

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: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet S Parts I-III Date/Time Prepared: 11/22/2013 9:40 am
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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: 11/22/2013	Time: 9:40 am
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 GENESIS MEDICAL CENTER (160033) 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)

 VICE PRESIDENT, FINANCE/CFO
 Title

 11/26/2013
 Date

Cost Center Description	Title V 1.00	Title XVII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-772,183	58,165	2,132,851	0	1.00
2.00 Subprovider - IPF	0	5,484	606		0	2.00
3.00 Subprovider - IRF	0	98,776	43		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	-667,923	58,814	2,132,851	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: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part I Date/Time Prepared: 11/22/2013 9:38 am
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1.00 Hospital and Hospital Health Care Complex Address:	2.00 Street: 1227 EAST RUSHOLME	PO Box:	3.00 State: IA	4.00 Zip Code: 52803-	County: SCOTT	1.00	2.00
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	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	GENESIS MEDICAL CENTER	160033	19340	1	07/01/1984	N	P	O	3.00
4.00	Subprovider - IPF	GMC PSYCH	16S033	19340	4	07/01/1984	N	P	N	4.00
5.00	Subprovider - IRF	GMC REHABILITATION	16T033	19340	5	07/01/1984	N	P	N	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis	GMC RENAL	162303	19340		07/01/1984				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)			2		21.00	

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
24.00	8,514	1,532	750	118	7	0	24.00
25.00	673	612	116	0	1	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				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)			Y	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	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	GENESIS FAMILY MEDICINE RESIDENCY	1350	6.71	9.47	0.414710	65.00
			Unwei ghted FTEs Nonprovi der Si te	Unwei ghted 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)	GENESIS FAMILY MEDICINE RESIDENCY	1350	5.20	12.46	0.294451		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.					N		86.00
					V		XIX	
					1.00		2.00	
Title V and XIX Services								
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.				N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.				N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.				N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.				N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.				N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.					0.00	0.00	97.00
Rural Providers								
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?				N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				N			106.00

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			V	XIX	
			1.00	2.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	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.	N			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:	509,886	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		H55790	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: GENESIS HEALTH SYSTEM	Contractor's Name: WPS		Contractor's Number: 05001			
142.00	Street: 1227 EAST RUSHOLME STREET	PO Box:					
143.00	City: DAVENPORT	State: IA		Zip Code: 52803-2459			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				N	145.00	
				1.00	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	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			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.75	169.00	
				Beginning	Ending		
				1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				07/01/2012	06/30/2013	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part II Date/Time Prepared: 11/22/2013 9:38 am	
			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	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/05/2012	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part II Date/Time Prepared: 11/22/2013 9:38 am
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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.			Y	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.	MARTY		ORWITZ	41.00
42.00	Enter the employer/company name of the cost report preparer.	GENESIS HEALTH SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	563-421-4175		ORWITZM@GENESISHEALTH.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	11/05/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT DIRECTOR	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: 160033

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2013 9:38 am

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	200	73,000	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)		200	73,000	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,030	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
9.01 NICU	32.01	20	7,300	0.00	0	9.01
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		242	88,330	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	22	8,030		0	16.00
17.00 SUBPROVIDER - IRF	41.00	28	10,220		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		292				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: 160033

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2013 9:38 am

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)	24,990	5,472	48,778			1.00
2.00 HMO and other (see instructions)	5,793	1,623				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	597	734				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)	24,990	5,472	48,778			7.00
8.00 INTENSIVE CARE UNIT	2,604	483	5,027			8.00
9.00 CORONARY CARE UNIT						9.00
9.01 NICU	0	1,359	2,495			9.01
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		1,984	3,864			13.00
14.00 Total (see instructions)	27,594	9,298	60,164	17.07	1,290.08	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,631	310	6,493	0.59	27.47	16.00
17.00 SUBPROVIDER - IRF	4,492	668	7,884	0.00	36.30	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				17.66	1,353.85	27.00
28.00 Observation Bed Days		941	4,395			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			933			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 160033

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2013 9:38 am

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	6,598	2,744	15,060	1.00
2.00 HMO and other (see instructions)			1,259			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
9.01 NICU						9.01
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	6,598	2,744	15,060	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	239	59	1,236	16.00
17.00 SUBPROVIDER - IRF	0.00	0	270	42	493	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 160033

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

Worksheet S-3
Part II
Date/Time Prepared:
11/22/2013 9:38 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	86,192,898	0	86,192,898	2,816,006.00	30.61
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,919,163	1,888,146	5,807,309	274,411.00	21.16
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		1,946,875	0	1,946,875	29,392.00	66.24
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		425,574	0	425,574	3,334.00	127.65
14.00	Home office salaries & wage-related costs		34,852,110	0	34,852,110	726,345.00	47.98
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)		20,202,215	0	20,202,215		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,378,168	0	1,378,168		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		4,091	0	4,091		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	52,356	0	52,356	3,455.00	15.15
27.00	Administrative & General	5.00	4,286,173	-1,115,535	3,170,638	84,020.00	37.74
28.00	Administrative & General under contract (see inst.)		1,904,903	0	1,904,903	13,504.00	141.06
29.00	Maintenance & Repairs	6.00	3,290,594	0	3,290,594	145,466.00	22.62
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00
31.00	Laundry & Linen Service	8.00	89,615	0	89,615	7,770.00	11.53
32.00	Housekeeping	9.00	2,326,116	-291,070	2,035,046	149,652.00	13.60
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	2,571,500	-1,522,078	1,049,422	68,027.00	15.43
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,285,628	0	1,285,628	41,756.00	30.79
39.00	Central Services and Supply	14.00	541,929	0	541,929	29,343.00	18.47
40.00	Pharmacy	15.00	4,439,988	0	4,439,988	113,797.00	39.02
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 160033

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

Worksheet S-3
Part II
Date/Time Prepared:
11/22/2013 9:38 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adj uste d Sal ari es (col . 2 ± col . 3)	Pai d Hou rs Rel ated to Sal ari es i n col . 4	Average Hou rly 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: 160033

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

Worksheet S-3
Part III
Date/Time Prepared:
11/22/2013 9:38 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	88,097,801	0	88,097,801	2,829,510.00	31.14	1.00
2.00	Excluded area salaries (see instructions)	3,919,163	1,888,146	5,807,309	274,411.00	21.16	2.00
3.00	Subtotal salaries (line 1 minus line 2)	84,178,638	-1,888,146	82,290,492	2,555,099.00	32.21	3.00
4.00	Subtotal other wages & related costs (see inst.)	37,224,559	0	37,224,559	759,071.00	49.04	4.00
5.00	Subtotal wage-related costs (see inst.)	20,202,215	0	20,202,215	0.00	24.55	5.00
6.00	Total (sum of lines 3 thru 5)	141,605,412	-1,888,146	139,717,266	3,314,170.00	42.16	6.00
7.00	Total overhead cost (see instructions)	20,788,802	-2,928,683	17,860,119	656,790.00	27.19	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet S-3 Part IV Date/Time Prepared: 11/22/2013 9:38 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,438,773	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	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)	8,332,699	8.00
9.00	Prescription Drug Plan	1,313,893	9.00
10.00	Dental, Hearing and Vision Plan	679,341	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	158,314	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	407,669	14.00
15.00	'Workers' Compensation Insurance	1,583,600	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	6,243,605	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	45,996	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	399	22.00
23.00	Tuition Reimbursement	375,977	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	21,580,266	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: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet S-3 Part V Date/Time Prepared: 11/22/2013 9:38 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 160033

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

Worksheet S-5

Date/Time Prepared:
11/22/2013 9:38 am

		Outpatient		Training		Home						
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD					
		1.00	2.00	3.00	4.00	5.00	6.00					
1.00	Number of patients in program at end of cost reporting period	128	0	0	0	0	0	1.00				
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00				
3.00	Average patient dialysis time including setup	5.25	0.00	0.00	0.00			3.00				
4.00	CAPD exchanges per day				0.00		0.00	4.00				
5.00	Number of days in year dialysis furnished	313	0					5.00				
6.00	Number of stations	24	0	0	0			6.00				
7.00	Treatment capacity per day per station	3	0					7.00				
8.00	Utilization (see instructions)	0.74	0.00					8.00				
9.00	Average times dialyzers re-used	0.00	0.00					9.00				
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00				
								Y/N				
								1.00				
10.01	ESRD PPS Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)							N	10.01			
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)							Y	10.02			
								Prior to 1/1				
								1.00				
								After 12/31				
								2.00				
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)							0	0	10.03		
TRANSPLANT INFORMATION												
11.00	Number of patients on transplant list							9		11.00		
12.00	Number of patients transplanted during the cost reporting period							3		12.00		
EPOETIN												
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.									13.00		
14.00	Epoetin amount from Worksheet A for Home Dialysis program									14.00		
15.00	Number of EPO units furnished relating to the renal dialysis department									15.00		
16.00	Number of EPO units furnished relating to the home dialysis department									16.00		
ARANESP												
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.									17.00		
18.00	ARANESP amount from Worksheet A for Home Dialysis program									18.00		
19.00	Number of ARANESP units furnished relating to the renal dialysis department									19.00		
20.00	Number of ARANESP units furnished relating to the home dialysis department									20.00		
								MCP				
								1.00				
								INITIAL METHOD				
								2.00				
PHYSICIAN PAYMENT METHOD												
21.00	Enter "X" if method(s) is applicable							X		21.00		
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.						
		1.00	2.00	3.00	4.00	5.00						
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)							0	0	0	0	22.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet S-10 Date/Time Prepared: 11/22/2013 9:38 am
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.325842		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		27,058,894		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		91,729,095		6.00
7.00	Medicaid cost (line 1 times line 6)		29,889,192		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)		2,830,298		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		40,128		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		2,830,298		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	18,879,265	0	18,879,265	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	6,151,657	0	6,151,657	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,151,657	0	6,151,657	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)		22,609,750		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		193,152		27.00
28.00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line 26 minus line 27)		22,416,598		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		7,304,269		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		13,455,926		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		16,286,224		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 160033		Period: From 07/01/2012 To 06/30/2013		Worksheet A	
Date/Time Prepared: 11/22/2013 9:38 am							
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		11,346,546		11,346,546	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		8,595,591		8,595,591	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	52,356	12,892,038		12,944,394	4.00
5.01	00510	A&G SHARED	2,797,800	62,674,225		65,472,025	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	1,488,373	790,197		2,278,570	5.02
5.03	00561	OTHER ADMINISTRATIVE AND GENERAL-SBS	0	3,861,641		3,861,641	5.03
6.00	00600	MAINTENANCE & REPAIRS	3,290,594	3,797,373		7,087,967	6.00
6.01	00601	MOB I	0	0		-33,582	6.01
6.02	00602	MOB II	0	0		-30,970	6.02
6.03	00603	BETT MED PARK	0	0		-60,448	6.03
6.04	00604	NW CLINICS	0	0		-54,565	6.04
6.05	00605	CPMP I	0	0		-52,279	6.05
6.06	00606	CPMP II	0	0		-27,087	6.06
6.07	00607	BETT PLAZA	0	0		-80,240	6.07
6.08	00608	HEART INSTITUTE	0	0		-36,164	6.08
6.09	00609	53RD STREET	0	0		-47,986	6.09
6.10	00610	ELDRIDGE	0	0		-21,909	6.10
7.00	00700	OPERATION OF PLANT	0	0		1,855,561	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	89,615	246,631		336,246	8.00
9.00	00900	HOUSEKEEPING	2,326,116	793,563		3,119,679	9.00
10.00	01000	DIETARY	2,571,500	1,933,197		4,504,697	10.00
11.00	01100	CAFETERIA	0	0		0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0		0	11.01
13.00	01300	NURSING ADMINISTRATION	1,285,628	171,605		1,457,233	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	541,929	501,340		1,043,269	14.00
15.00	01500	PHARMACY	4,439,988	725,613		5,165,601	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0		2,849,868	16.00
17.00	01700	SOCIAL SERVICE	0	0		0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		2,884,000	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,918,174	4,643,013		25,561,187	30.00
31.00	03100	INTENSIVE CARE UNIT	2,769,018	1,000,243		3,769,261	31.00
32.01	03201	NI CU	1,025,488	161,640		1,187,128	32.01
40.00	04000	SUBPROVIDER - I PF	1,678,264	304,289		1,982,553	40.00
41.00	04100	SUBPROVIDER - I RF	1,858,046	305,176		2,163,222	41.00
43.00	04300	NURSERY	0	0		0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,600,698	6,930,513		12,531,211	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,310,570	13,430,164		18,740,734	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,858,004	1,963,501		3,821,505	55.00
57.00	05700	CT SCAN	643,366	592,449		1,235,815	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	283,850	279,505		563,355	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,323,936	2,421,685		4,745,621	59.00
60.00	06000	LABORATORY	0	8,837,538		8,837,538	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,720,366		1,720,366	63.00
65.00	06500	RESPIRATORY THERAPY	2,389,199	574,498		2,963,697	65.00
66.00	06600	PHYSICAL THERAPY	9,081,201	2,122,759		11,203,960	66.00
69.00	06900	ELECTROCARDIOLOGY	2,008,905	1,352,416		3,361,321	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	580,486	599,724		1,180,210	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	35,882,674		35,882,674	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		22,640,187	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,573,301		14,573,301	73.00
74.00	07400	RENAL DIALYSIS	1,630,425	1,425,222		3,055,647	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	218,728	23,975		242,703	90.01
90.02	09002	OP INSTITUTES	1,132,698	1,180,318		2,313,016	90.02
90.03	09003	MARC	0	0		0	90.03
90.04	09004	BARITRIC CLINIC	316,414	507,838		824,252	90.04
90.05	09005	PAIN MANAGEMENT	390,649	257,780		648,429	90.05
91.00	09100	EMERGENCY	4,908,027	2,493,640		7,401,667	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0		0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	85,810,045	211,913,787		297,723,832	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,889	5,239		39,128	190.00
190.01	19001	AUXILIARY	4,159	41,688		45,847	190.01
190.02	19002	FIRST MED CLINICS	0	0		0	190.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160033

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

Worksheet A
Date/Time Prepared:
11/22/2013 9:38 am

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	
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	150,424	185,879	336,303	0	336,303	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	202,029	202,029	103,754	305,783	192.01
192.02	19202	FOUNDATION	0	0	0	2,877	2,877	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	44,852	4,978	49,830	0	49,830	192.03
192.04	19204	OUTREACH PROGRAMS	0	1,751,508	1,751,508	4,699	1,756,207	192.04
192.05	19205	PHASE III REHAB	0	0	0	16,724	16,724	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	2,495,239	2,495,239	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	149,529	30,438	179,967	0	179,967	192.08
200.00		TOTAL (SUM OF LINES 118-199)	86,192,898	214,135,546	300,328,444	0	300,328,444	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160033

