,025,243	0.013056	7,447,453	97,234	69.00
69.02	06902	CARDIAC REHAB	216,030	1,055,094	0.204750	0	0	69.02
69.03	06903	DIABETIC EDUCATION	90,435	251,223	0.359979	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	230,680	7,723,221	0.029868	1,243,507	37,141	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	420,607	85,358,827	0.004928	22,247,516	109,636	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	609,676	102,102,467	0.005971	29,504,810	176,173	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	501,718	118,507,784	0.004234	26,481,400	112,122	73.00
74.00	07400	RENAL DIALYSIS	105,778	4,240,492	0.024945	2,933,761	73,183	74.00
76.00	03020	OTHER ANCILLARY	7,253	1,221,934	0.005936	7,014	42	76.00
76.01	03021	MOBILE OUTREACH CLINIC	36,205	732,204	0.049447	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	46,488	1,256,635	0.036994	14,692	544	90.00
90.01	09001	OUTPATIENT PSYCH	201,248	434,761	0.462893	4,224	1,955	90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0	90.02
90.04	09004	BARIATRICS	15,987	220,035	0.072657	0	0	90.04
91.00	09100	EMERGENCY	1,560,551	95,456,218	0.016348	11,374,422	185,949	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	375,921	18,688,157	0.020115	3,306,171	66,504	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	815,054	7,985,755	0.102063	35,933	3,667	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	16,709,588	1,122,185,932		216,488,712	2,775,869	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part III Date/Time Prepared: 11/19/2013 2:38 pm
		Title XVIII		Hospital
Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost
		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00
			4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0
31.02	03102	NICU	0	0	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0
43.00	04300	NURSERY	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0
200.00		Total (lines 30-199)	0	0	0	0

INPATIENT ROUTINE SERVICE COST CENTERS						
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