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

Worksheet A
Date/Time Prepared:
11/22/2013 9:38 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-3,611,479	8,034,866	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	6,106,965	14,702,556	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,720,760	9,223,634	4.00
5.01	00510	A&G SHARED	-25,626,083	14,235,387	5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	16,667,940	29,491,249	5.02
5.03	00561	OTHER ADMINISTRATIVE AND GENERAL-SBS	-87,425	9,966,999	5.03
6.00	00600	MAINTENANCE & REPAIRS	-105,887	5,571,749	6.00
6.01	00601	MOB I	658,737	625,155	6.01
6.02	00602	MOB II	775,268	744,298	6.02
6.03	00603	BETT MED PARK	609,031	548,583	6.03
6.04	00604	NW CLINICS	372,865	318,300	6.04
6.05	00605	CPMP I	869,179	816,900	6.05
6.06	00606	CPMP II	852,924	825,837	6.06
6.07	00607	BETT PLAZA	979,248	899,008	6.07
6.08	00608	HEART INSTITUTE	1,698,880	1,662,716	6.08
6.09	00609	53RD STREET	309,294	261,308	6.09
6.10	00610	ELDRIDGE	156,544	134,635	6.10
7.00	00700	OPERATION OF PLANT	0	1,855,561	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	68,553	404,799	8.00
9.00	00900	HOUSEKEEPING	-2,800	2,726,510	9.00
10.00	01000	DIETARY	-22,279	1,816,076	10.00
11.00	01100	CAFETERIA	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	-5,567	1,451,666	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-22,868	3,826,479	14.00
15.00	01500	PHARMACY	-98,717	5,066,884	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,849,868	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,884,000	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-25,218	25,535,969	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,769,261	31.00
32.01	03201	NICU	0	1,187,128	32.01
40.00	04000	SUBPROVIDER - I PF	0	2,198,063	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,429,771	41.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,186,978	11,344,233	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,474,982	16,265,752	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-774,656	3,046,849	55.00
57.00	05700	CT SCAN	0	1,235,815	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	563,355	58.00
59.00	05900	CARDIAC CATHETERIZATION	-62,161	4,683,460	59.00
60.00	06000	LABORATORY	0	8,837,538	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,720,366	63.00
65.00	06500	RESPIRATORY THERAPY	-750	2,962,947	65.00
66.00	06600	PHYSICAL THERAPY	-547,411	10,603,353	66.00
69.00	06900	ELECTROCARDIOLOGY	-844,196	2,517,125	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-199,963	980,247	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,242,487	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	22,640,187	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,509,587	73.00
74.00	07400	RENAL DIALYSIS	-280,331	3,839,030	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICAL PSYCH	0	242,703	90.01
90.02	09002	OP INSTITUTES	-533,477	1,779,539	90.02
90.03	09003	MARC	0	0	90.03
90.04	09004	BARITRIC CLINIC	-429,666	394,586	90.04
90.05	09005	PAIN MANAGEMENT	-169,272	479,157	90.05
91.00	09100	EMERGENCY	-1,092,200	6,309,467	91.00
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
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-11,799,698	283,262,998	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	40,863	190.00
190.01	19001	AUXILIARY	-500	81,455	190.01
190.02	19002	FIRST MED CLINICS	0	0	190.02
190.03	19003	EAP	0	0	190.03
191.00	19100	RESEARCH	0	336,303	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160033

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

Worksheet A
Date/Time Prepared:
11/22/2013 9:38 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	-1	305,782	192.01
192.02	19202	FOUNDATION	0	2,877	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	-77,132	-27,302	192.03
192.04	19204	OUTREACH PROGRAMS	-19,932	1,736,275	192.04
192.05	19205	PHASE III REHAB	0	16,724	192.05
192.06	19206	AFFILIATES	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	2,495,239	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	179,967	192.08
200.00		TOTAL (SUM OF LINES 118-199)	-11,897,263	288,431,181	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - PATIENT SWITCHBOARD COSTS						
1.00	NON REIMBURSEABLE COST	192.01	30,614	2,674	1.00	
	TOTALS		30,614	2,674		
B - REHAB COORDINATOR						
1.00	SUBPROVIDER - IRF	41.00	44,384	8,812	1.00	
	TOTALS		44,384	8,812		
C - PROPERTY INSURANCE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	299,799	1.00	
	TOTALS		0	299,799		
D - HOUSEKEEPING/PLANT/MAINT COSTS						
1.00	MAINTENANCE & REPAIRS	6.00	0	445,230	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
	TOTALS		0	445,230		
E - RESIDENT AND TEACHING COSTS						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,084,921	1,799,079	1.00	
	TOTALS		1,084,921	1,799,079		
F - UTILITY EXPENSE						
1.00	OPERATION OF PLANT	7.00	0	1,855,561	1.00	
	TOTALS		0	1,855,561		
G - NON SHARED ADMIN EXPENSES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	10,544,739	1.00	
	TOTALS		0	10,544,739		
H - ARANESP USAGE						
1.00	RENAL DIALYSIS	74.00	0	1,063,714	1.00	
	TOTALS		0	1,063,714		
I - HOUSEKEEPING RELCASS						
1.00	SUBPROVIDER - IPF	40.00	99,902	34,082	1.00	
2.00	SUBPROVIDER - IRF	41.00	92,291	31,485	2.00	
3.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,294	441	3.00	
4.00	AUXILIARY	190.01	26,923	9,185	4.00	
5.00	NON REIMBURSEABLE COST	192.01	52,541	17,925	5.00	
6.00	FOUNDATION	192.02	2,145	732	6.00	
7.00	OUTREACH PROGRAMS	192.04	3,504	1,195	7.00	
8.00	PHASE III REHAB	192.05	12,470	4,254	8.00	
	TOTALS		291,070	99,299		
J - NON-ALLOWABLE EMPLOYEE MEALS						
1.00	SUBPROVIDER - IPF	40.00	46,539	34,987	1.00	
2.00	SUBPROVIDER - IRF	41.00	51,135	38,442	2.00	
3.00	NON-ALLOWABLE MEALS	192.07	1,424,404	1,070,835	3.00	
	TOTALS		1,522,078	1,144,264		
K - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	22,640,187	1.00	
	TOTALS		0	22,640,187		
L - HOME OFFICE RELATED SBS SERVICES						
1.00	OTHER ADMINISTRATIVE AND GENERAL-SBS	5.03	0	6,192,783	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,806,078	2.00	
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,849,868	3.00	
	TOTALS		0	11,848,729		
500.00	Grand Total: Increases		2,973,067	51,752,087	500.00	

RECLASSIFICATIONS

Provider CCN: 160033

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

Worksheet A-6
Date/Time Prepared:
11/22/2013 9:38 am

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - PATIENT SWITCHBOARD COSTS						
1.00	A&G SHARED	5.01	30,614	2,674	0	1.00
	TOTALS		30,614	2,674		
B - REHAB COORDINATOR						
1.00	PHYSICAL THERAPY	66.00	44,384	8,812	0	1.00
	TOTALS		44,384	8,812		
C - PROPERTY INSURANCE						
1.00	A&G SHARED	5.01	0	299,799	9	1.00
	TOTALS		0	299,799		
D - HOUSEKEEPING/PLANT/MAINT COSTS						
1.00	MOB I	6.01	0	33,582	0	1.00
2.00	MOB II	6.02	0	30,970	0	2.00
3.00	BETT MED PARK	6.03	0	60,448	0	3.00
4.00	NW CLINICS	6.04	0	54,565	0	4.00
5.00	CPMP I	6.05	0	52,279	0	5.00
6.00	CPMP II	6.06	0	27,087	0	6.00
7.00	BETT PLAZA	6.07	0	80,240	0	7.00
8.00	HEART INSTITUTE	6.08	0	36,164	0	8.00
9.00	53RD STREET	6.09	0	47,986	0	9.00
10.00	ELDRIDGE	6.10	0	21,909	0	10.00
	TOTALS		0	445,230		
E - RESIDENT AND TEACHING COSTS						
1.00	A&G SHARED	5.01	1,084,921	1,799,079	0	1.00
	TOTALS		1,084,921	1,799,079		
F - UTILITY EXPENSE						
1.00	MAINTENANCE & REPAIRS	6.00	0	1,855,561	0	1.00
	TOTALS		0	1,855,561		
G - NON SHARED ADMIN EXPENSES						
1.00	A&G SHARED	5.01	0	10,544,739	0	1.00
	TOTALS		0	10,544,739		
H - ARANESP USAGE						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,063,714	0	1.00
	TOTALS		0	1,063,714		
I - HOUSEKEEPING RELCASS						
1.00	HOUSEKEEPING	9.00	291,070	99,299	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
	TOTALS		291,070	99,299		
J - NON-ALLOWABLE EMPLOYEE MEALS						
1.00	DIETARY	10.00	1,522,078	1,144,264	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		1,522,078	1,144,264		
K - IMPLANTABLE DEVICES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	22,640,187	0	1.00
	TOTALS		0	22,640,187		
L - HOME OFFICE RELATED SBS SERVICES						
1.00	A&G SHARED	5.01	0	11,848,729	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		0	11,848,729		
500.00	Grand Total: Decreases		2,973,067	51,752,087		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160033

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

Worksheet A-7
Part I
Date/Time Prepared:
11/22/2013 9:38 am

	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	5,727,131	41,245	0	41,245	0 1.00
2.00	Land Improvements	14,522,456	235,583	0	235,583	0 2.00
3.00	Buildings and Fixtures	171,383,333	1,658,927	0	1,658,927	0 3.00
4.00	Building Improvements	14,255,248	275,711	0	275,711	0 4.00
5.00	Fixed Equipment	0	0	0	0	0 5.00
6.00	Movable Equipment	157,582,784	4,205,795	0	4,205,795	0 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	363,470,952	6,417,261	0	6,417,261	0 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	363,470,952	6,417,261	0	6,417,261	0 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,768,376	0			1.00
2.00	Land Improvements	14,758,039	0			2.00
3.00	Buildings and Fixtures	173,042,260	0			3.00
4.00	Building Improvements	14,530,959	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	161,788,579	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	369,888,213	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	369,888,213	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160033

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

Worksheet A-7
Part II
Date/Time Prepared:
11/22/2013 9:38 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	11,346,546	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	8,595,591	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	19,942,137	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	11,346,546				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	8,595,591				2.00
3.00	Total (sum of lines 1-2)	0	19,942,137				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160033

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

Worksheet A-7
Part III
Date/Time Prepared:
11/22/2013 9:38 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	205,888,168	0	205,888,168	0.566450	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	157,582,784	0	157,582,784	0.433550	0 2.00
3.00	Total (sum of lines 1-2)	363,470,952	0	363,470,952	1.000000	0 3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
	6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	11,972,812	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	14,702,556	0 2.00
3.00	Total (sum of lines 1-2)	0	0	0	26,675,368	0 3.00
Cost Center Description	SUMMARY OF CAPITAL					
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
	11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	-3,937,946	0	0	0	8,034,866 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	14,702,556 2.00
3.00	Total (sum of lines 1-2)	-3,937,946	0	0	0	22,737,422 3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 160033

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

Worksheet A-8

Date/Time Prepared:
11/22/2013 9:38 am

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		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		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)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,989,239			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	5,298,433			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0		0.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		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		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
33.00 GIC-DG-GENRAD - OUTREACH REVENUE	B	-494,299	RADIOLOGY-DIAGNOSTIC	54.00	0	33.00
34.00 GIC-53RD ST-GENRAD - OUTREACH REVENUE	B	-1,857,827	RADIOLOGY-DIAGNOSTIC	54.00	0	34.00
35.00 MEDICAL STAFF - DAVENPORT - OTHER OP	B	-113,400	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	35.00
36.00 CANCER CENTER - OTHER OPERATING REVENUE	B	-41,095	RADIOLOGY-THERAPEUTIC	55.00	0	36.00
37.00 ADMINISTRATION - RENTAL INCOME -3RD	B	-2	A&G SHARED	5.01	0	37.00
38.00 BIRTH CENTER - RENTAL INCOME -3RD PA	B	-6,228	ADULTS & PEDIATRICS	30.00	0	38.00
39.00 ADMINISTRATION - RENTAL INCOME - REL	B	-12,616	A&G SHARED	5.01	0	39.00
41.00 PHARMACY - W - CASH SALES	B	-33,735	PHARMACY	15.00	0	41.00
41.01 PHARMACY - E - CASH SALES	B	-58,491	PHARMACY	15.00	0	41.01
41.02 ADMINISTRATION - DISCOUNTS EARNED	B	-160,473	A&G SHARED	5.01	0	41.02
41.03 ADMINISTRATION - VENDOR REBATES	B	-10,340	A&G SHARED	5.01	0	41.03
41.04 ADMINISTRATION - MISCELLANEOUS REVENUE	B	-113,893	A&G SHARED	5.01	0	41.04
42.00 VOLUNTEER SERVICES - MISCELLANEOUS R	B	-1,394	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	42.00
42.01 SMALL POX IMMUNIZATION PROJECT - MIS	B	-32,206	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	42.01
42.02 BIOMED SERVICES - MISCELLANEOUS REVENUE	B	-22,033	MAINTENANCE & REPAIRS	6.00	0	42.02
42.03 GROUNDS - MISCELLANEOUS REVENUE	B	-22,877	MAINTENANCE & REPAIRS	6.00	0	42.03
42.04 MAINTENANCE - MISCELLANEOUS REVENUE	B	-60,977	MAINTENANCE & REPAIRS	6.00	0	42.04
42.05 LINEN SERVICES - MISCELLANEOUS REVENUE	B	-214	LAUNDRY & LINEN SERVICE	8.00	0	42.05
42.06 PATIENT SERVICES ADMIN. - MISCELLANEOUS	B	-3,200	NURSING ADMINISTRATION	13.00	0	42.06
43.00 PHARMACY - E - MISCELLANEOUS REVENUE	B	-5,443	PHARMACY	15.00	0	43.00
43.01 PHARMACY - W - MISCELLANEOUS REVENUE	B	-1,048	PHARMACY	15.00	0	43.01
43.02 BIRTH CENTER - MISCELLANEOUS REVENUE	B	-18,990	ADULTS & PEDIATRICS	30.00	0	43.02
43.03 RADIOLOGY - MISCELLANEOUS REVENUE	B	-25	RADIOLOGY-DIAGNOSTIC	54.00	0	43.03
43.04 GENESIS IMAGING CTR, DEVIL'S G - MIS	B	-75	RADIOLOGY-DIAGNOSTIC	54.00	0	43.04
43.05 RADIOLOGY SERVICES ADMIN - E - MISCELLANEOUS	B	-2,593	RADIOLOGY-DIAGNOSTIC	54.00	0	43.05
43.06 RADIOLOGY SERVICES OUTREACH - MISCELLANEOUS	B	-69,833	RADIOLOGY-DIAGNOSTIC	54.00	0	43.06
43.07 CANCER CENTER - MISCELLANEOUS REVENUE	B	-30,336	RADIOLOGY-THERAPEUTIC	55.00	0	43.07
43.08 RADIATION THERAPY - W - MISCELLANEOUS	B	-40	RADIOLOGY-THERAPEUTIC	55.00	0	43.08
43.09 CARDIAC SERVICES ADMIN - MISCELLANEOUS	B	-105	CARDIAC CATHETERIZATION	59.00	0	43.09
43.10 BIOMED SERVICES - OUTREACH - MISCELLANEOUS	B	-77,132	BIO MED SERVICES - OUTREACH	192.03	0	43.10
43.11 PULMONARY REHABILITATION - MISCELLANEOUS	B	-750	RESPIRATORY THERAPY	65.00	0	43.11
43.12 P. T. - LECLAIRE - MISCELLANEOUS REVENUE	B	-15	PHYSICAL THERAPY	66.00	0	43.12
43.13 LOMBARD PHYSICAL REHAB - MISCELLANEOUS	B	-42	PHYSICAL THERAPY	66.00	0	43.13
43.14 RECREATION THERAPY-W - MISCELLANEOUS	B	-375	PHYSICAL THERAPY	66.00	0	43.14
43.15 P. T. - CROW VALLEY - MISCELLANEOUS R	B	-629	PHYSICAL THERAPY	66.00	0	43.15
43.16 P. T. CLINIC WEST-VALLEY FAIR - MISCELLANEOUS	B	-987	PHYSICAL THERAPY	66.00	0	43.16

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.
			Cost Center			
			1.00	2.00		
43.17 REHAB PEDIATRICS (MMP) - MISCELLANEO	B	-2,399	PHYSICAL THERAPY		66.00	0 43.17
43.18 SPORTS PERFORMANCE - MISCELLANEOUS R	B	-81,260	PHYSICAL THERAPY		66.00	0 43.18
43.19 DAY REHAB PROGRAM - MISCELLANEOUS RE	B	-35	PHYSICAL THERAPY		66.00	0 43.19
44.01 CARDIOGRAPHICS - MISCELLANEOUS REVEN	B	-1,425	ELECTROCARDIOLOGY		69.00	0 44.01
44.02 NEUROSCIENCE - MISCELLANEOUS REVENUE	B	-3,255	ELECTROENCEPHALOGRAPHY		70.00	0 44.02
44.03 WOUND OSTOMY INSTITUTE - MISCELLANEO	B	-270	OP INSTITUTES		90.02	0 44.03
44.04 DIABETES INSTITUTE - MISCELLANEOUS R	B	-11,407	OP INSTITUTES		90.02	0 44.04
44.05 WEIGHT MANAGEMENT CLINIC - MISCELLAN	B	-20	BARIATRIC CLINIC		90.04	0 44.05
45.00 PAIN MANAGEMENT - BETTENDORF - MISCE	B	-2,645	PAIN MANAGEMENT		90.05	0 45.00
45.01 PATIENT SERVICES ADMIN. - DONATIONS	A	-1,000	NURSING ADMINISTRATION		13.00	0 45.01
45.02 CARDIAC SERVICES ADMIN - DONATIONS	A	-5,500	CARDIAC CATHETERIZATION		59.00	0 45.02
45.03 REHAB PEDIATRICS (MMP) - DONATIONS	A	-50	PHYSICAL THERAPY		66.00	0 45.03
45.04 CANCER CENTER - DONATIONS	A	-550	RADIOLOGY-THERAPEUTIC		55.00	0 45.04
45.05 ADMINISTRATION - DONATIONS	A	-223,781	A&G SHARED		5.01	0 45.05
45.06 MEDICAL STAFF - DAVENPORT - DONATION	A	-1,900	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 45.06
45.07 AUXILIARY - DONATIONS	A	-500	AUXILIARY		190.01	0 45.07
45.08 OPERATING ROOMS-W/E - DONATED INVENT	A	-96,420	OPERATING ROOM		50.00	0 45.08
45.09 OR CARDIOVASCULAR - DONATED INVENTOR	A	-7,900	OPERATING ROOM		50.00	0 45.09
45.10 ENDOSCOPY - DONATED INVENTORY	A	-409	OPERATING ROOM		50.00	0 45.10
45.11 CARDIAC CATH LAB - DONATED INVENTORY	A	-15,094	CARDIAC CATHETERIZATION		59.00	0 45.11
45.12 DISTRIBUT. - W (USE 10.78020) - DONATE	A	-5,149	CENTRAL SERVICES & SUPPLY		14.00	0 45.12
45.13 DISTRIBUT. -E (USE 10.78020) - DONATED	A	-17,719	CENTRAL SERVICES & SUPPLY		14.00	0 45.13
45.14 INTEREST INCOME	A	-3,904,484	NEW CAP REL COSTS-BLDG & FIXT		1.00	11 45.14
45.15 INTEREST EXPENSE 97 BONDS	A	-33,462	NEW CAP REL COSTS-BLDG & FIXT		1.00	11 45.15
45.16 ADVERTISING	A	-1,367	NURSING ADMINISTRATION		13.00	0 45.16
45.17 ADVERTISING	A	-1,138	RADIOLOGY-THERAPEUTIC		55.00	0 45.17
45.18 ADVERTISING	A	-805	CARDIAC CATHETERIZATION		59.00	0 45.18
45.19 ADVERTISING	A	-38,501	PHYSICAL THERAPY		66.00	0 45.19
45.20 ADVERTISING	A	-342	ELECTROENCEPHALOGRAPHY		70.00	0 45.20
45.21 ADVERTISING	A	-1,613	OP INSTITUTES		90.02	0 45.21
45.22 SELF INSURANCE OFFSET	A	-3,962,076	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 45.22
45.23 NON ALLOWABLE LOBBYING FEES	A	-38,055	OTHER ADMINISTRATIVE AND GENERAL		5.02	0 45.23
45.24 PROVIDER TAX ASSESSMENT	A	-2,491,414	A&G SHARED		5.01	0 45.24
45.25 ALCOHOL PURCHASES	A	-794	A&G SHARED		5.01	0 45.25
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,897,263				50.00

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

Provider CCN: 160033

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

Worksheet A-8-1

Date/Time Prepared: 11/22/2013 9:38 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.01	A&G SHARED	RELATED RENT EXP	0	149,254 1.00
2.00	9.00	HOUSEKEEPING	RELATED RENT EXP	0	2,800 2.00
3.00	10.00	DIETARY	RELATED RENT EXP	0	22,279 3.00
4.00	50.00	OPERATING ROOM	RELATED RENT EXP	0	385,400 4.00
4.01	54.00	RADIOLOGY-DIAGNOSTIC	RELATED RENT EXP	0	49,499 4.01
4.02	55.00	RADIOLOGY-THERAPEUTIC	RELATED RENT EXP	0	670,820 4.02
4.03	66.00	PHYSICAL THERAPY	RELATED RENT EXP	0	423,118 4.03
4.04	69.00	ELECTROCARDIOLOGY	RELATED RENT EXP	0	488,604 4.04
4.05	59.00	CARDIAC CATHETERIZATION	RELATED RENT EXP	0	40,657 4.05
4.06	74.00	RENAL DIALYSIS	RELATED RENT EXP	0	280,331 4.06
4.07	90.02	OP INSTITUTES	RELATED RENT EXP	0	239,085 4.07
4.08	90.04	BARIATRIC CLINIC	RELATED RENT EXP	0	91,922 4.08
4.09	90.05	PAIN MANAGEMENT	RELATED RENT EXP	0	166,627 4.09
4.10	192.01	NON REIMBURSEABLE COST	RELATED RENT EXP	0	1 4.10
4.11	192.04	OUTREACH PROGRAMS	RELATED RENT EXP	0	19,932 4.11
4.13	6.01	MOB I	GEN VEN BLDG COST	658,737	0 4.13
4.14	6.02	MOB II	GEN VEN BLDG COST	775,268	0 4.14
4.15	6.03	BETT MED PARK	GEN VEN BLDG COST	609,031	0 4.15
4.16	6.04	NW CLINICS	GEN VEN BLDG COST	372,865	0 4.16
4.17	6.05	CPMP I	GEN VEN BLDG COST	869,179	0 4.17
4.18	6.06	CPMP II	GEN VEN BLDG COST	852,924	0 4.18
4.19	6.07	BETT PLAZA	GEN VEN BLDG COST	979,248	0 4.19
4.20	6.08	HEART INSTITUTE	GEN VEN BLDG COST	1,698,880	0 4.20
4.21	6.09	53RD STREET	GEN VEN BLDG COST	309,294	0 4.21
4.22	6.10	ELDRI DGE	GEN VEN BLDG COST	156,544	0 4.22
4.23	1.00	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE CAPITAL	326,467	0 4.23
4.24	2.00	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE CAPITAL	6,106,965	0 4.24
4.25	5.01	A&G SHARED	HOME OFFICE A&G	27,711,268	46,828,384 4.25
4.26	5.02	OTHER ADMINISTRATIVE AND GENERAL	HOME OFFICE A&G	16,854,895	0 4.26
4.27	5.03	OTHER ADMINISTRATIVE AND GENERAL-SBS	HOME OFFICE A&G	3,774,216	3,861,641 4.27
4.28	8.00	LAUNDRY & LINEN SERVICE	CRESCENT LAUNDRY	900,603	831,836 4.28
4.29	4.00	EMPLOYEE BENEFITS DEPARTMENT	EE PRESCRIPTION	1,555,209	1,313,893 4.29
4.30	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	I&R	2,884,000	2,884,000 4.30
4.31	55.00	RADIOLOGY-THERAPEUTIC	RADIATION THERAPY	0	677 4.31
4.32	5.01	A&G SHARED	GHG PHYSICIAN PRACTICE	0	3,346,400 4.32
4.33	60.00	LABORATORY	LABORATORY	8,805,554	8,805,554 4.33
5.00	0			76,201,147	70,902,714 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			0.00	0.00	6.00
7.00	C	DAVENPORT HOSPITAL AMB. C	0.00	0.00	7.00
8.00	C	GEN MED ED FOUNDATION	0.00	0.00	8.00
9.00	C	GENESIS MEDICAL GROUP	0.00	0.00	9.00
10.00	C	EA IALITHOTRIPSY	0.00	0.00	10.00
100.00	G.	Other (financial or non-financial) specify:			100.00

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

Provider CCN: 160033

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

Worksheet A-8-1

Date/Time Prepared:
11/22/2013 9:38 am

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

(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: 160033

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

Worksheet A-8-1

Date/Time Prepared:
11/22/2013 9:38 am

	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	-149,254	0		1.00
2.00	-2,800	0		2.00
3.00	-22,279	0		3.00
4.00	-385,400	0		4.00
4.01	-49,499	0		4.01
4.02	-670,820	0		4.02
4.03	-423,118	0		4.03
4.04	-488,604	0		4.04
4.05	-40,657	0		4.05
4.06	-280,331	0		4.06
4.07	-239,085	0		4.07
4.08	-91,922	0		4.08
4.09	-166,627	0		4.09
4.10	-1	0		4.10
4.11	-19,932	0		4.11
4.13	658,737	0		4.13
4.14	775,268	0		4.14
4.15	609,031	0		4.15
4.16	372,865	0		4.16
4.17	869,179	0		4.17
4.18	852,924	0		4.18
4.19	979,248	0		4.19
4.20	1,698,880	0		4.20
4.21	309,294	0		4.21
4.22	156,544	0		4.22
4.23	326,467	9		4.23
4.24	6,106,965	9		4.24
4.25	-19,117,116	0		4.25
4.26	16,854,895	0		4.26
4.27	-87,425	0		4.27
4.28	68,767	0		4.28
4.29	241,316	0		4.29
4.30	0	0		4.30
4.31	-677	0		4.31
4.32	-3,346,400	0		4.32
4.33	0	0		4.33
5.00	5,298,433			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			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

Provider CCN: 160033

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

Worksheet A-8-1

Date/Time Prepared:
11/22/2013 9:38 am

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

(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: 160033

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

Worksheet A-8-2

Date/Time Prepared:
11/22/2013 9:38 am

	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	5.01	A&G SHARED	62,847	0	62,847	171,400	838	1.00
2.00	5.02	OTHER ADMINISTRATIVE AND GENERAL	76,000	0	76,000	171,400	1,013	2.00
3.00	30.00	ADULTS & PEDIATRICS	45,500	0	45,500	171,400	607	3.00
4.00	31.00	INTENSIVE CARE UNIT	131,898	0	131,898	171,400	1,759	4.00
5.00	32.01	NICU	0	0	0	204,100	0	5.00
6.00	50.00	OPERATING ROOM	701,149	696,849	4,300	231,100	43	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	8,731	831	7,900	171,400	105	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	70,201	30,000	40,201	171,400	536	8.00
9.00	65.00	RESPIRATORY THERAPY	-1,262	0	-1,262	171,400	-13	9.00
10.00	69.00	ELECTROCARDIOLOGY	354,167	354,167	0	171,400	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	0	0	171,400	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	223,979	196,366	27,613	171,400	368	12.00
13.00	90.02	OP INSTITUTES	281,102	281,102	0	171,400	0	13.00
14.00	90.03	MARC	0	0	0	171,400	0	14.00
15.00	90.04	BARIATRIC CLINIC	347,646	337,724	9,922	171,400	132	15.00
16.00	90.05	PAIN MANAGEMENT	5,325	0	5,325	171,400	71	16.00
17.00	91.00	EMERGENCY	1,107,530	1,092,200	15,330	171,400	204	17.00
200.00			3,414,813	2,989,239	425,574		5,663	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.01	A&G SHARED	69,054	3,453	0	0	0	1.00
2.00	5.02	OTHER ADMINISTRATIVE AND GENERAL	83,475	4,174	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	50,019	2,501	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	144,948	7,247	0	0	0	4.00
5.00	32.01	NICU	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	4,778	239	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	8,652	433	0	0	0	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	44,168	2,208	0	0	0	8.00
9.00	65.00	RESPIRATORY THERAPY	-1,071	-54	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	30,325	1,516	0	0	0	12.00
13.00	90.02	OP INSTITUTES	0	0	0	0	0	13.00
14.00	90.03	MARC	0	0	0	0	0	14.00
15.00	90.04	BARIATRIC CLINIC	10,877	544	0	0	0	15.00
16.00	90.05	PAIN MANAGEMENT	5,851	293	0	0	0	16.00
17.00	91.00	EMERGENCY	16,810	841	0	0	0	17.00
200.00			467,886	23,395	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.01	A&G SHARED	0	69,054	0	0		1.00
2.00	5.02	OTHER ADMINISTRATIVE AND GENERAL	0	83,475	0	0		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	50,019	0	0		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	144,948	0	0		4.00
5.00	32.01	NICU	0	0	0	0		5.00
6.00	50.00	OPERATING ROOM	0	4,778	0	696,849		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	8,652	0	831		7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	0	44,168	0	30,000		8.00
9.00	65.00	RESPIRATORY THERAPY	0	-1,125	0	0		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	354,167		10.00
11.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0		11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	0	30,325	0	196,366		12.00
13.00	90.02	OP INSTITUTES	0	0	0	281,102		13.00
14.00	90.03	MARC	0	0	0	0		14.00
15.00	90.04	BARIATRIC CLINIC	0	10,877	0	337,724		15.00
16.00	90.05	PAIN MANAGEMENT	0	5,851	0	0		16.00
17.00	91.00	EMERGENCY	0	16,810	0	1,092,200		17.00
200.00			0	467,832	0	2,989,239		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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