30.00	03000	ADULTS & PEDIATRICS	63,056	0.00	22,297	0	30.00
31.00	03100	INTENSIVE CARE UNIT	14,224	0.00	7,070	0	31.00
31.02	03102	NICU	6,347	0.00	0	0	31.02
32.00	03200	CORONARY CARE UNIT	1,449	0.00	630	0	32.00
40.00	04000	SUBPROVIDER - IPF	2,948	0.00	779	0	40.00
41.00	04100	SUBPROVIDER - IRF	5,246	0.00	2,524	0	41.00
43.00	04300	NURSERY	3,166	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	45.00
200.00		Total (lines 30-199)	96,436		33,300	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/19/2013 2:38 pm
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.02	05402	ULTRASOUND	0	0	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.02	06902	CARDIAC REHAB	0	0	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/19/2013 2:38 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 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	194,001,176	0.000000	0.000000	27,649,069	50.00
51.00	05100 RECOVERY ROOM	0	19,348,302	0.000000	0.000000	4,954,630	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	13,211,003	0.000000	0.000000	7,194	52.00
53.00	05300 ANESTHESIOLOGY	0	15,389,761	0.000000	0.000000	3,211,935	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	60,793,320	0.000000	0.000000	7,020,405	54.00
54.02	05402 ULTRASOUND	0	17,502,345	0.000000	0.000000	2,643,136	54.02
54.03	05403 NUCLEAR MEDICINE	0	29,484,318	0.000000	0.000000	3,359,817	54.03
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	63,173,364	0.000000	0.000000	8,575,215	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	56,658,914	0.000000	0.000000	15,231,885	59.00
60.00	06000 LABORATORY	0	85,900,555	0.000000	0.000000	15,082,675	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	8,626,140	0.000000	0.000000	3,593,897	63.00
64.00	06400 INTRAVENOUS THERAPY	0	14,848,384	0.000000	0.000000	1,757,658	64.00
65.00	06500 RESPIRATORY THERAPY	0	29,865,374	0.000000	0.000000	10,819,080	65.00
66.00	06600 PHYSICAL THERAPY	0	19,699,512	0.000000	0.000000	4,175,705	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	9,900,762	0.000000	0.000000	2,967,383	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,522,652	0.000000	0.000000	838,125	68.00
69.00	06900 ELECTROCARDIOLOGY	0	34,025,243	0.000000	0.000000	7,447,453	69.00
69.02	06902 CARDIAC REHAB	0	1,055,094	0.000000	0.000000	0	69.02
69.03	06903 DIABETIC EDUCATION	0	251,223	0.000000	0.000000	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	7,723,221	0.000000	0.000000	1,243,507	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	85,358,827	0.000000	0.000000	22,247,516	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	102,102,467	0.000000	0.000000	29,504,810	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	118,507,784	0.000000	0.000000	26,481,400	73.00
74.00	07400 RENAL DIALYSIS	0	4,240,492	0.000000	0.000000	2,933,761	74.00
76.00	03020 OTHER ANCILLARY	0	1,221,934	0.000000	0.000000	7,014	76.00
76.01	03021 MOBILE OUTREACH CLINIC	0	732,204	0.000000	0.000000	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	1,256,635	0.000000	0.000000	14,692	90.00
90.01	09001 OUTPATIENT PSYCH	0	434,761	0.000000	0.000000	4,224	90.01
90.02	09002 PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004 BARIATRICS	0	220,035	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	95,456,218	0.000000	0.000000	11,374,422	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	18,688,157	0.000000	0.000000	3,306,171	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	7,985,755	0.000000	0.000000	35,933	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (lines 50-199)	0	1,122,185,932			216,488,712	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/19/2013 2:38 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
Title XVIII						
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	30,974,719	0		50.00
51.00	05100 RECOVERY ROOM	0	11,511,279	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,984	0		52.00
53.00	05300 ANESTHESIOLOGY	0	3,211,517	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	11,148,418	0		54.00
54.02	05402 ULTRASOUND	0	1,998,813	0		54.02
54.03	05403 NUCLEAR MEDICINE	0	7,978,626	0		54.03
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	10,344,414	0		57.00
59.00	05900 CARDIAC CATHETERIZATION	0	9,883,342	0		59.00
60.00	06000 LABORATORY	0	1,451,406	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	1,066,808	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	1,428,931	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	819,104	0		65.00
66.00	06600 PHYSICAL THERAPY	0	62,280	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,080	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	3,491	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	5,878,671	0		69.00
69.02	06902 CARDIAC REHAB	0	516,689	0		69.02
69.03	06903 DIABETIC EDUCATION	0	0	0		69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,170,017	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,910,643	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	12,735,100	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	13,484,266	0		73.00
74.00	07400 RENAL DIALYSIS	0	592,842	0		74.00
76.00	03020 OTHER ANCILLARY	0	515,286	0		76.00
76.01	03021 MOBILE OUTREACH CLINIC	0	0	0		76.01
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	621,224	0		90.00
90.01	09001 OUTPATIENT PSYCH	0	50,032	0		90.01
90.02	09002 PEDS CLINIC	0	0	0		90.02
90.04	09004 BARIATRICS	0	0	0		90.04
91.00	09100 EMERGENCY	0	10,177,776	0		91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	2,774,765	0		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,970,455	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00	Total (lines 50-199)	0	152,285,978	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/19/2013 2:38 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	0.285410	30,974,719	0	8,840,495	50.00
51.00	05100 RECOVERY ROOM	0.176047	11,511,279	0	2,026,526	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.412520	3,984	0	1,643	52.00
53.00	05300 ANESTHESIOLOGY	0.030602	3,211,517	0	98,279	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.139905	11,148,418	0	1,559,719	54.00
54.02	05402 ULTRASOUND	0.079762	1,998,813	0	159,429	54.02
54.03	05403 NUCLEAR MEDICINE	0.091554	7,978,626	0	730,475	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	05700 CT SCAN	0.047786	10,344,414	0	494,318	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.120583	9,883,342	0	1,191,763	59.00
60.00	06000 LABORATORY	0.188350	1,451,406	37,255	273,372	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.437909	1,066,808	3,405	467,165	63.00
64.00	06400 INTRAVENOUS THERAPY	0.278043	1,428,931	0	397,304	64.00
65.00	06500 RESPIRATORY THERAPY	0.187668	819,104	0	153,720	65.00
66.00	06600 PHYSICAL THERAPY	0.247304	62,280	0	15,402	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.209879	1,080	0	227	67.00
68.00	06800 SPEECH PATHOLOGY	0.148059	3,491	0	517	68.00
69.00	06900 ELECTROCARDIOLOGY	0.071871	5,878,671	0	422,506	69.00
69.02	06902 CARDIAC REHAB	1.516381	516,689	0	783,497	69.02
69.03	06903 DIABETIC EDUCATION	3.489020	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.218656	1,170,017	0	255,831	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.205265	9,910,643	0	2,034,308	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.251375	12,735,100	36,978	3,201,286	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.225230	13,484,266	0	3,037,061	73.00
74.00	07400 RENAL DIALYSIS	0.454012	592,842	0	269,157	74.00
76.00	03020 OTHER ANCILLARY	0.188509	515,286	0	97,136	76.00
76.01	03021 MOBILE OUTREACH CLINIC	1.531173	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000			0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			0	89.00
90.00	09000 CLINIC	0.644748	621,224	0	400,533	90.00
90.01	09001 OUTPATIENT PSYCH	1.504565	50,032	0	75,276	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	90.02
90.04	09004 BARIATRICS	1.656273	0	0	0	90.04
91.00	09100 EMERGENCY	0.197622	10,177,776	0	2,011,352	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.191016	2,774,765	0	530,025	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.039841	1,970,455	0	2,048,960	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.489657		0		95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
200.00	Subtotal (see instructions)		152,285,978	77,638	31,577,282	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		152,285,978	77,638	31,577,282	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/19/2013 2:38 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.02 05402 ULTRASOUND	0	0		54.02
54.03 05403 NUCLEAR MEDICINE	0	0		54.03
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	7,017	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,491	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
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
69.02 06902 CARDIAC REHAB	0	0		69.02
69.03 06903 DIABETIC EDUCATION	0	0		69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	9,295	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	8,345		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 OTHER ANCILLARY	0	0		76.00
76.01 03021 MOBILE OUTREACH CLINIC	0	0		76.01
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OUTPATIENT PSYCH	0	0		90.01
90.02 09002 PEDS CLINIC	0	0		90.02
90.04 09004 BARIATRICS	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	17,803	8,345		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	17,803	8,345		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150100 Component CCN: 15S100		Period: From 07/01/2012 To 06/30/2013		Worksheet D Part II Date/Time Prepared: 11/19/2013 2:38 pm	
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,973,848	194,001,176	0.020484	0	50.00
51.00	05100	RECOVERY ROOM	243,255	19,348,302	0.012572	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	513,665	13,211,003	0.038882	0	52.00
53.00	05300	ANESTHESIOLOGY	178,323	15,389,761	0.011587	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,341,404	60,793,320	0.022065	7,403	163 54.00
54.02	05402	ULTRASOUND	160,926	17,502,345	0.009195	2,179	20 54.02
54.03	05403	NUCLEAR MEDICINE	213,069	29,484,318	0.007227	0	0 54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0 56.00
57.00	05700	CT SCAN	491,554	63,173,364	0.007781	20,256	158 57.00
59.00	05900	CARDIAC CATHETERIZATION	2,256,644	56,658,914	0.039829	0	0 59.00
60.00	06000	LABORATORY	935,085	85,900,555	0.010886	79,889	870 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	66,995	8,626,140	0.007767	829	6 63.00
64.00	06400	INTRAVENOUS THERAPY	112,184	14,848,384	0.007555	1,931	15 64.00
65.00	06500	RESPIRATORY THERAPY	300,250	29,865,374	0.010053	3,762	38 65.00
66.00	06600	PHYSICAL THERAPY	199,438	19,699,512	0.010124	7,552	76 66.00
67.00	06700	OCCUPATIONAL THERAPY	34,125	9,900,762	0.003447	5,179	18 67.00
68.00	06800	SPEECH PATHOLOGY	10,961	4,522,652	0.002424	2,253	5 68.00
69.00	06900	ELECTROCARDIOLOGY	444,231	34,025,243	0.013056	5,190	68 69.00
69.02	06902	CARDIAC REHAB	216,030	1,055,094	0.204750	0	0 69.02
69.03	06903	DIABETIC EDUCATION	90,435	251,223	0.359979	0	0 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	230,680	7,723,221	0.029868	243	7 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	420,607	85,358,827	0.004928	14,341	71 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	609,676	102,102,467	0.005971	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	501,718	118,507,784	0.004234	233,443	988 73.00
74.00	07400	RENAL DIALYSIS	105,778	4,240,492	0.024945	0	0 74.00
76.00	03020	OTHER ANCILLARY	7,253	1,221,934	0.005936	40,665	241 76.00
76.01	03021	MOBILE OUTREACH CLINIC	36,205	732,204	0.049447	0	0 76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	46,488	1,256,635	0.036994	0	0 90.00
90.01	09001	OUTPATIENT PSYCH	201,248	434,761	0.462893	97,031	44,915 90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0 90.02
90.04	09004	BARITRICS	15,987	220,035	0.072657	0	0 90.04
91.00	09100	EMERGENCY	1,560,551	95,456,218	0.016348	65,341	1,068 91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	375,921	18,688,157	0.020115	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	7,985,755	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0 97.00
200.00		Total (lines 50-199)	15,894,534	1,122,185,932		587,487	48,727 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15S100	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/19/2013 2:38 pm
		Title XVIII	Subprovider - IPF

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	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.02	05402	ULTRASOUND	0	0	0	0	54.02
54.03	05403	NUCLEAR MEDICINE	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.02	06902	CARDIAC REHAB	0	0	0	0	69.02
69.03	06903	DIABETIC EDUCATION	0	0	0	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OUTPATIENT PSYCH	0	0	0	0	90.01
90.02	09002	PEDS CLINIC	0	0	0	0	90.02
90.04	09004	BARIATRICS	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15S100	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/19/2013 2:38 pm
		Title XVIII	Subprovider - IPF

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	194,001,176	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	19,348,302	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	13,211,003	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	15,389,761	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	60,793,320	0.000000	0.000000	7,403	54.00
54.02	05402 ULTRASOUND	0	17,502,345	0.000000	0.000000	2,179	54.02
54.03	05403 NUCLEAR MEDICINE	0	29,484,318	0.000000	0.000000	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	63,173,364	0.000000	0.000000	20,256	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	56,658,914	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	85,900,555	0.000000	0.000000	79,889	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	8,626,140	0.000000	0.000000	829	63.00
64.00	06400 INTRAVENOUS THERAPY	0	14,848,384	0.000000	0.000000	1,931	64.00
65.00	06500 RESPIRATORY THERAPY	0	29,865,374	0.000000	0.000000	3,762	65.00
66.00	06600 PHYSICAL THERAPY	0	19,699,512	0.000000	0.000000	7,552	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	9,900,762	0.000000	0.000000	5,179	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,522,652	0.000000	0.000000	2,253	68.00
69.00	06900 ELECTROCARDIOLOGY	0	34,025,243	0.000000	0.000000	5,190	69.00
69.02	06902 CARDIAC REHAB	0	1,055,094	0.000000	0.000000	0	69.02
69.03	06903 DIABETIC EDUCATION	0	251,223	0.000000	0.000000	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	7,723,221	0.000000	0.000000	243	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	85,358,827	0.000000	0.000000	14,341	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	102,102,467	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	118,507,784	0.000000	0.000000	233,443	73.00
74.00	07400 RENAL DIALYSIS	0	4,240,492	0.000000	0.000000	0	74.00
76.00	03020 OTHER ANCILLARY	0	1,221,934	0.000000	0.000000	40,665	76.00
76.01	03021 MOBILE OUTREACH CLINIC	0	732,204	0.000000	0.000000	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	1,256,635	0.000000	0.000000	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	434,761	0.000000	0.000000	97,031	90.01
90.02	09002 PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004 BARIATRICS	0	220,035	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	95,456,218	0.000000	0.000000	65,341	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	18,688,157	0.000000	0.000000	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	7,985,755	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (lines 50-199)	0	1,122,185,932			587,487	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15S100	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/19/2013 2:38 pm PPS
		Title XVIII	Subprovider - IPF