Worksheet B Part I Date/Time Prepared: 11/22/2013 9:38 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	A&G SHARED		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
	0	1.00	2.00	4.00	5.01		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	8,034,866	8,034,866				1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	14,702,556		14,702,556			2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	9,223,634	34,100	0	9,257,734		4.00	
5.01 00510 A&G SHARED	14,235,387	853,133	416,591	180,796	15,685,907	5.01	
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL	29,491,249	158,492	164,981	159,958	15,685,907	5.02	
5.03 00561 OTHER ADMINISTRATIVE AND GENERAL-SBS	9,966,999	0	0	0	0	5.03	
6.00 00600 MAINTENANCE & REPAIRS	5,571,749	933,426	474,952	353,647	0	6.00	
6.01 00601 MOB I	625,155	0	0	0	0	6.01	
6.02 00602 MOB II	744,298	0	0	0	0	6.02	
6.03 00603 BETT MED PARK	548,583	0	0	0	0	6.03	
6.04 00604 NW CLINICS	318,300	0	0	0	0	6.04	
6.05 00605 CPMP I	816,900	0	0	0	0	6.05	
6.06 00606 CPMP II	825,837	0	0	0	0	6.06	
6.07 00607 BETT PLAZA	899,008	0	0	0	0	6.07	
6.08 00608 HEART INSTITUTE	1,662,716	0	0	0	0	6.08	
6.09 00609 53RD STREET	261,308	0	0	0	0	6.09	
6.10 00610 ELDRI DGE	134,635	0	0	0	0	6.10	
7.00 00700 OPERATION OF PLANT	1,855,561	0	0	0	0	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	404,799	32,266	660	9,631	0	8.00	
9.00 00900 HOUSEKEEPING	2,726,510	62,012	557,400	218,710	0	9.00	
10.00 01000 DIETARY	1,816,076	159,225	44,353	112,783	0	10.00	
11.00 01100 CAFETERIA	0	87,842	0	0	0	11.00	
11.01 01101 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01	
13.00 01300 NURSING ADMINISTRATION	1,451,666	38,100	9,352	138,169	0	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	3,826,479	229,011	912,122	58,242	0	14.00	
15.00 01500 PHARMACY	5,066,884	119,102	254,511	477,174	0	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	2,849,868	86,576	0	0	0	16.00	
17.00 01700 SOCIAL SERVICE	0	33,911	4,800	0	0	17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,884,000	206,424	0	116,599	0	22.00	
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	25,535,969	1,538,595	443,303	2,248,158	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	3,769,261	139,690	172,100	297,592	0	31.00	
32.01 03201 NICU	1,187,128	28,965	233,201	110,211	0	32.01	
40.00 04000 SUBPROVIDER - I PF	2,198,063	234,809	2,663	196,105	0	40.00	
41.00 04100 SUBPROVIDER - I RF	2,429,771	216,919	33,258	219,872	0	41.00	
43.00 04300 NURSERY	0	0	0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	11,344,233	581,704	2,625,647	601,918	0	50.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	16,265,752	515,964	2,026,947	570,738	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	3,046,849	39,259	2,984,413	199,683	0	55.00	
57.00 05700 CT SCAN	1,235,815	20,233	9,694	69,144	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	563,355	30,314	7,204	30,506	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	4,683,460	129,325	1,588,823	249,758	0	59.00	
60.00 06000 LABORATORY	8,837,538	197,751	3,540	0	0	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,720,366	3,999	6,309	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	2,962,947	70,768	179,668	256,772	0	65.00	
66.00 06600 PHYSICAL THERAPY	10,603,353	592,672	233,695	971,205	0	66.00	
69.00 06900 ELECTROCARDIOLOGY	2,517,125	28,397	442,472	215,901	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	980,247	61,882	191,010	62,386	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,242,487	9,347	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	22,640,187	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	13,509,587	0	0	0	0	73.00	
74.00 07400 RENAL DIALYSIS	3,839,030	48,441	127,215	175,225	0	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.01 09001 CLINICAL PSYCH	242,703	0	0	23,507	0	90.01	
90.02 09002 OP INSTITUTES	1,779,539	45,909	92,258	121,733	0	90.02	
90.03 09003 MARC	0	0	0	0	0	90.03	
90.04 09004 BARIATRIC CLINIC	394,586	19,582	21,994	34,006	0	90.04	
90.05 09005 PAIN MANAGEMENT	479,157	0	77,259	41,984	0	90.05	
91.00 09100 EMERGENCY	6,309,467	214,327	327,089	527,475	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	283,262,998	7,802,472	14,669,484	9,049,588	15,685,907	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2013 9:38 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	A&G SHARED			
		NEW BLDG & FIXT	NEW MVBLE EQUIP					
		0	1.00				2.00	4.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	40,863	3,041	0	3,781	0	190.00
190.01	19001	AUXILIARY	81,455	63,278	4,069	3,340	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	336,303	0	1,732	16,166	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	305,782	123,492	6,900	8,937	0	192.01
192.02	19202	FOUNDATION	2,877	5,040	2,287	231	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	-27,302	0	8,195	4,820	0	192.03
192.04	19204	OUTREACH PROGRAMS	1,736,275	8,235	0	377	0	192.04
192.05	19205	PHASE III REHAB	16,724	29,308	9,889	1,340	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	2,495,239	0	0	153,084	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	179,967	0	0	16,070	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118-201)	288,431,181	8,034,866	14,702,556	9,257,734	15,685,907	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL-SBS	MAINTENANCE & REPAIRS	MOB I	
		5A.01	5.02	5.03	6.00	6.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	A&G SHARED					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	45,660,587	45,660,587			5.02
5.03	00561	OTHER ADMINISTRATIVE AND GENERAL-SBS	9,966,999	1,874,494	11,841,493		5.03
6.00	00600	MAINTENANCE & REPAIRS	7,333,774	1,379,263	0	8,713,037	6.00
6.01	00601	MOB I	625,155	117,573	0	0	742,728
6.02	00602	MOB II	744,298	139,980	0	0	0
6.03	00603	BETT MED PARK	548,583	103,172	0	0	0
6.04	00604	NW CLINICS	318,300	59,863	0	0	0
6.05	00605	CPMP I	816,900	153,634	0	0	0
6.06	00606	CPMP II	825,837	155,315	0	0	0
6.07	00607	BETT PLAZA	899,008	169,076	0	0	0
6.08	00608	HEART INSTITUTE	1,662,716	312,707	0	0	0
6.09	00609	53RD STREET	261,308	49,144	0	0	0
6.10	00610	ELDRIDGE	134,635	25,321	0	0	0
7.00	00700	OPERATION OF PLANT	1,855,561	348,975	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	447,356	84,134	0	46,425	0
9.00	00900	HOUSEKEEPING	3,564,632	670,400	0	89,224	15,304
10.00	01000	DIETARY	2,132,437	401,047	0	229,095	0
11.00	01100	CAFETERIA	87,842	16,520	0	126,388	0
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,637,287	307,925	0	54,818	0
14.00	01400	CENTRAL SERVICES & SUPPLY	5,025,854	945,212	0	329,504	0
15.00	01500	PHARMACY	5,917,671	1,112,936	0	171,366	0
16.00	01600	MEDICAL RECORDS & LIBRARY	2,936,444	552,257	0	124,566	0
17.00	01700	SOCIAL SERVICE	38,711	7,280	0	48,791	4,635
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,207,023	603,145	0	297,005	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,766,025	5,598,134	1,127,740	2,213,749	0
31.00	03100	INTENSIVE CARE UNIT	4,378,643	823,491	207,957	200,988	0
32.01	03201	NI CU	1,559,505	293,296	65,404	41,675	0
40.00	04000	SUBPROVIDER - I PF	2,631,640	494,933	100,506	337,846	0
41.00	04100	SUBPROVIDER - I RF	2,899,820	545,369	119,525	312,105	0
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,153,502	2,849,919	967,070	836,962	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,379,401	3,644,684	930,258	742,376	0
55.00	05500	RADIOLOGY-THERAPEUTIC	6,270,204	1,179,237	229,244	56,486	65,717
57.00	05700	CT SCAN	1,334,886	251,052	445,938	29,111	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	631,379	118,743	180,834	43,616	0
59.00	05900	CARDIAC CATHETERIZATION	6,651,366	1,250,922	1,267,371	186,075	0
60.00	06000	LABORATORY	9,038,829	1,699,933	679,817	284,526	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,730,674	325,488	62,668	5,754	0
65.00	06500	RESPIRATORY THERAPY	3,470,155	652,632	352,545	101,822	0
66.00	06600	PHYSICAL THERAPY	12,400,925	2,332,242	458,596	852,744	2,516
69.00	06900	ELECTROCARDIOLOGY	3,203,895	602,557	255,138	40,858	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,295,525	243,649	75,087	89,037	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,251,834	2,492,272	763,985	13,449	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	22,640,187	4,257,940	1,121,734	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	13,509,587	2,540,748	1,277,912	0	0
74.00	07400	RENAL DIALYSIS	4,189,911	787,997	114,794	69,697	136,768
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	266,210	50,066	8,909	0	0
90.02	09002	OP INSTITUTES	2,039,439	383,557	105,716	66,054	0
90.03	09003	MARC	0	0	0	0	0
90.04	09004	BARIATRIC CLINIC	470,168	88,424	4,397	28,175	0
90.05	09005	PAIN MANAGEMENT	598,400	112,541	23,264	0	0
91.00	09100	EMERGENCY	7,378,358	1,387,648	895,084	308,377	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	282,789,386	44,596,847	11,841,493	8,378,664	224,940
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	47,685	8,968	0	4,375	0
190.01	19001	AUXILIARY	152,142	28,613	0	91,046	0
190.02	19002	FIRST MED CLINICS	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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

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Part I
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Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL-SBS	MAINTENANCE & REPAIRS	MOB I	
			5A.01	5.02	5.03	6.00	6.01	
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	354,201	66,615	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	445,111	83,712	0	177,682	517,788	192.01
192.02	19202	FOUNDATION	10,435	1,963	0	7,252	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	-14,287	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	1,744,887	328,161	0	11,849	0	192.04
192.05	19205	PHASE III REHAB	57,261	10,769	0	42,169	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	2,648,323	498,070	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	196,037	36,869	0	0	0	192.08
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	288,431,181	45,660,587	11,841,493	8,713,037	742,728	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

Period:
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To 06/30/2013

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Cost Center Description		MOB II	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
		6.02	6.03	6.04	6.05	6.06	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00560						5.02
5.03	00561						5.03
6.00	00600						6.00
6.01	00601						6.01
6.02	00602	884,278					6.02
6.03	00603		651,755				6.03
6.04	00604			378,163			6.04
6.05	00605				970,534		6.05
6.06	00606					981,152	6.06
6.07	00607						6.07
6.08	00608						6.08
6.09	00609						6.09
6.10	00610						6.10
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	4,548	739		926		9.00
10.00	01000				24,662		10.00
11.00	01100						11.00
11.01	01101						11.01
13.00	01300	1,767			2,721		13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700					5,068	17.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300						23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,767					30.00
31.00	03100						31.00
32.01	03201						32.01
40.00	04000						40.00
41.00	04100						41.00
43.00	04300						43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000				319,637		50.00
54.00	05400						54.00
55.00	05500	1,143			232,065	26,720	55.00
57.00	05700						57.00
58.00	05800						58.00
59.00	05900						59.00
60.00	06000						60.00
63.00	06300						63.00
65.00	06500						65.00
66.00	06600						66.00
69.00	06900						69.00
70.00	07000						70.00
71.00	07100						71.00
72.00	07200						72.00
73.00	07300						73.00
74.00	07400						74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001						90.01
90.02	09002				2,665	34,447	90.02
90.03	09003						90.03
90.04	09004						90.04
90.05	09005						90.05
91.00	09100						91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500						95.00
SPECIAL PURPOSE COST CENTERS							
118.00		9,225	739		582,676	66,235	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000						190.00
190.01	19001						190.01
190.02	19002		96,131	149,712			190.02
190.03	19003						190.03
191.00	19100						191.00
192.00	19200						192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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To 06/30/2013

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Cost Center Description			MOB I I	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
			6.02	6.03	6.04	6.05	6.06	
192.01	19201	NON REIMBURSEABLE COST	875,053	554,885	228,451	387,858	914,917	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
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)	884,278	651,755	378,163	970,534	981,152	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part I Date/Time Prepared: 11/22/2013 9:38 am				
Cost Center Description		BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT		
		6.07	6.08	6.09	6.10	7.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00510	A&G SHARED					5.01	
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02	
5.03	00561	OTHER ADMINISTRATIVE AND GENERAL-SBS					5.03	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
6.01	00601	MOB I					6.01	
6.02	00602	MOB II					6.02	
6.03	00603	BETT MED PARK					6.03	
6.04	00604	NW CLINICS					6.04	
6.05	00605	CPMP I					6.05	
6.06	00606	CPMP II					6.06	
6.07	00607	BETT PLAZA	1,068,084				6.07	
6.08	00608	HEART INSTITUTE	0	1,975,423			6.08	
6.09	00609	53RD STREET	0	0	310,452		6.09	
6.10	00610	ELDRIDGE	0	0	0	159,956	6.10	
7.00	00700	OPERATION OF PLANT	0	0	0	0	2,204,536	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	11,746	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	22,575	9.00
10.00	01000	DIETARY	0	0	0	0	57,965	10.00
11.00	01100	CAFETERIA	0	0	0	0	31,978	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13,870	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	83,370	14.00
15.00	01500	PHARMACY	0	0	0	0	43,358	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	40,018	0	0	0	31,517	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	12,345	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	75,147	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	560,110	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	50,853	31.00
32.01	03201	NICU	0	0	0	0	10,545	32.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	85,480	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	78,968	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	211,765	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,096	0	0	0	187,833	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	14,292	55.00
57.00	05700	CT SCAN	0	0	0	0	7,366	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	11,036	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	47,080	59.00
60.00	06000	LABORATORY	0	0	0	0	71,990	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,456	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	25,763	65.00
66.00	06600	PHYSICAL THERAPY	200,579	0	0	0	215,758	66.00
69.00	06900	ELECTROCARDIOLOGY	0	820,504	0	0	10,338	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	22,528	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,403	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	17,634	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	58,128	0	0	0	16,713	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	0	0	0	0	7,129	90.04
90.05	09005	PAIN MANAGEMENT	118,107	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	78,024	91.00
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
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	438,928	820,504	0	0	2,119,935	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,107	190.00
190.01	19001	AUXILIARY	0	0	0	0	23,036	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
			6.07	6.08	6.09	6.10	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	629,156	1,154,919	310,452	159,956	44,956	192.01
192.02	19202	FOUNDATION	0	0	0	0	1,835	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	2,998	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	10,669	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,068,084	1,975,423	310,452	159,956	2,204,536	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part I Date/Time Prepared: 11/22/2013 9:38 am			
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
		8.00	9.00	10.00	11.00	11.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	A&G SHARED					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
5.03	00561	OTHER ADMINISTRATIVE AND GENERAL-SBS					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MOB I					6.01
6.02	00602	MOB II					6.02
6.03	00603	BETT MED PARK					6.03
6.04	00604	NW CLINICS					6.04
6.05	00605	CPMP I					6.05
6.06	00606	CPMP II					6.06
6.07	00607	BETT PLAZA					6.07
6.08	00608	HEART INSTITUTE					6.08
6.09	00609	53RD STREET					6.09
6.10	00610	ELDRIDGE					6.10
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	589,661				8.00
9.00	00900	HOUSEKEEPING	0	4,368,348			9.00
10.00	01000	DIETARY	0	131,800	2,977,006		10.00
11.00	01100	CAFETERIA	0	72,712	1,845,096	2,180,536	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	2,180,536	11.01
13.00	01300	NURSING ADMINISTRATION	0	31,537	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	189,566	0	0	14.00
15.00	01500	PHARMACY	0	98,588	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	71,664	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	28,070	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	170,869	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	233,928	1,273,587	1,092,132	0	30.00
31.00	03100	INTENSIVE CARE UNIT	22,391	115,630	39,778	0	31.00
32.01	03201	NICU	6,157	23,976	0	0	32.01
40.00	04000	SUBPROVIDER - IPF	12,806	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	32,664	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	113,119	481,511	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,486	427,095	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,867	32,497	0	0	55.00
57.00	05700	CT SCAN	3,228	16,748	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	25,093	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,000	107,050	0	0	59.00
60.00	06000	LABORATORY	0	163,690	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,310	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	58,579	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,152	490,590	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	8,178	23,506	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,498	51,224	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,737	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	227	40,097	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	5,911	38,001	0	0	90.02
90.03	09003	MARC	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	190	16,209	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	90.05
91.00	09100	EMERGENCY	78,209	177,412	0	0	91.00
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
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	588,011	4,368,348	2,977,006	2,180,536	2,165,230
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,687
190.01	19001	AUXILIARY	0	0	0	0	302
190.02	19002	FIRST MED CLINICS	0	0	0	0	0
190.03	19003	EAP	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	4,279

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	742	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	1,332	192.03
192.04	19204	OUTREACH PROGRAMS	908	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	7,706	192.08
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)	589,661	4,368,348	2,977,006	2,180,536	2,180,536	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 160033		Period: From 07/01/2012 To 06/30/2013		Worksheet B Part I Date/Time Prepared: 11/22/2013 9:38 am	
Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	A&G SHARED						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00561	OTHER ADMINISTRATIVE AND GENERAL-SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
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
11.01	01101	EMPLOYEE CAFETERIA						11.01
13.00	01300	NURSING ADMINISTRATION	2,085,560					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,598,559				14.00
15.00	01500	PHARMACY	0	27,658	7,468,717			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,756,466		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	144,936	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,022,553	257,173	0	357,779	101,523	30.00
31.00	03100	INTENSIVE CARE UNIT	135,158	71,603	0	65,975	9,780	31.00
32.01	03201	NI CU	43,287	8,696	0	20,750	4,964	32.01
40.00	04000	SUBPROVIDER - I PF	75,821	1,859	0	31,886	12,882	40.00
41.00	04100	SUBPROVIDER - I RF	105,302	14,623	0	37,920	15,787	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	205,875	561,592	0	306,806	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,764	36,248	0	295,127	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	20,267	13,552	0	72,728	0	55.00
57.00	05700	CT SCAN	0	19,116	0	141,475	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,906	0	57,370	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	48,413	130,283	0	402,077	0	59.00
60.00	06000	LABORATORY	0	86	0	215,674	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3	0	19,882	0	63.00
65.00	06500	RESPIRATORY THERAPY	13	43,692	0	111,846	0	65.00
66.00	06600	PHYSICAL THERAPY	4,274	21,504	0	145,491	0	66.00
69.00	06900	ELECTROCARDIOLOGY	46,636	10,242	0	80,943	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,207	5,658	0	23,821	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,814,852	0	242,377	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	3,360,191	0	355,873	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	7,468,717	405,138	0	73.00
74.00	07400	RENAL DIALYSIS	44,098	84,741	0	36,419	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	1	0	2,826	0	90.01
90.02	09002	OP INSTITUTES	32,274	16,373	0	33,539	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	5,756	124	0	1,395	0	90.04
90.05	09005	PAIN MANAGEMENT	9,422	4,852	0	7,381	0	90.05
91.00	09100	EMERGENCY	246,143	89,658	0	283,968	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,073,263	6,596,286	7,468,717	3,756,466	144,936	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	19	0	0	0	190.00
190.01	19001	AUXILIARY	2	159	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	
			ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY		
			13.00	14.00	15.00	16.00	17.00	
191.00	19100	RESEARCH	13	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	296	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	9	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	41	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	12,282	1,749	0	0	0	192.08
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)	2,085,560	6,598,559	7,468,717	3,756,466	144,936	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

Period:
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To 06/30/2013

Worksheet B
Part I
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11/22/2013 9:38 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00					23.00
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00510 A&G SHARED						5.01	
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL						5.02	
5.03 00561 OTHER ADMINISTRATIVE AND GENERAL-SBS						5.03	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
6.01 00601 MOB I						6.01	
6.02 00602 MOB II						6.02	
6.03 00603 BETT MED PARK						6.03	
6.04 00604 NW CLINICS						6.04	
6.05 00605 CPMP I						6.05	
6.06 00606 CPMP II						6.06	
6.07 00607 BETT PLAZA						6.07	
6.08 00608 HEART INSTITUTE						6.08	
6.09 00609 53RD STREET						6.09	
6.10 00610 ELDRI DGE						6.10	
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	
11.01 01101 EMPLOYEE CAFETERIA						11.01	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00	
15.00 01500 PHARMACY						15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00	
17.00 01700 SOCIAL SERVICE						17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4,353,189				22.00	
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0			23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0	2,112,774	0	46,372,394	-2,112,774	30.00	
31.00 03100 INTENSIVE CARE UNIT	0	143,167	0	6,344,426	-143,167	31.00	
32.01 03201 NICU	0	155,255	0	2,257,338	-155,255	32.01	
40.00 04000 SUBPROVIDER - IPF	0	144,470	0	3,978,903	-144,470	40.00	
41.00 04100 SUBPROVIDER - IRF	0	0	0	4,226,535	0	41.00	
43.00 04300 NURSERY	0	0	0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	247,816	0	22,404,312	-247,816	50.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	90,546	0	25,983,236	-90,546	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	8,272,426	0	55.00	
57.00 05700 CT SCAN	0	0	0	2,267,315	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,077,186	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	10,162,467	0	59.00	
60.00 06000 LABORATORY	0	37,806	0	12,192,351	-37,806	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,149,235	0	63.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	4,889,756	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	10,074	0	17,400,611	-10,074	66.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	5,163,963	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	1,835,682	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,589,909	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	31,735,925	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	51,317	0	25,253,419	-51,317	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	5,576,875	0	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.01 09001 CLINICAL PSYCH	0	0	0	331,687	0	90.01	
90.02 09002 OP INSTITUTES	0	0	0	2,867,884	0	90.02	
90.03 09003 MARC	0	0	0	0	0	90.03	
90.04 09004 BARIATRIC CLINIC	0	0	0	632,318	0	90.04	
90.05 09005 PAIN MANAGEMENT	0	0	0	885,863	0	90.05	
91.00 09100 EMERGENCY	0	266,778	0	11,350,666	-266,778	91.00	
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	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,260,003	0	274,202,682	-3,260,003	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

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

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS						
	21.00	22.00					23.00	24.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	63,841	0	190.00
190.01	19001	AUXILIARY	0	0	0	295,300	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	245,843	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	425,108	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,093,186	0	1,093,186	-1,093,186	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	6,485,934	0	192.01
192.02	19202	FOUNDATION	0	0	0	21,485	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	-12,946	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	2,088,844	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	120,868	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	3,146,393	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	254,643	0	192.08
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	4,353,189	0	288,431,181	-4,353,189	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160033

Period:
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00510 A&G SHARED		5.01
5.02	00560 OTHER ADMINISTRATIVE AND GENERAL		5.02
5.03	00561 OTHER ADMINISTRATIVE AND GENERAL-SBS		5.03
6.00	00600 MAINTENANCE & REPAIRS		6.00
6.01	00601 MOB I		6.01
6.02	00602 MOB II		6.02
6.03	00603 BETT MED PARK		6.03
6.04	00604 NW CLINICS		6.04
6.05	00605 CPMP I		6.05
6.06	00606 CPMP II		6.06
6.07	00607 BETT PLAZA		6.07
6.08	00608 HEART INSTITUTE		6.08
6.09	00609 53RD STREET		6.09
6.10	00610 ELDRI DGE		6.10
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
11.01	01101 EMPLOYEE CAFETERIA		11.01
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	44,259,620	30.00
31.00	03100 INTENSIVE CARE UNIT	6,201,259	31.00
32.01	03201 NICU	2,102,083	32.01
40.00	04000 SUBPROVIDER - I PF	3,834,433	40.00
41.00	04100 SUBPROVIDER - I RF	4,226,535	41.00
43.00	04300 NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	22,156,496	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	25,892,690	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	8,272,426	55.00
57.00	05700 CT SCAN	2,267,315	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,077,186	58.00
59.00	05900 CARDIAC CATHETERIZATION	10,162,467	59.00
60.00	06000 LABORATORY	12,154,545	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,149,235	63.00
65.00	06500 RESPIRATORY THERAPY	4,889,756	65.00
66.00	06600 PHYSICAL THERAPY	17,390,537	66.00
69.00	06900 ELECTROCARDIOLOGY	5,163,963	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,835,682	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	18,589,909	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	31,735,925	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	25,202,102	73.00
74.00	07400 RENAL DIALYSIS	5,576,875	74.00
OUTPATIENT SERVICE COST CENTERS			
90.01	09001 CLINICAL PSYCH	331,687	90.01
90.02	09002 OP INSTITUTES	2,867,884	90.02
90.03	09003 MARC	0	90.03
90.04	09004 BARIATRIC CLINIC	632,318	90.04
90.05	09005 PAIN MANAGEMENT	885,863	90.05
91.00	09100 EMERGENCY	11,083,888	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	95.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	270,942,679	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	63,841	190.00
190.01	19001 AUXILIARY	295,300	190.01
190.02	19002 FIRST MED CLINICS	245,843	190.02
190.03	19003 EAP	0	190.03
191.00	19100 RESEARCH	425,108	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Total	
			26.00	
192.01	19201	NON REIMBURSEABLE COST	6,485,934	192.01
192.02	19202	FOUNDATION	21,485	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	-12,946	192.03
192.04	19204	OUTREACH PROGRAMS	2,088,844	192.04
192.05	19205	PHASE III REHAB	120,868	192.05
192.06	19206	AFFILIATES	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	3,146,393	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	254,643	192.08
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	284,077,992	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/22/2013 9:38 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	34,100	0	34,100	4.00
5.01 00510	A&G SHARED	311,262	853,133	416,591	1,580,986	666 5.01
5.02 00560	OTHER ADMINISTRATIVE AND GENERAL	14,469	158,492	164,981	337,942	589 5.02
5.03 00561	OTHER ADMINISTRATIVE AND GENERAL-SBS	0	0	0	0	0 5.03
6.00 00600	MAINTENANCE & REPAIRS	74,923	933,426	474,952	1,483,301	1,303 6.00
6.01 00601	MOB I	658,737	0	0	658,737	0 6.01
6.02 00602	MOB II	775,268	0	0	775,268	0 6.02
6.03 00603	BETT MED PARK	609,031	0	0	609,031	0 6.03
6.04 00604	NW CLINICS	372,865	0	0	372,865	0 6.04
6.05 00605	CPMP I	869,179	0	0	869,179	0 6.05
6.06 00606	CPMP II	852,924	0	0	852,924	0 6.06
6.07 00607	BETT PLAZA	979,248	0	0	979,248	0 6.07
6.08 00608	HEART INSTITUTE	1,698,880	0	0	1,698,880	0 6.08
6.09 00609	53RD STREET	309,294	0	0	309,294	0 6.09
6.10 00610	ELDRI DGE	156,544	0	0	156,544	0 6.10
7.00 00700	OPERATION OF PLANT	0	0	0	0	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	12	32,266	660	32,938	35 8.00
9.00 00900	HOUSEKEEPING	31,357	62,012	557,400	650,769	806 9.00
10.00 01000	DIETARY	29,592	159,225	44,353	233,170	416 10.00
11.00 01100	CAFETERIA	0	87,842	0	87,842	0 11.00
11.01 01101	EMPLOYEE CAFETERIA	0	0	0	0	0 11.01
13.00 01300	NURSING ADMINISTRATION	16,950	38,100	9,352	64,402	509 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	69,645	229,011	912,122	1,210,778	215 14.00
15.00 01500	PHARMACY	21,221	119,102	254,511	394,834	1,758 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	86,576	0	86,576	0 16.00
17.00 01700	SOCIAL SERVICE	0	33,911	4,800	38,711	0 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	206,424	0	206,424	430 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	163,306	1,538,595	443,303	2,145,204	8,269 30.00
31.00 03100	INTENSIVE CARE UNIT	38,478	139,690	172,100	350,268	1,097 31.00
32.01 03201	NI CU	8,805	28,965	233,201	270,971	406 32.01
40.00 04000	SUBPROVIDER - I PF	8,232	234,809	2,663	245,704	723 40.00
41.00 04100	SUBPROVIDER - I RF	19,447	216,919	33,258	269,624	810 41.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	872,459	581,704	2,625,647	4,079,810	2,218 50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	322,456	515,964	2,026,947	2,865,367	2,103 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	531,634	39,259	2,984,413	3,555,306	736 55.00
57.00 05700	CT SCAN	284	20,233	9,694	30,211	255 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,462	30,314	7,204	39,980	112 58.00
59.00 05900	CARDIAC CATHETERIZATION	107,458	129,325	1,588,823	1,825,606	920 59.00
60.00 06000	LABORATORY	17,981	197,751	3,540	219,272	0 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	3,999	6,309	10,308	0 63.00
65.00 06500	RESPIRATORY THERAPY	37,612	70,768	179,668	288,048	946 65.00
66.00 06600	PHYSICAL THERAPY	1,013,385	592,672	233,695	1,839,752	3,579 66.00
69.00 06900	ELECTROCARDIOLOGY	556,811	28,397	442,472	1,027,680	796 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	14,170	61,882	191,010	267,062	230 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,347	0	9,347	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	300,443	48,441	127,215	476,099	646 74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001	CLINICAL PSYCH	60	0	0	60	87 90.01
90.02 09002	OP INSTITUTES	248,032	45,909	92,258	386,199	449 90.02
90.03 09003	MARC	0	0	0	0	0 90.03
90.04 09004	BARIATRIC CLINIC	100,268	19,582	21,994	141,844	125 90.04
90.05 09005	PAIN MANAGEMENT	164,223	0	77,259	241,482	155 90.05
91.00 09100	EMERGENCY	33,515	214,327	327,089	574,931	1,944 91.00
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
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	12,412,922	7,802,472	14,669,484	34,884,878	33,333 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	93	3,041	0	3,134	14 190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
190.01 19001 AUXILIARY	1,916	63,278	4,069	69,263	12	190.01
190.02 19002 FIRST MED CLINICS	0	0	0	0	0	190.02
190.03 19003 EAP	0	0	0	0	0	190.03
191.00 19100 RESEARCH	2,163	0	1,732	3,895	60	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 NON REIMBURSEABLE COST	65,892	123,492	6,900	196,284	33	192.01
192.02 19202 FOUNDATION	0	5,040	2,287	7,327	1	192.02
192.03 19203 BIO MED SERVICES - OUTREACH	93	0	8,195	8,288	18	192.03
192.04 19204 OUTREACH PROGRAMS	19,940	8,235	0	28,175	1	192.04
192.05 19205 PHASE III REHAB	0	29,308	9,889	39,197	5	192.05
192.06 19206 AFFILIATES	0	0	0	0	0	192.06
192.07 19207 NON-ALLOWABLE MEALS	0	0	0	0	564	192.07
192.08 19208 ENVIRONMENTAL SVCS - OUTREACH	2,059	0	0	2,059	59	192.08
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	12,505,078	8,034,866	14,702,556	35,242,500	34,100	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033		Period: From 07/01/2012 To 06/30/2013		Worksheet B Part II Date/Time Prepared: 11/22/2013 9:38 am	
Cost Center Description		A&G SHARED	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL-SBS	MAINTENANCE & REPAIRS	MOB I	
		5.01	5.02	5.03	6.00	6.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	A&G SHARED	1,581,652				5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL	1,581,652	1,920,183			5.02
5.03	00561	OTHER ADMINISTRATIVE AND GENERAL-SBS	0	78,829	78,829		5.03
6.00	00600	MAINTENANCE & REPAIRS	0	58,003	0	1,542,607	6.00
6.01	00601	MOB I	0	4,944	0	0	663,681
6.02	00602	MOB II	0	5,887	0	0	0
6.03	00603	BETT MED PARK	0	4,339	0	0	0
6.04	00604	NW CLINICS	0	2,517	0	0	0
6.05	00605	CPMP I	0	6,461	0	0	0
6.06	00606	CPMP II	0	6,532	0	0	0
6.07	00607	BETT PLAZA	0	7,110	0	0	0
6.08	00608	HEART INSTITUTE	0	13,150	0	0	0
6.09	00609	53RD STREET	0	2,067	0	0	0
6.10	00610	ELDRIDGE	0	1,065	0	0	0
7.00	00700	OPERATION OF PLANT	0	14,676	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,538	0	8,219	0
9.00	00900	HOUSEKEEPING	0	28,193	0	15,797	13,675
10.00	01000	DIETARY	0	16,865	0	40,560	0
11.00	01100	CAFETERIA	0	695	0	22,376	0
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	12,949	0	9,705	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	39,749	0	58,337	0
15.00	01500	PHARMACY	0	46,803	0	30,340	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23,224	0	22,054	0
17.00	01700	SOCIAL SERVICE	0	306	0	8,638	4,141
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	25,364	0	52,583	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	235,417	7,523	391,934	0
31.00	03100	INTENSIVE CARE UNIT	0	34,631	1,387	35,584	0
32.01	03201	NICU	0	12,334	436	7,378	0
40.00	04000	SUBPROVIDER - IPF	0	20,814	670	59,814	0
41.00	04100	SUBPROVIDER - IRF	0	22,935	797	55,257	0
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	119,849	6,451	148,181	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	153,272	6,206	131,435	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	49,591	1,529	10,001	58,723
57.00	05700	CT SCAN	0	10,558	2,975	5,154	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,994	1,206	7,722	0
59.00	05900	CARDIAC CATHETERIZATION	0	52,606	8,454	32,944	0
60.00	06000	LABORATORY	0	71,488	4,535	50,374	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	13,688	418	1,019	0
65.00	06500	RESPIRATORY THERAPY	0	27,445	2,352	18,027	0
66.00	06600	PHYSICAL THERAPY	0	98,079	3,059	150,975	2,248
69.00	06900	ELECTROCARDIOLOGY	0	25,340	1,702	7,234	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,246	501	15,764	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	104,809	5,096	2,381	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	179,061	7,483	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	106,847	8,364	0	0
74.00	07400	RENAL DIALYSIS	0	33,138	766	12,340	122,212
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0	2,105	59	0	0
90.02	09002	OP INSTITUTES	0	16,130	705	11,695	0
90.03	09003	MARC	0	0	0	0	0
90.04	09004	BARIATRIC CLINIC	0	3,719	29	4,988	0
90.05	09005	PAIN MANAGEMENT	0	4,733	155	0	0
91.00	09100	EMERGENCY	0	58,355	5,971	54,597	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,581,652	1,875,450	78,829	1,483,407	200,999
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	377	0	775	0
190.01	19001	AUXILIARY	0	1,203	0	16,119	0
190.02	19002	FIRST MED CLINICS	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			A&G SHARED	OTHER ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE AND GENERAL-SBS	MAINTENANCE & REPAIRS	MOB I	
			5.01	5.02	5.03	6.00	6.01	
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	2,801	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	3,520	0	31,458	462,682	192.01
192.02	19202	FOUNDATION	0	83	0	1,284	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	13,800	0	2,098	0	192.04
192.05	19205	PHASE III REHAB	0	453	0	7,466	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	20,946	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	1,550	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,581,652	1,920,183	78,829	1,542,607	663,681	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