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
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.02	05402 ULTRASOUND	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
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
69.02	06902 CARDIAC REHAB	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	76.00
76.01	03021 MOBILE OUTREACH CLINIC	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150100 Component CCN: 15T100		Period: From 07/01/2012 To 06/30/2013		Worksheet D Part II Date/Time Prepared: 11/19/2013 2:38 pm	
				Title XVIII		Subprovider - IRF	PPS
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,973,848	194,001,176	0.020484	13,527	277 50.00
51.00	05100	RECOVERY ROOM	243,255	19,348,302	0.012572	1,776	22 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	513,665	13,211,003	0.038882	0	0 52.00
53.00	05300	ANESTHESIOLOGY	178,323	15,389,761	0.011587	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,341,404	60,793,320	0.022065	69,261	1,528 54.00
54.02	05402	ULTRASOUND	160,926	17,502,345	0.009195	215,497	1,981 54.02
54.03	05403	NUCLEAR MEDICINE	213,069	29,484,318	0.007227	4,400	32 54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0 56.00
57.00	05700	CT SCAN	491,554	63,173,364	0.007781	57,749	449 57.00
59.00	05900	CARDIAC CATHETERIZATION	2,256,644	56,658,914	0.039829	0	0 59.00
60.00	06000	LABORATORY	935,085	85,900,555	0.010886	351,667	3,828 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	66,995	8,626,140	0.007767	48,048	373 63.00
64.00	06400	INTRAVENOUS THERAPY	112,184	14,848,384	0.007555	8,030	61 64.00
65.00	06500	RESPIRATORY THERAPY	300,250	29,865,374	0.010053	78,029	784 65.00
66.00	06600	PHYSICAL THERAPY	199,438	19,699,512	0.010124	1,794,833	18,171 66.00
67.00	06700	OCCUPATIONAL THERAPY	34,125	9,900,762	0.003447	1,756,538	6,055 67.00
68.00	06800	SPEECH PATHOLOGY	10,961	4,522,652	0.002424	598,195	1,450 68.00
69.00	06900	ELECTROCARDIOLOGY	444,231	34,025,243	0.013056	16,252	212 69.00
69.02	06902	CARDIAC REHAB	216,030	1,055,094	0.204750	0	0 69.02
69.03	06903	DIABETIC EDUCATION	90,435	251,223	0.359979	0	0 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	230,680	7,723,221	0.029868	1,764	53 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	420,607	85,358,827	0.004928	224,258	1,105 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	609,676	102,102,467	0.005971	10,016	60 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	501,718	118,507,784	0.004234	571,093	2,418 73.00
74.00	07400	RENAL DIALYSIS	105,778	4,240,492	0.024945	232,401	5,797 74.00
76.00	03020	OTHER ANCILLARY	7,253	1,221,934	0.005936	0	0 76.00
76.01	03021	MOBILE OUTREACH CLINIC	36,205	732,204	0.049447	0	0 76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	46,488	1,256,635	0.036994	0	0 90.00
90.01	09001	OUTPATIENT PSYCH	201,248	434,761	0.462893	0	0 90.01
90.02	09002	PEDS CLINIC	0	0	0.000000	0	0 90.02
90.04	09004	BARIATRICS	15,987	220,035	0.072657	0	0 90.04
91.00	09100	EMERGENCY	1,560,551	95,456,218	0.016348	7,555	124 91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	375,921	18,688,157	0.020115	7,408	149 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	7,985,755	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0 95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0 97.00
200.00		Total (lines 50-199)	15,894,534	1,122,185,932		6,068,297	44,929 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/19/2013 2:38 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
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.02	05402 ULTRASOUND	0	0	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
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
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
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
69.02	06902 CARDIAC REHAB	0	0	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03021 MOBILE OUTREACH CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
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: 150100 Component CCN: 15T100	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/19/2013 2: 38 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C. Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	194,001,176	0.000000	0.000000	13,527	50.00
51.00	05100 RECOVERY ROOM	0	19,348,302	0.000000	0.000000	1,776	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	13,211,003	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	15,389,761	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	60,793,320	0.000000	0.000000	69,261	54.00
54.02	05402 ULTRASOUND	0	17,502,345	0.000000	0.000000	215,497	54.02
54.03	05403 NUCLEAR MEDICINE	0	29,484,318	0.000000	0.000000	4,400	54.03
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	63,173,364	0.000000	0.000000	57,749	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	56,658,914	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	85,900,555	0.000000	0.000000	351,667	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	8,626,140	0.000000	0.000000	48,048	63.00
64.00	06400 INTRAVENOUS THERAPY	0	14,848,384	0.000000	0.000000	8,030	64.00
65.00	06500 RESPIRATORY THERAPY	0	29,865,374	0.000000	0.000000	78,029	65.00
66.00	06600 PHYSICAL THERAPY	0	19,699,512	0.000000	0.000000	1,794,833	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	9,900,762	0.000000	0.000000	1,756,538	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,522,652	0.000000	0.000000	598,195	68.00
69.00	06900 ELECTROCARDIOLOGY	0	34,025,243	0.000000	0.000000	16,252	69.00
69.02	06902 CARDIAC REHAB	0	1,055,094	0.000000	0.000000	0	69.02
69.03	06903 DIABETIC EDUCATION	0	251,223	0.000000	0.000000	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	7,723,221	0.000000	0.000000	1,764	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	85,358,827	0.000000	0.000000	224,258	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	102,102,467	0.000000	0.000000	10,016	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	118,507,784	0.000000	0.000000	571,093	73.00
74.00	07400 RENAL DIALYSIS	0	4,240,492	0.000000	0.000000	232,401	74.00
76.00	03020 OTHER ANCILLARY	0	1,221,934	0.000000	0.000000	0	76.00
76.01	03021 MOBILE OUTREACH CLINIC	0	732,204	0.000000	0.000000	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	1,256,635	0.000000	0.000000	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	434,761	0.000000	0.000000	0	90.01
90.02	09002 PEDS CLINIC	0	0	0.000000	0.000000	0	90.02
90.04	09004 BARIATRICS	0	220,035	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	95,456,218	0.000000	0.000000	7,555	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	18,688,157	0.000000	0.000000	7,408	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	7,985,755	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (lines 50-199)	0	1,122,185,932			6,068,297	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/19/2013 2:38 pm PPS
Title XVIII		Subprovider - IRF	