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Cost Center Description		MOB II	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
		6.02	6.03	6.04	6.05	6.06	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00560						5.02
5.03	00561						5.03
6.00	00600						6.00
6.01	00601						6.01
6.02	00602	781,155					6.02
6.03	00603		613,370				6.03
6.04	00604			375,382			6.04
6.05	00605				875,640		6.05
6.06	00606					859,456	6.06
6.07	00607						6.07
6.08	00608						6.08
6.09	00609						6.09
6.10	00610						6.10
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	4,017	695		835		9.00
10.00	01000				22,250		10.00
11.00	01100						11.00
11.01	01101						11.01
13.00	01300	1,561			2,455		13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700					4,439	17.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300						23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,561					30.00
31.00	03100						31.00
32.01	03201						32.01
40.00	04000						40.00
41.00	04100						41.00
43.00	04300						43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000				288,385		50.00
54.00	05400						54.00
55.00	05500	1,010			209,375	23,406	55.00
57.00	05700						57.00
58.00	05800						58.00
59.00	05900						59.00
60.00	06000						60.00
63.00	06300						63.00
65.00	06500						65.00
66.00	06600						66.00
69.00	06900						69.00
70.00	07000						70.00
71.00	07100						71.00
72.00	07200						72.00
73.00	07300						73.00
74.00	07400						74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001						90.01
90.02	09002				2,404	30,175	90.02
90.03	09003						90.03
90.04	09004						90.04
90.05	09005						90.05
91.00	09100						91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500						95.00
SPECIAL PURPOSE COST CENTERS							
118.00		8,149	695		525,704	58,020	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000						190.00
190.01	19001						190.01
190.02	19002		90,470	148,611			190.02
190.03	19003						190.03
191.00	19100						191.00
192.00	19200						192.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			MOB I I	BETT MED PARK	NW CLINICS	CPMP I	CPMP II	
			6.02	6.03	6.04	6.05	6.06	
192.01	19201	NON REIMBURSEABLE COST	773,006	522,205	226,771	349,936	801,436	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
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)	781,155	613,370	375,382	875,640	859,456	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/22/2013 9:38 am			
Cost Center Description		BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
		6.07	6.08	6.09	6.10	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	A&G SHARED					5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02
5.03	00561	OTHER ADMINISTRATIVE AND GENERAL-SBS					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
6.01	00601	MOB I					6.01
6.02	00602	MOB II					6.02
6.03	00603	BETT MED PARK					6.03
6.04	00604	NW CLINICS					6.04
6.05	00605	CPMP I					6.05
6.06	00606	CPMP II					6.06
6.07	00607	BETT PLAZA	986,358				6.07
6.08	00608	HEART INSTITUTE	0	1,712,030			6.08
6.09	00609	53RD STREET	0	0	311,361		6.09
6.10	00610	ELDRIDGE	0	0	0	157,609	6.10
7.00	00700	OPERATION OF PLANT	0	0	0	0	14,676
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	78
9.00	00900	HOUSEKEEPING	0	0	0	0	150
10.00	01000	DIETARY	0	0	0	0	386
11.00	01100	CAFETERIA	0	0	0	0	213
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	92
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	555
15.00	01500	PHARMACY	0	0	0	0	289
16.00	01600	MEDICAL RECORDS & LIBRARY	36,956	0	0	0	210
17.00	01700	SOCIAL SERVICE	0	0	0	0	82
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	500
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	3,732
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	339
32.01	03201	NICU	0	0	0	0	70
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	569
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	526
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	1,410
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,405	0	0	0	1,250
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	95
57.00	05700	CT SCAN	0	0	0	0	49
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	73
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	313
60.00	06000	LABORATORY	0	0	0	0	479
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	10
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	172
66.00	06600	PHYSICAL THERAPY	185,231	0	0	0	1,436
69.00	06900	ELECTROCARDIOLOGY	0	711,102	0	0	69
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	150
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	23
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	117
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	0	0	0	0	0
90.02	09002	OP INSTITUTES	53,681	0	0	0	111
90.03	09003	MARC	0	0	0	0	0
90.04	09004	BARITRIC CLINIC	0	0	0	0	47
90.05	09005	PAIN MANAGEMENT	109,070	0	0	0	0
91.00	09100	EMERGENCY	0	0	0	0	519
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	405,343	711,102	0	0	14,114
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	7
190.01	19001	AUXILIARY	0	0	0	0	153
190.02	19002	FIRST MED CLINICS	0	0	0	0	0
190.03	19003	EAP	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			BETT PLAZA	HEART INSTITUTE	53RD STREET	ELDRIDGE	OPERATION OF PLANT	
			6.07	6.08	6.09	6.10	7.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	581,015	1,000,928	311,361	157,609	299	192.01
192.02	19202	FOUNDATION	0	0	0	0	12	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	20	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	71	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
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)	986,358	1,712,030	311,361	157,609	14,676	202.00

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA		
		8.00	9.00	10.00	11.00	11.01		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00510	A&G SHARED					5.01	
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02	
5.03	00561	OTHER ADMINISTRATIVE AND GENERAL-SBS					5.03	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
6.01	00601	MOB I					6.01	
6.02	00602	MOB II					6.02	
6.03	00603	BETT MED PARK					6.03	
6.04	00604	NW CLINICS					6.04	
6.05	00605	CPMP I					6.05	
6.06	00606	CPMP II					6.06	
6.07	00607	BETT PLAZA					6.07	
6.08	00608	HEART INSTITUTE					6.08	
6.09	00609	53RD STREET					6.09	
6.10	00610	ELDRIDGE					6.10	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	44,808				8.00	
9.00	00900	HOUSEKEEPING	0	714,937			9.00	
10.00	01000	DIETARY	0	21,571	335,218		10.00	
11.00	01100	CAFETERIA	0	11,900	207,762	330,788	11.00	
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	330,788	11.01	
13.00	01300	NURSING ADMINISTRATION	0	5,161	0	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	31,025	0	0	14.00	
15.00	01500	PHARMACY	0	16,135	0	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,729	0	0	16.00	
17.00	01700	SOCIAL SERVICE	0	4,594	0	0	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	27,965	0	0	22.00	
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,777	208,440	122,977	0	99,123	30.00
31.00	03100	INTENSIVE CARE UNIT	1,701	18,924	4,479	0	11,986	31.00
32.01	03201	NICU	468	3,924	0	0	3,615	32.01
40.00	04000	SUBPROVIDER - IPF	973	0	0	0	7,399	40.00
41.00	04100	SUBPROVIDER - IRF	2,482	0	0	0	9,777	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,596	78,806	0	0	22,564	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,773	69,900	0	0	25,079	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	826	5,319	0	0	7,192	55.00
57.00	05700	CT SCAN	245	2,741	0	0	2,790	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,107	0	0	1,094	58.00
59.00	05900	CARDIAC CATHETERIZATION	836	17,520	0	0	9,228	59.00
60.00	06000	LABORATORY	0	26,790	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	542	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	9,587	0	0	11,030	65.00
66.00	06600	PHYSICAL THERAPY	316	80,291	0	0	39,619	66.00
69.00	06900	ELECTROCARDIOLOGY	621	3,847	0	0	9,279	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	646	8,383	0	0	2,799	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,266	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	17	6,562	0	0	8,266	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	558	90.01
90.02	09002	OP INSTITUTES	449	6,219	0	0	5,320	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARITRIC CLINIC	14	2,653	0	0	1,570	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	1,805	90.05
91.00	09100	EMERGENCY	5,943	29,036	0	0	24,425	91.00
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
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	44,683	714,937	335,218	330,788	328,466	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	256	190.00
190.01	19001	AUXILIARY	0	0	0	0	46	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	649	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

Period:
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
			8.00	9.00	10.00	11.00	11.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	56	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	202	192.03
192.04	19204	OUTREACH PROGRAMS	69	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	1,169	192.08
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)	44,808	714,937	335,218	330,788	330,788	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/22/2013 9:38 am				
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		13.00	14.00	15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.01	00510	A&G SHARED				5.01		
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL				5.02		
5.03	00561	OTHER ADMINISTRATIVE AND GENERAL-SBS				5.03		
6.00	00600	MAINTENANCE & REPAIRS				6.00		
6.01	00601	MOB I				6.01		
6.02	00602	MOB II				6.02		
6.03	00603	BETT MED PARK				6.03		
6.04	00604	NW CLINICS				6.04		
6.05	00605	CPMP I				6.05		
6.06	00606	CPMP II				6.06		
6.07	00607	BETT PLAZA				6.07		
6.08	00608	HEART INSTITUTE				6.08		
6.09	00609	53RD STREET				6.09		
6.10	00610	ELDRIDGE				6.10		
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		
11.01	01101	EMPLOYEE CAFETERIA				11.01		
13.00	01300	NURSING ADMINISTRATION	102,240			13.00		
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,344,460		14.00		
15.00	01500	PHARMACY	0	5,635	510,530	15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	180,749	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	0	60,916	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	50,127	52,399	0	17,184	42,671	30.00
31.00	03100	INTENSIVE CARE UNIT	6,626	14,589	0	3,169	4,110	31.00
32.01	03201	NI CU	2,122	1,772	0	997	2,086	32.01
40.00	04000	SUBPROVIDER - I PF	3,717	379	0	1,531	5,414	40.00
41.00	04100	SUBPROVIDER - I RF	5,162	2,979	0	1,821	6,635	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,093	114,424	0	14,736	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,263	7,385	0	14,175	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	994	2,761	0	3,493	0	55.00
57.00	05700	CT SCAN	0	3,895	0	6,795	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	388	0	2,755	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,373	26,545	0	19,312	0	59.00
60.00	06000	LABORATORY	0	17	0	10,359	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1	0	955	0	63.00
65.00	06500	RESPIRATORY THERAPY	1	8,902	0	5,372	0	65.00
66.00	06600	PHYSICAL THERAPY	210	4,381	0	6,988	0	66.00
69.00	06900	ELECTROCARDIOLOGY	2,286	2,087	0	3,888	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	108	1,153	0	1,144	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	369,774	0	11,641	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	684,648	0	17,093	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	510,530	19,785	0	73.00
74.00	07400	RENAL DIALYSIS	2,162	17,266	0	1,749	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	136	0	90.01
90.02	09002	OP INSTITUTES	1,582	3,336	0	1,611	0	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	282	25	0	67	0	90.04
90.05	09005	PAIN MANAGEMENT	462	989	0	354	0	90.05
91.00	09100	EMERGENCY	12,067	18,268	0	13,639	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	101,637	1,343,998	510,530	180,749	60,916	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4	0	0	0	190.00
190.01	19001	AUXILIARY	0	32	0	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	190.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

Period:
From 07/01/2012
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Cost Center Description			NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE		
			ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY			
			13.00	14.00	15.00	16.00	17.00		
191.00	19100	RESEARCH	1	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	60	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	2	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	8	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	602	356	0	0	0	0	192.08
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	102,240	1,344,460	510,530	180,749	60,916	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160033

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00510 A&G SHARED						5.01
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03 00561 OTHER ADMINISTRATIVE AND GENERAL-SBS						5.03
6.00 00600 MAINTENANCE & REPAIRS						6.00
6.01 00601 MOB I						6.01
6.02 00602 MOB II						6.02
6.03 00603 BETT MED PARK						6.03
6.04 00604 NW CLINICS						6.04
6.05 00605 CPMP I						6.05
6.06 00606 CPMP II						6.06
6.07 00607 BETT PLAZA						6.07
6.08 00608 HEART INSTITUTE						6.08
6.09 00609 53RD STREET						6.09
6.10 00610 ELDRI DGE						6.10
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
11.01 01101 EMPLOYEE CAFETERIA						11.01
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		313,266				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS				3,404,338	0	30.00
31.00 03100 INTENSIVE CARE UNIT				488,890	0	31.00
32.01 03201 NICU				306,579	0	32.01
40.00 04000 SUBPROVIDER - IPF				347,707	0	40.00
41.00 04100 SUBPROVIDER - IRF				378,805	0	41.00
43.00 04300 NURSERY				0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM				4,895,523	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC				3,300,613	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC				3,930,357	0	55.00
57.00 05700 CT SCAN				65,668	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)				62,431	0	58.00
59.00 05900 CARDIAC CATHETERIZATION				1,996,657	0	59.00
60.00 06000 LABORATORY				383,314	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.				26,941	0	63.00
65.00 06500 RESPIRATORY THERAPY				371,882	0	65.00
66.00 06600 PHYSICAL THERAPY				2,416,164	0	66.00
69.00 06900 ELECTROCARDIOLOGY				1,795,931	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY				308,186	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS				504,337	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT				888,285	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS				645,526	0	73.00
74.00 07400 RENAL DIALYSIS				681,340	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH				3,005	0	90.01
90.02 09002 OP INSTITUTES				520,066	0	90.02
90.03 09003 MARC				0	0	90.03
90.04 09004 BARIATRIC CLINIC				155,363	0	90.04
90.05 09005 PAIN MANAGEMENT				359,205	0	90.05
91.00 09100 EMERGENCY				799,695	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES				0	0	95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	29,036,808	0

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		4,567	0	190.00
190.01	19001	AUXILIARY		86,828	0	190.01
190.02	19002	FIRST MED CLINICS		239,081	0	190.02
190.03	19003	EAP		0	0	190.03
191.00	19100	RESEARCH		7,406	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		0	0	192.00
192.01	19201	NON REIMBURSEABLE COST		5,418,659	0	192.01
192.02	19202	FOUNDATION		8,707	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH		8,510	0	192.03
192.04	19204	OUTREACH PROGRAMS		44,171	0	192.04
192.05	19205	PHASE III REHAB		47,192	0	192.05
192.06	19206	AFFILIATES		0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS		21,510	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH		5,795	0	192.08
200.00		Cross Foot Adjustments	0	313,266	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	313,266	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/22/2013 9:38 am
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Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00510 A&G SHARED			5.01
5.02	00560 OTHER ADMINISTRATIVE AND GENERAL			5.02
5.03	00561 OTHER ADMINISTRATIVE AND GENERAL-SBS			5.03
6.00	00600 MAINTENANCE & REPAIRS			6.00
6.01	00601 MOB I			6.01
6.02	00602 MOB II			6.02
6.03	00603 BETT MED PARK			6.03
6.04	00604 NW CLINICS			6.04
6.05	00605 CPMP I			6.05
6.06	00606 CPMP II			6.06
6.07	00607 BETT PLAZA			6.07
6.08	00608 HEART INSTITUTE			6.08
6.09	00609 53RD STREET			6.09
6.10	00610 ELDRI DGE			6.10
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
11.01	01101 EMPLOYEE CAFETERIA			11.01
13.00	01300 NURSING ADMINISTRATION			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
15.00	01500 PHARMACY			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
17.00	01700 SOCIAL SERVICE			17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	3,404,338		30.00
31.00	03100 INTENSIVE CARE UNIT	488,890		31.00
32.01	03201 NICU	306,579		32.01
40.00	04000 SUBPROVIDER - IPF	347,707		40.00
41.00	04100 SUBPROVIDER - IRF	378,805		41.00
43.00	04300 NURSERY	0		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	4,895,523		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,300,613		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,930,357		55.00
57.00	05700 CT SCAN	65,668		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	62,431		58.00
59.00	05900 CARDIAC CATHETERIZATION	1,996,657		59.00
60.00	06000 LABORATORY	383,314		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	26,941		63.00
65.00	06500 RESPIRATORY THERAPY	371,882		65.00
66.00	06600 PHYSICAL THERAPY	2,416,164		66.00
69.00	06900 ELECTROCARDIOLOGY	1,795,931		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	308,186		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	504,337		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	888,285		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	645,526		73.00
74.00	07400 RENAL DIALYSIS	681,340		74.00
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 CLINICAL PSYCH	3,005		90.01
90.02	09002 OP INSTITUTES	520,066		90.02
90.03	09003 MARC	0		90.03
90.04	09004 BARIATRIC CLINIC	155,363		90.04
90.05	09005 PAIN MANAGEMENT	359,205		90.05
91.00	09100 EMERGENCY	799,695		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0		95.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	29,036,808		118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,567		190.00
190.01	19001 AUXILIARY	86,828		190.01
190.02	19002 FIRST MED CLINICS	239,081		190.02
190.03	19003 EAP	0		190.03
191.00	19100 RESEARCH	7,406		191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0		192.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			Total	
			26.00	
192.01	19201	NON REIMBURSEABLE COST	5,418,659	192.01
192.02	19202	FOUNDATION	8,707	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	8,510	192.03
192.04	19204	OUTREACH PROGRAMS	44,171	192.04
192.05	19205	PHASE III REHAB	47,192	192.05
192.06	19206	AFFILIATES	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	21,510	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	5,795	192.08
200.00		Cross Foot Adjustments	313,266	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	35,242,500	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

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Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	A&G SHARED (TOTAL COST)	Reconciliation		
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	679,071					1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		7,912,235				2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2,882	0	86,140,542			4.00	
5.01 00510 A&G SHARED	72,103	224,190	1,682,265	293,895,229		5.01	
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL	13,395	88,785	1,488,373	293,895,229	-45,660,587	5.02	
5.03 00561 OTHER ADMINISTRATIVE AND GENERAL-SBS	0	0	0	0	0	5.03	
6.00 00600 MAINTENANCE & REPAIRS	78,889	255,597	3,290,594	0	0	6.00	
6.01 00601 MOB I	0	0	0	0	0	6.01	
6.02 00602 MOB II	0	0	0	0	0	6.02	
6.03 00603 BETT MED PARK	0	0	0	0	0	6.03	
6.04 00604 NW CLINICS	0	0	0	0	0	6.04	
6.05 00605 CPMP I	0	0	0	0	0	6.05	
6.06 00606 CPMP II	0	0	0	0	0	6.06	
6.07 00607 BETT PLAZA	0	0	0	0	0	6.07	
6.08 00608 HEART INSTITUTE	0	0	0	0	0	6.08	
6.09 00609 53RD STREET	0	0	0	0	0	6.09	
6.10 00610 ELDRI DGE	0	0	0	0	0	6.10	
7.00 00700 OPERATION OF PLANT	0	0	0	0	0	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	2,727	355	89,615	0	0	8.00	
9.00 00900 HOUSEKEEPING	5,241	299,967	2,035,046	0	0	9.00	
10.00 01000 DIETARY	13,457	23,869	1,049,422	0	0	10.00	
11.00 01100 CAFETERIA	7,424	0	0	0	0	11.00	
11.01 01101 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01	
13.00 01300 NURSING ADMINISTRATION	3,220	5,033	1,285,628	0	0	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	19,355	490,862	541,929	0	0	14.00	
15.00 01500 PHARMACY	10,066	136,966	4,439,988	0	0	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	7,317	0	0	0	0	16.00	
17.00 01700 SOCIAL SERVICE	2,866	2,583	0	0	0	17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	17,446	0	1,084,921	0	0	22.00	
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	130,035	238,565	20,918,174	0	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	11,806	92,616	2,769,018	0	0	31.00	
32.01 03201 NICU	2,448	125,498	1,025,488	0	0	32.01	
40.00 04000 SUBPROVIDER - IPF	19,845	1,433	1,824,705	0	0	40.00	
41.00 04100 SUBPROVIDER - IRF	18,333	17,898	2,045,856	0	0	41.00	
43.00 04300 NURSERY	0	0	0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	49,163	1,413,002	5,600,698	0	0	50.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	43,607	1,090,809	5,310,570	0	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	3,318	1,606,073	1,858,004	0	0	55.00	
57.00 05700 CT SCAN	1,710	5,217	643,366	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	2,562	3,877	283,850	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	10,930	855,031	2,323,936	0	0	59.00	
60.00 06000 LABORATORY	16,713	1,905	0	0	0	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	338	3,395	0	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	5,981	96,689	2,389,199	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	50,090	125,764	9,036,817	0	0	66.00	
69.00 06900 ELECTROCARDIOLOGY	2,400	238,118	2,008,905	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	5,230	102,793	580,486	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	790	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00 07400 RENAL DIALYSIS	4,094	68,461	1,630,425	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.01 09001 CLINICAL PSYCH	0	0	218,728	0	0	90.01	
90.02 09002 OP INSTITUTES	3,880	49,649	1,132,698	0	0	90.02	
90.03 09003 MARC	0	0	0	0	0	90.03	
90.04 09004 BARIATRIC CLINIC	1,655	11,836	316,414	0	0	90.04	
90.05 09005 PAIN MANAGEMENT	0	41,577	390,649	0	0	90.05	
91.00 09100 EMERGENCY	18,114	176,024	4,908,027	0	0	91.00	
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	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	659,430	7,894,437	84,203,794	293,895,229	-45,660,587	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
11/22/2013 9:38 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	A&G SHARED (TOTAL COST)	Reconciliation
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.00	2.00			
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	257	0	35,183	0	0 190.00
190.01 19001 AUXILIARY	5,348	2,190	31,082	0	0 190.01
190.02 19002 FIRST MED CLINICS	0	0	0	0	0 190.02
190.03 19003 EAP	0	0	0	0	0 190.03
191.00 19100 RESEARCH	0	932	150,424	0	0 191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01 19201 NON REIMBURSEABLE COST	10,437	3,713	83,155	0	0 192.01
192.02 19202 FOUNDATION	426	1,231	2,145	0	0 192.02
192.03 19203 BIO MED SERVICES - OUTREACH	0	4,410	44,852	0	14,287 192.03
192.04 19204 OUTREACH PROGRAMS	696	0	3,504	0	0 192.04
192.05 19205 PHASE III REHAB	2,477	5,322	12,470	0	0 192.05
192.06 19206 AFFILIATES	0	0	0	0	0 192.06
192.07 19207 NON-ALLOWABLE MEALS	0	0	1,424,404	0	0 192.07
192.08 19208 ENVIRONMENTAL SVCS - OUTREACH	0	0	149,529	0	0 192.08
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)	8,034,866	14,702,556	9,257,734	15,685,907	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	11.832144	1.858205	0.107472	0.053372	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			34,100	1,581,652	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000396	0.005382	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OTHER ADMINISTRATIVE AND GENERAL-SBS (GROSS CHARGES)	MAINTENANCE & REPAIRS (SQUARE FEET)	MOB I (SQUARE FEET)	MOB II (SQUARE FEET)	
		5.02	5.03	6.00	6.01	6.02	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00560	242,784,881					5.02
5.03	00561	9,966,999	831,514,920				5.03
6.00	00600	7,333,774	0	511,802			6.00
6.01	00601	625,155	0	0	39,263		6.01
6.02	00602	744,298	0	0	0	34,028	6.02
6.03	00603	548,583	0	0	0	0	6.03
6.04	00604	318,300	0	0	0	0	6.04
6.05	00605	816,900	0	0	0	0	6.05
6.06	00606	825,837	0	0	0	0	6.06
6.07	00607	899,008	0	0	0	0	6.07
6.08	00608	1,662,716	0	0	0	0	6.08
6.09	00609	261,308	0	0	0	0	6.09
6.10	00610	134,635	0	0	0	0	6.10
7.00	00700	1,855,561	0	0	0	0	7.00
8.00	00800	447,356	0	2,727	0	0	8.00
9.00	00900	3,564,632	0	5,241	809	175	9.00
10.00	01000	2,132,437	0	13,457	0	0	10.00
11.00	01100	87,842	0	7,424	0	0	11.00
11.01	01101	0	0	0	0	0	11.01
13.00	01300	1,637,287	0	3,220	0	68	13.00
14.00	01400	5,025,854	0	19,355	0	0	14.00
15.00	01500	5,917,671	0	10,066	0	0	15.00
16.00	01600	2,936,444	0	7,317	0	0	16.00
17.00	01700	38,711	0	2,866	245	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	3,207,023	0	17,446	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	29,766,025	79,189,678	130,035	0	68	30.00
31.00	03100	4,378,643	14,602,692	11,806	0	0	31.00
32.01	03201	1,559,505	4,592,635	2,448	0	0	32.01
40.00	04000	2,631,640	7,057,519	19,845	0	0	40.00
41.00	04100	2,899,820	8,392,998	18,333	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	15,153,502	67,907,418	49,163	0	0	50.00
54.00	05400	19,379,401	65,322,515	43,607	0	0	54.00
55.00	05500	6,270,204	16,097,466	3,318	3,474	44	55.00
57.00	05700	1,334,886	31,313,637	1,710	0	0	57.00
58.00	05800	631,379	12,698,092	2,562	0	0	58.00
59.00	05900	6,651,366	88,994,537	10,930	0	0	59.00
60.00	06000	9,038,829	47,736,600	16,713	0	0	60.00
63.00	06300	1,730,674	4,400,514	338	0	0	63.00
65.00	06500	3,470,155	24,755,670	5,981	0	0	65.00
66.00	06600	12,400,925	32,202,504	50,090	133	0	66.00
69.00	06900	3,203,895	17,915,722	2,400	0	0	69.00
70.00	07000	1,295,525	5,272,572	5,230	0	0	70.00
71.00	07100	13,251,834	53,646,876	790	0	0	71.00
72.00	07200	22,640,187	78,767,892	0	0	0	72.00
73.00	07300	13,509,587	89,742,617	0	0	0	73.00
74.00	07400	4,189,911	8,060,804	4,094	7,230	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	266,210	625,607	0	0	0	90.01
90.02	09002	2,039,439	7,423,327	3,880	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
90.04	09004	470,168	308,780	1,655	0	0	90.04
90.05	09005	598,400	1,633,628	0	0	0	90.05
91.00	09100	7,378,358	62,852,620	18,114	0	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		237,128,799	831,514,920	492,161	11,891	355	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	47,685	0	257	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OTHER ADMINISTRATIVE AND GENERAL-SBS (GROSS CHARGES)	MAINTENANCE & REPAIRS (SQUARE FEET)	MOB I (SQUARE FEET)	MOB II (SQUARE FEET)	
		5.02	5.03	6.00	6.01	6.02	
190.01	19001 AUXILIARY	152,142	0	5,348	0	0	190.01
190.02	19002 FIRST MED CLINICS	0	0	0	0	0	190.02
190.03	19003 EAP	0	0	0	0	0	190.03
191.00	19100 RESEARCH	354,201	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 NON REIMBURSEABLE COST	445,111	0	10,437	27,372	33,673	192.01
192.02	19202 FOUNDATION	10,435	0	426	0	0	192.02
192.03	19203 BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204 OUTREACH PROGRAMS	1,744,887	0	696	0	0	192.04
192.05	19205 PHASE III REHAB	57,261	0	2,477	0	0	192.05
192.06	19206 AFFILIATES	0	0	0	0	0	192.06
192.07	19207 NON-ALLOWABLE MEALS	2,648,323	0	0	0	0	192.07
192.08	19208 ENVIRONMENTAL SVCS - OUTREACH	196,037	0	0	0	0	192.08
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)	45,660,587	11,841,493	8,713,037	742,728	884,278	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.188070	0.014241	17.024234	18.916741	25.986776	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,920,183	78,829	1,542,607	663,681	781,155	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.007909	0.000095	3.014070	16.903471	22.956242	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1
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Cost Center Description		BETT MED PARK (SQUARE FEET)	NW CLINICS (SQUARE FEET)	CPMP I (SQUARE FEET)	CPMP II (SQUARE FEET)	BETT PLAZA (SQUARE FEET)	
		6.03	6.04	6.05	6.06	6.07	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510 A&G SHARED						5.01
5.02	00560 OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00561 OTHER ADMINISTRATIVE AND GENERAL-SBS						5.03
6.00	00600 MAINTENANCE & REPAIRS						6.00
6.01	00601 MOB I						6.01
6.02	00602 MOB II						6.02
6.03	00603 BETT MED PARK	22,943					6.03
6.04	00604 NW CLINICS	0	10,225				6.04
6.05	00605 CPMP I	0	0	51,357			6.05
6.06	00606 CPMP II	0	0	0	46,854		6.06
6.07	00607 BETT PLAZA	0	0	0	0	56,557	6.07
6.08	00608 HEART INSTITUTE	0	0	0	0	0	6.08
6.09	00609 53RD STREET	0	0	0	0	0	6.09
6.10	00610 ELDRI DGE	0	0	0	0	0	6.10
7.00	00700 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900 HOUSEKEEPING	26	0	49	0	0	9.00
10.00	01000 DIETARY	0	0	1,305	0	0	10.00
11.00	01100 CAFETERIA	0	0	0	0	0	11.00
11.01	01101 EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300 NURSING ADMINISTRATION	0	0	144	0	0	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500 PHARMACY	0	0	0	0	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	2,119	16.00
17.00	01700 SOCIAL SERVICE	0	0	0	242	0	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.01	03201 NICU	0	0	0	0	0	32.01
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300 NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	16,914	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,170	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	12,280	1,276	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	10,621	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002 OP INSTITUTES	0	0	141	1,645	3,078	90.02
90.03	09003 MARC	0	0	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	0	6,254	90.05
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	26	0	30,833	3,163	23,242	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 AUXILIARY	0	0	0	0	0	190.01
190.02	19002 FIRST MED CLINICS	3,384	4,048	0	0	0	190.02
190.03	19003 EAP	0	0	0	0	0	190.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
11/22/2013 9:38 am