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
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.02	05402 ULTRASOUND	0	0	0	54.02
54.03	05403 NUCLEAR MEDICINE	0	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
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
69.02	06902 CARDIAC REHAB	0	0	0	69.02
69.03	06903 DIABETIC EDUCATION	0	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	76.00
76.01	03021 MOBILE OUTREACH CLINIC	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	0	0	0	90.01
90.02	09002 PEDS CLINIC	0	0	0	90.02
90.04	09004 BARIATRICS	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/19/2013 2:38 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.285410	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.176047	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.412520	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.030602	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.139905	0	0	0	0	54.00
54.02 05402 ULTRASOUND	0.079762	0	0	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0.091554	0	0	0	0	54.03
56.00 05600 RADIO SOTOP	0.000000	0	0	0	0	56.00
57.00 05700 CT SCAN	0.047786	0	0	0	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	0.120583	0	0	0	0	59.00
60.00 06000 LABORATORY	0.188350	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.437909	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.278043	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.187668	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.247304	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.209879	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.148059	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.071871	0	0	0	0	69.00
69.02 06902 CARDIAC REHAB	1.516381	0	0	0	0	69.02
69.03 06903 DIABETIC EDUCATION	3.489020	0	0	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0.218656	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.205265	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.251375	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.225230	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.454012	0	0	0	0	74.00
76.00 03020 OTHER ANCILLARY	0.188509	0	0	0	0	76.00
76.01 03021 MOBILE OUTREACH CLINIC	1.531173	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00 09000 CLINIC	0.644748	0	0	0	0	90.00
90.01 09001 OUTPATIENT PSYCH	1.504565	0	0	0	0	90.01
90.02 09002 PEDS CLINIC	0.000000	0	0	0	0	90.02
90.04 09004 BARIATRICS	1.656273	0	0	0	0	90.04
91.00 09100 EMERGENCY	0.197622	0	0	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0.191016	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1.039841	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.489657		0			95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Subtotal (see instructions)	0	0	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150100 Component CCN: 15T100	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/19/2013 2:38 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.02 05402 ULTRASOUND	0	0	54.02
54.03 05403 NUCLEAR MEDICINE	0	0	54.03
56.00 05600 RADIO SOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
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
69.02 06902 CARDIAC REHAB	0	0	69.02
69.03 06903 DIABETIC EDUCATION	0	0	69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03020 OTHER ANCILLARY	0	0	76.00
76.01 03021 MOBILE OUTREACH CLINIC	0	0	76.01
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 OUTPATIENT PSYCH	0	0	90.01
90.02 09002 PEDS CLINIC	0	0	90.02
90.04 09004 BARIATRICS	0	0	90.04
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/19/2013 2:38 pm		
		Title XIX	Hospital	Cost		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.285410	4,214,653	0	1,202,904	50.00
51.00	05100 RECOVERY ROOM	0.176047	385,903	0	67,937	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.412520	215,015	0	88,698	52.00
53.00	05300 ANESTHESIOLOGY	0.030602	278,616	0	8,526	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.139905	1,655,257	0	231,579	54.00
54.02	05402 ULTRASOUND	0.079762	660,641	0	52,694	54.02
54.03	05403 NUCLEAR MEDICINE	0.091554	1,038,940	0	95,119	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	05700 CT SCAN	0.047786	2,427,265	0	115,989	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.120583	1,525,942	0	184,003	59.00
60.00	06000 LABORATORY	0.188350	2,563,177	0	482,774	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.437909	159,056	0	69,652	63.00
64.00	06400 INTRAVENOUS THERAPY	0.278043	881,246	0	245,024	64.00
65.00	06500 RESPIRATORY THERAPY	0.187668	225,218	0	42,266	65.00
66.00	06600 PHYSICAL THERAPY	0.247304	316,851	0	78,359	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.209879	16,491	0	3,461	67.00
68.00	06800 SPEECH PATHOLOGY	0.148059	12,187	0	1,804	68.00
69.00	06900 ELECTROCARDIOLOGY	0.071871	912,142	0	65,557	69.00
69.02	06902 CARDIAC REHAB	1.516381	15,863	0	24,054	69.02
69.03	06903 DIABETIC EDUCATION	3.489020	11,413	0	39,820	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.218656	277,797	0	60,742	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.205265	106,618	0	21,885	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.251375	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.225230	2,699,587	0	608,028	73.00
74.00	07400 RENAL DIALYSIS	0.454012	108,899	0	49,441	74.00
76.00	03020 OTHER ANCILLARY	0.188509	20,560	0	3,876	76.00
76.01	03021 MOBILE OUTREACH CLINIC	1.531173	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000			0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			0	89.00
90.00	09000 CLINIC	0.644748	28,410	0	18,317	90.00
90.01	09001 OUTPATIENT PSYCH	1.504565	6,280	0	9,449	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	0	90.02
90.04	09004 BARIATRICS	1.656273	0	0	0	90.04
91.00	09100 EMERGENCY	0.197622	5,150,789	0	1,017,909	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.191016	642,810	0	122,787	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.039841	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.489657	852,942	0		95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
200.00	Subtotal (see instructions)		26,557,626	0	5,430,303	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		26,557,626	0	5,430,303	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/19/2013 2:38 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs			Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.02 05402 ULTRASOUND	0	0		54.02
54.03 05403 NUCLEAR MEDICINE	0	0		54.03
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
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
69.02 06902 CARDIAC REHAB	0	0		69.02
69.03 06903 DIABETIC EDUCATION	0	0		69.03
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 OTHER ANCILLARY	0	0		76.00
76.01 03021 MOBILE OUTREACH CLINIC	0	0		76.01
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OUTPATIENT PSYCH	0	0		90.01
90.02 09002 PEDS CLINIC	0	0		90.02
90.04 09004 BARIATRICS	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 DIAGNOSTIC TREATMENT CENTER	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/19/2013 2:38 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)		63,056	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		63,056	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)		50,525	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)		22,297	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)		41,785,184	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)		41,785,184	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)		41,785,184	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)		662.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,775,553	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)		14,775,553	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Date/Time Prepared: 11/19/2013 2:38 pm							
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	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	15,692,512	14,224	1,103.24	7,070	7,799,907		43.00
43.02 NICU	6,564,988	6,347	1,034.35	0	0		43.02
44.00 CORONARY CARE UNIT	2,775,765	1,449	1,915.64	630	1,206,853		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)					44,346,017		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					68,128,330		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,354,412		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,775,869		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,130,281		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					62,998,049		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)					12,531		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					662.67		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					8,303,918		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/19/2013 2:38 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	4,101,341	41,785,184	0.098153	8,303,918	815,054	90.00
91.00	Nursing School cost	0	41,785,184	0.000000	8,303,918	0	91.00
92.00	Allied health cost	0	41,785,184	0.000000	8,303,918	0	92.00
93.00	All other Medical Education	0	41,785,184	0.000000	8,303,918	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1
		Component CCN: 15S100		Date/Time Prepared: 11/19/2013 2:38 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,948	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,948	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)		2,948	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)		779	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,678,825	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,678,825	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,678,825	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)		908.69	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		707,870	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)		707,870	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1	
		Component CCN: 15S100				Date/Time Prepared: 11/19/2013 2:38 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.02 NICU	0	0	0.00	0	0	0	43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	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							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					244,636		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					952,506		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)					67,384		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					48,727		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					116,111		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					836,395		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: 150100 Component CCN: 15S100		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/19/2013 2:38 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	254,988	2,678,825	0.095187	0	0	90.00
91.00	Nursing School cost	0	2,678,825	0.000000	0	0	91.00
92.00	Allied health cost	0	2,678,825	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,678,825	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1
		Component CCN: 15T100		Date/Time Prepared: 11/19/2013 2:38 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)		5,246	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,246	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)		5,246	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,524	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)		5,082,091	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)		5,082,091	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)		5,082,091	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)		968.76	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,445,150	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,445,150	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1	
		Component CCN: 15T100				Date/Time Prepared: 11/19/2013 2:38 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
43.02 NICU	0	0	0.00	0	0	43.02	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
45.00 BURN INTENSIVE CARE UNIT						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT						46.00	
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,326,618	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,771,768	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)					337,131	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					44,929	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					382,060	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,389,708	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: 150100 Component CCN: 15T100		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/19/2013 2:38 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	700,724	5,082,091	0.137881	0	0	90.00
91.00	Nursing School cost	0	5,082,091	0.000000	0	0	91.00
92.00	Allied health cost	0	5,082,091	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,082,091	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1
		Title XIX		Hospital
				Date/Time Prepared: 11/19/2013 2:38 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		63,056	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		63,056	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)		50,525	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)		5,638	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)		3,166	15.00
16.00	Nursery days (title V or XIX only)		1,037	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)		41,785,184	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)		41,785,184	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)		41,785,184	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)		662.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,736,133	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)		3,736,133	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 11/19/2013 2:38 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,617,319	3,166	510.84	1,037	529,741	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	15,692,512	14,224	1,103.24	1,102	1,215,770	43.00
43.02	NICU	6,564,988	6,347	1,034.35	2,852	2,949,966	43.02
44.00	CORONARY CARE UNIT	2,775,765	1,449	1,915.64	92	176,239	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)					5,304,661	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					13,912,510	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					12,531	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					662.67	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,303,918	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet D-1

Date/Time Prepared:
11/19/2013 2:38 pm

Cost Center Description	Title XIX			Hospital		Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Cost	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	0	0	0.000000	0	0	90.00
91.00 Nursing School cost	0	0	0.000000	0	0	91.00
92.00 Allied health cost	0	0	0.000000	0	0	92.00
93.00 All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1
		Component CCN: 15S100		Date/Time Prepared: 11/19/2013 2:38 pm
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,948	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,948	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)		2,948	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)		216	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)		3,166	15.00
16.00	Nursery days (title V or XIX only)		1,037	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,678,825	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,678,825	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,678,825	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)		908.69	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		196,277	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)		196,277	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1	
		Component CCN: 15S100				Date/Time Prepared: 11/19/2013 2:38 pm	
		Title XIX		Subprovider - IPF		Cost	
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
43.02 NICU	0	0	0.00	0	0		43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 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)					65,543		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					261,820		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					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: 150100 Component CCN: 15S100		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/19/2013 2:38 pm	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1
		Component CCN: 15T100		Date/Time Prepared: 11/19/2013 2:38 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,246	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,246	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)		5,246	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)		310	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)		3,166	15.00
16.00	Nursery days (title V or XIX only)		1,037	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)		5,082,091	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)		5,082,091	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)		5,082,091	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)		968.76	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		300,316	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)		300,316	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150100		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1	
		Component CCN: 15T100				Date/Time Prepared: 11/19/2013 2:38 pm	
		Title XIX		Subprovider - IRF		Cost	
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	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.02 NICU	0	0	0.00	0	0	0	43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	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)					118,864		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					419,180		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						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: 150100 Component CCN: 15T100		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/19/2013 2:38 pm	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/19/2013 2:38 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		18,898,388	30.00
31.00	03100	INTENSIVE CARE UNIT		10,986,416	31.00
31.02	03102	NICU		0	31.02
32.00	03200	CORONARY CARE UNIT		1,218,943	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.285410	27,649,069	7,891,321 50.00
51.00	05100	RECOVERY ROOM	0.176047	4,954,630	872,248 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.412520	7,194	2,968 52.00
53.00	05300	ANESTHESIOLOGY	0.030602	3,211,935	98,292 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139905	7,020,405	982,190 54.00
54.02	05402	ULTRASOUND	0.079762	2,643,136	210,822 54.02
54.03	05403	NUCLEAR MEDICINE	0.091554	3,359,817	307,605 54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.047786	8,575,215	409,775 57.00
59.00	05900	CARDIAC CATHETERIZATION	0.120583	15,231,885	1,836,706 59.00
60.00	06000	LABORATORY	0.188350	15,082,675	2,840,822 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.437909	3,593,897	1,573,800 63.00
64.00	06400	INTRAVENOUS THERAPY	0.278043	1,757,658	488,705 64.00
65.00	06500	RESPIRATORY THERAPY	0.187668	10,819,080	2,030,395 65.00
66.00	06600	PHYSICAL THERAPY	0.247304	4,175,705	1,032,669 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.209879	2,967,383	622,791 67.00
68.00	06800	SPEECH PATHOLOGY	0.148059	838,125	124,092 68.00
69.00	06900	ELECTROCARDIOLOGY	0.071871	7,447,453	535,256 69.00
69.02	06902	CARDIAC REHAB	1.516381	0	0 69.02
69.03	06903	DIABETIC EDUCATION	3.489020	0	0 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.218656	1,243,507	271,900 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.205265	22,247,516	4,566,636 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.251375	29,504,810	7,416,772 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225230	26,481,400	5,964,406 73.00
74.00	07400	RENAL DIALYSIS	0.454012	2,933,761	1,331,963 74.00
76.00	03020	OTHER ANCILLARY	0.188509	7,014	1,322 76.00
76.01	03021	MOBILE OUTREACH CLINIC	1.531173	0	0 76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.644748	14,692	9,473 90.00
90.01	09001	OUTPATIENT PSYCH	1.504565	4,224	6,355 90.01
90.02	09002	PEDS CLINIC	0.000000	0	0 90.02
90.04	09004	BARITRICS	1.656273	0	0 90.04
91.00	09100	EMERGENCY	0.197622	11,374,422	2,247,836 91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.191016	3,306,171	631,532 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.039841	35,933	37,365 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			0 95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50-94 and 96-98)		216,488,712	44,346,017 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		216,488,712	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3	
		Component CCN: 15S100		Date/Time Prepared: 11/19/2013 2:38 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.02	03102 NICU		0		31.02
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		1,056,128		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.285410	0	0	50.00
51.00	05100 RECOVERY ROOM	0.176047	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.412520	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.030602	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.139905	7,403	1,036	54.00
54.02	05402 ULTRASOUND	0.079762	2,179	174	54.02
54.03	05403 NUCLEAR MEDICINE	0.091554	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.047786	20,256	968	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.120583	0	0	59.00
60.00	06000 LABORATORY	0.188350	79,889	15,047	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.437909	829	363	63.00
64.00	06400 INTRAVENOUS THERAPY	0.278043	1,931	537	64.00
65.00	06500 RESPIRATORY THERAPY	0.187668	3,762	706	65.00
66.00	06600 PHYSICAL THERAPY	0.247304	7,552	1,868	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.209879	5,179	1,087	67.00
68.00	06800 SPEECH PATHOLOGY	0.148059	2,253	334	68.00
69.00	06900 ELECTROCARDIOLOGY	0.071871	5,190	373	69.00
69.02	06902 CARDIAC REHAB	1.516381	0	0	69.02
69.03	06903 DIABETIC EDUCATION	3.489020	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.218656	243	53	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.205265	14,341	2,944	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.251375	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.225230	233,443	52,578	73.00
74.00	07400 RENAL DIALYSIS	0.454012	0	0	74.00
76.00	03020 OTHER ANCILLARY	0.188509	40,665	7,666	76.00
76.01	03021 MOBILE OUTREACH CLINIC	1.531173	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.644748	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	1.504565	97,031	145,989	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	1.656273	0	0	90.04
91.00	09100 EMERGENCY	0.197622	65,341	12,913	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.191016	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.039841	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		587,487	244,636	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		587,487		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3	
		Component CCN: 15T100		Date/Time Prepared: 11/19/2013 2: 38 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
31.02	03102	NICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		2,055,603	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.285410	13,527	50.00
51.00	05100	RECOVERY ROOM	0.176047	1,776	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.412520	0	52.00
53.00	05300	ANESTHESIOLOGY	0.030602	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139905	69,261	54.00
54.02	05402	ULTRASOUND	0.079762	215,497	54.02
54.03	05403	NUCLEAR MEDICINE	0.091554	4,400	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.047786	57,749	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.120583	0	59.00
60.00	06000	LABORATORY	0.188350	351,667	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.437909	48,048	63.00
64.00	06400	INTRAVENOUS THERAPY	0.278043	8,030	64.00
65.00	06500	RESPIRATORY THERAPY	0.187668	78,029	65.00
66.00	06600	PHYSICAL THERAPY	0.247304	1,794,833	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.209879	1,756,538	67.00
68.00	06800	SPEECH PATHOLOGY	0.148059	598,195	68.00
69.00	06900	ELECTROCARDIOLOGY	0.071871	16,252	69.00
69.02	06902	CARDIAC REHAB	1.516381	0	69.02
69.03	06903	DIABETIC EDUCATION	3.489020	0	69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.218656	1,764	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.205265	224,258	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.251375	10,016	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225230	571,093	73.00
74.00	07400	RENAL DIALYSIS	0.454012	232,401	74.00
76.00	03020	OTHER ANCILLARY	0.188509	0	76.00
76.01	03021	MOBILE OUTREACH CLINIC	1.531173	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.644748	0	90.00
90.01	09001	OUTPATIENT PSYCH	1.504565	0	90.01
90.02	09002	PEDS CLINIC	0.000000	0	90.02
90.04	09004	BARIATRICS	1.656273	0	90.04
91.00	09100	EMERGENCY	0.197622	7,555	91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.191016	7,408	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.039841	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		6,068,297	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)		6,068,297	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/19/2013 2:38 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		2,087,534	30.00
31.00	03100	INTENSIVE CARE UNIT		1,189,493	31.00
31.02	03102	NICU		2,185,195	31.02
32.00	03200	CORONARY CARE UNIT		159,449	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		891,241	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.285410	3,950,719	1,127,575 50.00
51.00	05100	RECOVERY ROOM	0.176047	324,970	57,210 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.412520	1,513,973	624,544 52.00
53.00	05300	ANESTHESIOLOGY	0.030602	310,654	9,507 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139905	980,178	137,132 54.00
54.02	05402	ULTRASOUND	0.079762	432,530	34,499 54.02
54.03	05403	NUCLEAR MEDICINE	0.091554	388,685	35,586 54.03
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.047786	1,163,576	55,603 57.00
59.00	05900	CARDIAC CATHETERIZATION	0.120583	1,775,787	214,130 59.00
60.00	06000	LABORATORY	0.188350	2,268,225	427,220 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.437909	339,728	148,770 63.00
64.00	06400	INTRAVENOUS THERAPY	0.278043	855,799	237,949 64.00
65.00	06500	RESPIRATORY THERAPY	0.187668	2,918,985	547,800 65.00
66.00	06600	PHYSICAL THERAPY	0.247304	308,762	76,358 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.209879	226,615	47,562 67.00
68.00	06800	SPEECH PATHOLOGY	0.148059	52,486	7,771 68.00
69.00	06900	ELECTROCARDIOLOGY	0.071871	744,303	53,494 69.00
69.02	06902	CARDIAC REHAB	1.516381	0	0 69.02
69.03	06903	DIABETIC EDUCATION	3.489020	0	0 69.03
70.00	07000	ELECTROENCEPHALOGRAPHY	0.218656	93,201	20,379 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.205265	725,032	148,824 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.251375	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.225230	3,679,035	828,629 73.00
74.00	07400	RENAL DIALYSIS	0.454012	147,572	66,999 74.00
76.00	03020	OTHER ANCILLARY	0.188509	0	0 76.00
76.01	03021	MOBILE OUTREACH CLINIC	1.531173	0	0 76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.644748	1,243	801 90.00
90.01	09001	OUTPATIENT PSYCH	1.504565	0	0 90.01
90.02	09002	PEDS CLINIC	0.000000	0	0 90.02
90.04	09004	BIATRICS	1.656273	0	0 90.04
91.00	09100	EMERGENCY	0.197622	1,480,484	292,576 91.00
91.01	09101	DIAGNOSTIC TREATMENT CENTER	0.191016	543,114	103,743 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.039841	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50-94 and 96-98)		25,225,656	5,304,661 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		25,225,656	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3
		Component CCN: 15S100		Date/Time Prepared: 11/19/2013 2:38 pm
		Title XIX	Subprovider - IPF	Cost
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
31.02	03102 NICU		0	31.02
32.00	03200 CORONARY CARE UNIT		0	32.00
40.00	04000 SUBPROVIDER - IPF		582,739	40.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.285410	18,996	5,422 50.00
51.00	05100 RECOVERY ROOM	0.176047	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.412520	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.030602	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.139905	9,096	1,273 54.00
54.02	05402 ULTRASOUND	0.079762	1,691	135 54.02
54.03	05403 NUCLEAR MEDICINE	0.091554	0	0 54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700 CT SCAN	0.047786	32,048	1,531 57.00
59.00	05900 CARDIAC CATHETERIZATION	0.120583	0	0 59.00
60.00	06000 LABORATORY	0.188350	48,820	9,195 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.437909	123	54 63.00
64.00	06400 INTRAVENOUS THERAPY	0.278043	5,288	1,470 64.00
65.00	06500 RESPIRATORY THERAPY	0.187668	12,735	2,390 65.00
66.00	06600 PHYSICAL THERAPY	0.247304	8,820	2,181 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.209879	4,835	1,015 67.00
68.00	06800 SPEECH PATHOLOGY	0.148059	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.071871	8,802	633 69.00
69.02	06902 CARDIAC REHAB	1.516381	0	0 69.02
69.03	06903 DIABETIC EDUCATION	3.489020	0	0 69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.218656	5,399	1,181 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.205265	6,967	1,430 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.251375	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.225230	91,487	20,606 73.00
74.00	07400 RENAL DIALYSIS	0.454012	0	0 74.00
76.00	03020 OTHER ANCILLARY	0.188509	11,737	2,213 76.00
76.01	03021 MOBILE OUTREACH CLINIC	1.531173	0	0 76.01
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000 CLINIC	0.644748	0	0 90.00
90.01	09001 OUTPATIENT PSYCH	1.504565	0	0 90.01
90.02	09002 PEDS CLINIC	0.000000	0	0 90.02
90.04	09004 BARIATRICS	1.656273	0	0 90.04
91.00	09100 EMERGENCY	0.197622	64,440	12,735 91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.191016	10,882	2,079 91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.039841	0	0 92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00	Total (sum of lines 50-94 and 96-98)		342,166	65,543 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net Charges (line 200 minus line 201)		342,166	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3	
		Component CCN: 15T100		Date/Time Prepared: 11/19/2013 2: 38 pm	
		Title XIX	Subprovider - IRF	Cost	
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
31.02	03102 NICU		0		31.02
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		215,289		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.285410	0	0	50.00
51.00	05100 RECOVERY ROOM	0.176047	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.412520	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.030602	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.139905	8,410	1,177	54.00
54.02	05402 ULTRASOUND	0.079762	29,472	2,351	54.02
54.03	05403 NUCLEAR MEDICINE	0.091554	0	0	54.03
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.047786	4,490	215	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.120583	0	0	59.00
60.00	06000 LABORATORY	0.188350	35,897	6,761	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.437909	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.278043	3,449	959	64.00
65.00	06500 RESPIRATORY THERAPY	0.187668	13,611	2,554	65.00
66.00	06600 PHYSICAL THERAPY	0.247304	161,295	39,889	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.209879	169,893	35,657	67.00
68.00	06800 SPEECH PATHOLOGY	0.148059	87,685	12,983	68.00
69.00	06900 ELECTROCARDIOLOGY	0.071871	2,784	200	69.00
69.02	06902 CARDIAC REHAB	1.516381	0	0	69.02
69.03	06903 DIABETIC EDUCATION	3.489020	0	0	69.03
70.00	07000 ELECTROENCEPHALOGRAPHY	0.218656	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.205265	11,629	2,387	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.251375	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.225230	57,393	12,927	73.00
74.00	07400 RENAL DIALYSIS	0.454012	0	0	74.00
76.00	03020 OTHER ANCILLARY	0.188509	0	0	76.00
76.01	03021 MOBILE OUTREACH CLINIC	1.531173	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.644748	0	0	90.00
90.01	09001 OUTPATIENT PSYCH	1.504565	0	0	90.01
90.02	09002 PEDS CLINIC	0.000000	0	0	90.02
90.04	09004 BARIATRICS	1.656273	0	0	90.04
91.00	09100 EMERGENCY	0.197622	0	0	91.00
91.01	09101 DIAGNOSTIC TREATMENT CENTER	0.191016	4,208	804	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.039841	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		590,216	118,864	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		590,216		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/19/2013 2: 38 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		50,355,151		1.00
2.00	Outlier payments for discharges. (see instructions)		1,135,915		2.00
2.01	Outlier reconciliation amount		0		2.01
3.00	Managed Care Simulated Payments		10,201,680		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		364.39		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)		16.42		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)		5.20		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(F)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		11.22		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		4.00		11.00
12.00	Current year allowable FTE (see instructions)		4.00		12.00
13.00	Total allowable FTE count for the prior year.		3.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		3.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		3.33		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		3.33		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.009139		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.082370		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.009139		21.00
22.00	IME payment adjustment (see instructions)		301,755		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. (see instructions)		0.000000		27.00
28.00	IME Adjustment (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		301,755		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.70		30.00
31.00	Percentage of Medicaid patient days (see instructions)		20.38		31.00
32.00	Sum of lines 30 and 31		26.08		32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.73		33.00
34.00	Disproportionate share adjustment (see instructions)		5,403,108		34.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/19/2013 2:38 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0		46.00
47.00	Subtotal (see instructions)		57,195,929		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)		57,195,929		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		4,215,132		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).		103,616		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		8,100		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)		61,522,777		59.00
60.00	Primary payer payments		55,312		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		61,467,465		61.00
62.00	Deductibles billed to program beneficiaries		5,265,844		62.00
63.00	Coinurance billed to program beneficiaries		152,813		63.00
64.00	Allowable bad debts (see instructions)		249,967		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		174,977		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		96,305		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		56,223,785		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		-25,072		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-104,259		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume Payment-1 (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low Volume Payment-2 (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		56,094,454		71.00
71.01	Sequestration adjustment (see instructions)		280,472		71.01
72.00	Interim payments		56,165,483		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		-351,501		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		11,705,272		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/19/2013 2:38 pm	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
		0	1.00	1.01	
95.00	Time Value of Money for operating expenses (see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/19/2013 2:38 pm
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			26,148 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			31,577,282 2.00
3.00	PPS payments			26,720,388 3.00
4.00	Outlier payment (see instructions)			373,712 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)			26,148 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			114,690 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)			114,690 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)			114,690 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			88,542 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)			26,148 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)			27,094,100 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			7,396 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			5,601,162 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)			21,511,690 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			44,981 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)			21,556,671 30.00
31.00	Primary payer payments			1,075 31.00
32.00	Subtotal (line 30 minus line 31)			21,555,596 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)			594,629 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			416,240 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			491,363 36.00
37.00	Subtotal (see instructions)			21,971,836 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			21,971,836 40.00
40.01	Sequestration adjustment (see instructions)			109,859 40.01
41.00	Interim payments			21,919,353 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			-57,376 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/19/2013 2:38 pm
		Component CCN: 15S100	Title XVIIII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	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)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of 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)		0	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)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/19/2013 2:38 pm
		Component CCN: 15T100	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	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)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of 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)		0	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)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	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: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
11/19/2013 2:38 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		56,165,483		21,919,353	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)		56,165,483		21,919,353	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		0		52,483	6.01	
6.02	SETTLEMENT TO PROGRAM		71,029		0	6.02	
7.00	Total Medicare program liability (see instructions)		56,094,454		21,971,836	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: 150100
Component CCN: 15S100

Period:
From 07/01/2012
To 06/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
11/19/2013 2:38 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		501,770		0	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)		501,770		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		3,467		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		505,237		0	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: 150100
Component CCN: 15T100

Period:
From 07/01/2012
To 06/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
11/19/2013 2:38 pm
PPS

Title XVIII

Subprovider -
IRF

		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		3,245,778		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)		3,245,778		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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		81,877		0	6.02
7.00	Total Medicare program liability (see instructions)		3,163,901		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		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part II Date/Time Prepared: 11/19/2013 2:38 pm
		Component CCN: 15S100	Title XVII I	Subprovider - IPF PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		556,543	1.00
2.00	Net IPF PPS Outlier Payments		27,836	2.00
3.00	Net IPF PPS ECT Payments		10,728	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		8.076712	9.00
10.00	Indirect Medical Education Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Indirect Medical Education Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		595,107	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		595,107	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		595,107	18.00
19.00	Deductibles		70,088	19.00
20.00	Subtotal (line 18 minus line 19)		525,019	20.00
21.00	Coinsurance		21,454	21.00
22.00	Subtotal (line 20 minus line 21)		503,565	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		2,388	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		1,672	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,671	25.00
26.00	Subtotal (sum of lines 22 and 24)		505,237	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		505,237	31.00
31.01	Sequestration adjustment (see instructions)		2,526	31.01
32.00	Interim payments		501,770	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		941	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		27,836	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: 150100 Component CCN: 15T100	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part III Date/Time Prepared: 11/19/2013 2:38 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,040,497 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0178 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			118,883 3.00
4.00	Outlier Payments			51,864 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)			14.372603 10.00
11.00	Indirect Medical Education Adjustment Factor $\{((1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1)\}$.			0.000000 11.00
12.00	Indirect Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			3,211,244 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)			0 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)			3,211,244 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,211,244 19.00
20.00	Deductibles			27,036 20.00
21.00	Subtotal (line 19 minus line 20)			3,184,208 21.00
22.00	Coinurance			20,307 22.00
23.00	Subtotal (line 21 minus line 22)			3,163,901 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)			3,163,901 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 ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,163,901 32.00
32.01	Sequestration adjustment (see instructions)			15,820 32.01
33.00	Interim payments			3,245,778 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			-97,697 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			203,236 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			51,864 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: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part VII Date/Time Prepared: 11/19/2013 2:38 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	13,912,510			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)	13,912,510		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)	13,912,510		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	6,512,912			8.00
9.00	Ancillary service charges	25,225,656		26,557,626	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)	31,738,568		26,557,626	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)	31,738,568		26,557,626	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	17,826,058		26,557,626	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)	13,912,510		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)	13,912,510		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)	13,912,510		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)	13,912,510		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		0	37.00
38.00	Subtotal (line 36 ± line 37)	13,912,510		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)	13,912,510		0	40.00
41.00	Interim payments	13,912,510		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: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part VII Date/Time Prepared: 11/19/2013 2:38 pm	
		Title XIX	Subprovider - IPF	Cost	
		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	261,820			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)	261,820		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)	261,820		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	582,739			8.00
9.00	Ancillary service charges	342,166		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)	924,905		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)	924,905		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	663,085		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)	261,820		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)	261,820		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)	261,820		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)	261,820		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		0	37.00
38.00	Subtotal (line 36 ± line 37)	261,820		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)	261,820		0	40.00
41.00	Interim payments	261,820		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: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part VII Date/Time Prepared: 11/19/2013 2:38 pm	
		Title XIX	Subprovider - IRF	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	419,180			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)	419,180	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)	419,180	0		7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges	215,289			8.00
9.00	Ancillary service charges	590,216	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)	805,505	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)	805,505		0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	386,325		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)	419,180		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)	419,180		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)			0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	419,180		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)	419,180		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		0	37.00
38.00	Subtotal (line 36 ± line 37)	419,180		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)	419,180		0	40.00
41.00	Interim payments	419,180		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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet E-4 Date/Time Prepared: 11/19/2013 2:38 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			18.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			5.58	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			12.42	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		3.50		10.00
11.00	Total weighted FTE count	0.00	3.50		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	3.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	3.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	3.17		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.00	3.17		17.00
18.00	Per resident amount	0.00	96,090.00		18.00
19.00	Approved amount for resident costs	0	304,605	304,605	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)			304,605	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	33,300	7,089		26.00
27.00	Total Inpatient Days (see instructions)	80,739	80,739		27.00
28.00	Ratio of inpatient days to total inpatient days	0.412440	0.087801		28.00
29.00	Program direct GME amount	125,631	26,745		29.00
30.00	Reduction for direct GME payments for Medicare managed care		3,779		30.00
31.00	Net Program direct GME amount			148,597	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet E-4 Date/Time Prepared: 11/19/2013 2:38 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)		4,240,492	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)		72,852,604	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)		55,312	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		72,797,292	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		31,603,430	42.00
43.00	Primary payer payments (see instructions)		1,075	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		31,602,355	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		104,399,647	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.697294	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.302706	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		148,597	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		103,616	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		44,981	50.00

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

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet G

Date/Time Prepared:
11/19/2013 2:38 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	4,244,701	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	149,192,403	0	0	0	4.00
5.00	Other receivable	12,302,164	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-94,650,792	0	0	0	6.00
7.00	Inventory	6,068,368	0	0	0	7.00
8.00	Prepaid expenses	2,562,612	0	0	0	8.00
9.00	Other current assets	57,355	0	0	0	9.00
10.00	Due from other funds	938,359	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	80,715,170	0	0	0	11.00
FIXED ASSETS						
12.00	Land	7,736,792	0	0	0	12.00
13.00	Land improvements	8,185,082	0	0	0	13.00
14.00	Accumulated depreciation	-5,817,464	0	0	0	14.00
15.00	Buildings	154,905,074	0	0	0	15.00
16.00	Accumulated depreciation	-124,910,794	0	0	0	16.00
17.00	Leasehold improvements	12,082,811	0	0	0	17.00
18.00	Accumulated depreciation	-5,604,940	0	0	0	18.00
19.00	Fixed equipment	3,878,642	0	0	0	19.00
20.00	Accumulated depreciation	-2,529,457	0	0	0	20.00
21.00	Automobiles and trucks	1,187,085	0	0	0	21.00
22.00	Accumulated depreciation	-1,078,088	0	0	0	22.00
23.00	Major movable equipment	151,648,250	0	0	0	23.00
24.00	Accumulated depreciation	-130,094,308	0	0	0	24.00
25.00	Minor equipment depreciable	4,901,771	0	0	0	25.00
26.00	Accumulated depreciation	-3,066,964	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)	71,423,492	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	423,624,891	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	38,897,112	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	462,522,003	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	614,660,665	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	16,951,102	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,066,441	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,978,380	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	222,973	0	0	0	43.00
44.00	Other current liabilities	168,176,529	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	201,395,425	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	459,073	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	11,912,622	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	12,371,695	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	213,767,120	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	400,893,545				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)	400,893,545	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	614,660,665	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet G-1

Date/Time Prepared:
11/19/2013 2:38 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		348,518,102		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		82,198,405			2.00
3.00	Total (sum of line 1 and line 2)		430,716,507		0	3.00
4.00	RESTRICTED CONTRIBUTIONS OF PROPERTY	9,795		0		4.00
5.00	DEFERRED PENSION COSTS	940,396		0		5.00
6.00	ROUNDING	8		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		950,199		0	10.00
11.00	Subtotal (line 3 plus line 10)		431,666,706		0	11.00
12.00	OTHER UNRESTRICTED ACTIVITY	30,212,545		0		12.00
13.00	TRANSFER TO SPONSOR	560,616		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		30,773,161		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		400,893,545		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	RESTRICTED CONTRIBUTIONS OF PROPERTY		0			4.00
5.00	DEFERRED PENSION COSTS		0			5.00
6.00	ROUNDING		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	OTHER UNRESTRICTED ACTIVITY		0			12.00
13.00	TRANSFER TO SPONSOR		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: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/19/2013 2:38 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	53,704,654		53,704,654	1.00
2.00	SUBPROVIDER - IPF	4,084,839		4,084,839	2.00
3.00	SUBPROVIDER - IRF	4,682,106		4,682,106	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	62,471,599		62,471,599	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	22,492,982		22,492,982	11.00
11.02	NICU	13,246,874		13,246,874	11.02
12.00	CORONARY CARE UNIT	2,919,170		2,919,170	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)	38,659,026		38,659,026	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	101,130,625		101,130,625	17.00
18.00	Ancillary services	486,639,573	508,112,207	994,751,780	18.00
19.00	Outpatient services	39,405,490	80,080,966	119,486,456	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES	181,148	8,033,750	8,214,898	23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	8,990,583	19,088,530	28,079,113	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	636,347,419	615,315,453	1,251,662,872	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		392,760,390		29.00
30.00	BAD DEBT	14,191,235			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)		14,191,235		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		406,951,625		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet G-3

Date/Time Prepared:
11/19/2013 2:38 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,251,662,872	1.00
2.00	Less contractual allowances and discounts on patients' accounts	803,067,712	2.00
3.00	Net patient revenues (line 1 minus line 2)	448,595,160	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	406,951,625	4.00
5.00	Net income from service to patients (line 3 minus line 4)	41,643,535	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	85,085	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	1,069	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	113,815	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	1,761	16.00
17.00	Revenue from sale of drugs to other than patients	59,074	17.00
18.00	Revenue from sale of medical records and abstracts	72,824	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	631,776	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	10,981,907	24.00
24.01	NON-OPERATING GAINS/LOSSES	28,607,559	24.01
25.00	Total other income (sum of lines 6-24)	40,554,870	25.00
26.00	Total (line 5 plus line 25)	82,198,405	26.00
27.00	OTHER	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)	82,198,405	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 150100

Period:
From 07/01/2012
To 06/30/2013

Worksheet 1-5

Date/Time Prepared:
11/19/2013 2:38 pm

		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)	0	0	2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)	0	0	2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012			5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014			5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)	0	0	10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150100	Period: From 07/01/2012 To 06/30/2013	Worksheet L Parts I-III Date/Time Prepared: 11/19/2013 2: 38 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,963,652	1.00
2.00	Capital DRG outlier payments		18,021	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		201.96	3.00
4.00	Number of interns & residents (see instructions)		3.33	4.00
5.00	Indirect medical education percentage (see instructions)		0.47	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		18,629	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.70	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.38	8.00
9.00	Sum of lines 7 and 8		26.08	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.42	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		214,830	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		4,215,132	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