Cost Center Description			BETT MED PARK (SQUARE FEET)	NW CLINICS (SQUARE FEET)	CPMP I (SQUARE FEET)	CPMP II (SQUARE FEET)	BETT PLAZA (SQUARE FEET)	
			6.03	6.04	6.05	6.06	6.07	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	19,533	6,177	20,524	43,691	33,315	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
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)	651,755	378,163	970,534	981,152	1,068,084	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	28.407575	36.984156	18.897794	20.940624	18.885089	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	613,370	375,382	875,640	859,456	986,358	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	26.734516	36.712176	17.050061	18.343279	17.440069	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		HEART INSTITUTE (SQUARE FEET)	53RD STREET (SQUARE FEET)	ELDRIDGE (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)		
		6.08	6.09	6.10	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00510	A&G SHARED					5.01	
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL					5.02	
5.03	00561	OTHER ADMINISTRATIVE AND GENERAL-SBS					5.03	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
6.01	00601	MOB I					6.01	
6.02	00602	MOB II					6.02	
6.03	00603	BETT MED PARK					6.03	
6.04	00604	NW CLINICS					6.04	
6.05	00605	CPMP I					6.05	
6.06	00606	CPMP II					6.06	
6.07	00607	BETT PLAZA					6.07	
6.08	00608	HEART INSTITUTE	75,097				6.08	
6.09	00609	53RD STREET	0	13,636			6.09	
6.10	00610	ELDRIDGE	0	0	7,560		6.10	
7.00	00700	OPERATION OF PLANT	0	0	0	511,802	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,727	2,009,943	8.00
9.00	00900	HOUSEKEEPING	0	0	0	5,241	0	9.00
10.00	01000	DIETARY	0	0	0	13,457	0	10.00
11.00	01100	CAFETERIA	0	0	0	7,424	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
13.00	01300	NURSING ADMINISTRATION	0	0	0	3,220	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	19,355	0	14.00
15.00	01500	PHARMACY	0	0	0	10,066	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	7,317	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	2,866	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	17,446	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	130,035	797,375	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	11,806	76,324	31.00
32.01	03201	NI CU	0	0	0	2,448	20,988	32.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	19,845	43,651	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	18,333	111,340	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	49,163	385,582	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	43,607	124,367	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	3,318	37,041	55.00
57.00	05700	CT SCAN	0	0	0	1,710	11,003	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,562	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	10,930	37,495	59.00
60.00	06000	LABORATORY	0	0	0	16,713	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	338	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,981	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	50,090	14,153	66.00
69.00	06900	ELECTROCARDIOLOGY	31,192	0	0	2,400	27,875	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,230	28,965	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	790	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,094	774	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	0	3,880	20,148	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	1,655	649	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	18,114	266,588	91.00
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
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	31,192	0	0	492,161	2,004,318	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	257	0	190.00
190.01	19001	AUXILIARY	0	0	0	5,348	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	190.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
11/22/2013 9:38 am

Cost Center Description			HEART INSTITUTE (SQUARE FEET)	53RD STREET (SQUARE FEET)	ELDRIDGE (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
			6.08	6.09	6.10	7.00	8.00	
190.03	19003	EAP	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	43,905	13,636	7,560	10,437	2,530	192.01
192.02	19202	FOUNDATION	0	0	0	426	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	696	3,095	192.04
192.05	19205	PHASE III REHAB	0	0	0	2,477	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	0	0	192.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,975,423	310,452	159,956	2,204,536	589,661	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	26.304952	22.767087	21.158201	4.307400	0.293372	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,712,030	311,361	157,609	14,676	44,808	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	22.797582	22.833749	20.847751	0.028675	0.022293	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS)	EMPLOYEE CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)	
			9.00	10.00	11.00	11.01	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	A&G SHARED						5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL						5.02
5.03	00561	OTHER ADMINISTRATIVE AND GENERAL-SBS						5.03
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	MOB I						6.01
6.02	00602	MOB II						6.02
6.03	00603	BETT MED PARK						6.03
6.04	00604	NW CLINICS						6.04
6.05	00605	CPMP I						6.05
6.06	00606	CPMP II						6.06
6.07	00607	BETT PLAZA						6.07
6.08	00608	HEART INSTITUTE						6.08
6.09	00609	53RD STREET						6.09
6.10	00610	ELDRIDGE						6.10
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	446,015					9.00
10.00	01000	DIETARY	13,457	525,686				10.00
11.00	01100	CAFETERIA	7,424	325,811	325,811			11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	325,811	122,809		11.01
13.00	01300	NURSING ADMINISTRATION	3,220	0	0	2,007	1,265,215	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	19,355	0	0	1,411	0	14.00
15.00	01500	PHARMACY	10,066	0	0	5,471	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,317	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,866	0	0	2	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	17,446	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	130,035	192,851	0	36,801	620,337	30.00
31.00	03100	INTENSIVE CARE UNIT	11,806	7,024	0	4,450	81,994	31.00
32.01	03201	NICU	2,448	0	0	1,342	26,260	32.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	2,747	45,997	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	3,630	63,882	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	49,163	0	0	8,377	124,895	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	43,607	0	0	9,311	15,630	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,318	0	0	2,670	12,295	55.00
57.00	05700	CT SCAN	1,710	0	0	1,036	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,562	0	0	406	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,930	0	0	3,426	29,370	59.00
60.00	06000	LABORATORY	16,713	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	338	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	5,981	0	0	4,095	8	65.00
66.00	06600	PHYSICAL THERAPY	50,090	0	0	14,709	2,593	66.00
69.00	06900	ELECTROCARDIOLOGY	2,400	0	0	3,445	28,292	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,230	0	0	1,039	1,339	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	790	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,094	0	0	3,069	26,752	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	0	0	0	207	0	90.01
90.02	09002	OP INSTITUTES	3,880	0	0	1,975	19,579	90.02
90.03	09003	MARC	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	1,655	0	0	583	3,492	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	670	5,716	90.05
91.00	09100	EMERGENCY	18,114	0	0	9,068	149,324	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	446,015	525,686	325,811	121,947	1,257,755	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	95	0	190.00
190.01	19001	AUXILIARY	0	0	0	17	1	190.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS)	EMPLOYEE CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING HOURS)		
			9.00	10.00	11.00	11.01	13.00		
190.02	19002	FIRST MED CLINICS	0	0	0	0	0	0	190.02
190.03	19003	EAP	0	0	0	0	0	0	190.03
191.00	19100	RESEARCH	0	0	0	241	0	8	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	0	75	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	0	0	0	0	192.05
192.06	19206	AFFILIATES	0	0	0	0	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	0	0	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	0	434	7,451	0	192.08
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers							201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,368,348	2,977,006	2,180,536	2,180,536	2,085,560		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.794173	5.663088	6.692641	17.755507	1.648384		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	714,937	335,218	330,788	330,788	102,240		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.602944	0.637677	1.015276	2.693516	0.080808		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

Period:
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To 06/30/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUI S.)	PHARMACY (COSTED REQUI S.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)		
	14.00	15.00	16.00	17.00	21.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00510 A&G SHARED						5.01	
5.02 00560 OTHER ADMINISTRATIVE AND GENERAL						5.02	
5.03 00561 OTHER ADMINISTRATIVE AND GENERAL-SBS						5.03	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
6.01 00601 MOB I						6.01	
6.02 00602 MOB II						6.02	
6.03 00603 BETT MED PARK						6.03	
6.04 00604 NW CLINICS						6.04	
6.05 00605 CPMP I						6.05	
6.06 00606 CPMP II						6.06	
6.07 00607 BETT PLAZA						6.07	
6.08 00608 HEART INSTITUTE						6.08	
6.09 00609 53RD STREET						6.09	
6.10 00610 ELDRI DGE						6.10	
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	
11.01 01101 EMPLOYEE CAFETERIA						11.01	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	44,459,431					14.00	
15.00 01500 PHARMACY	186,355	1,000,000				15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	831,514,920			16.00	
17.00 01700 SOCIAL SERVICE	0	0	0	72,353		17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	36,731	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00	
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	1,732,762	0	79,189,678	50,681	17,827	30.00	
31.00 03100 INTENSIVE CARE UNIT	482,440	0	14,602,692	4,882	1,208	31.00	
32.01 03201 NICU	58,591	0	4,592,635	2,478	1,310	32.01	
40.00 04000 SUBPROVIDER - I PF	12,528	0	7,057,519	6,431	1,219	40.00	
41.00 04100 SUBPROVIDER - I RF	98,528	0	8,392,998	7,881	0	41.00	
43.00 04300 NURSERY	0	0	0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	3,783,857	0	67,907,418	0	2,091	50.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	244,227	0	65,322,515	0	764	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	91,307	0	16,097,466	0	0	55.00	
57.00 05700 CT SCAN	128,801	0	31,313,637	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	12,843	0	12,698,092	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	877,810	0	88,994,537	0	0	59.00	
60.00 06000 LABORATORY	578	0	47,736,600	0	319	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	18	0	4,400,514	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	294,382	0	24,755,670	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	144,886	0	32,202,504	0	85	66.00	
69.00 06900 ELECTROCARDIOLOGY	69,009	0	17,915,722	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	38,123	0	5,272,572	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,227,978	0	53,646,876	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	22,640,187	0	78,767,892	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,000,000	89,742,617	0	433	73.00	
74.00 07400 RENAL DIALYSIS	570,963	0	8,060,804	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS							
90.01 09001 CLINICAL PSYCH	5	0	625,607	0	0	90.01	
90.02 09002 OP INSTITUTES	110,320	0	7,423,327	0	0	90.02	
90.03 09003 MARC	0	0	0	0	0	90.03	
90.04 09004 BARIATRIC CLINIC	834	0	308,780	0	0	90.04	
90.05 09005 PAIN MANAGEMENT	32,691	0	1,633,628	0	0	90.05	
91.00 09100 EMERGENCY	604,094	0	62,852,620	0	2,251	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	44,444,117	1,000,000	831,514,920	72,353	27,507	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
11/22/2013 9:38 am

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00	21.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	127	0	0	0	0	190.00
190.01 19001 AUXILIARY	1,072	0	0	0	0	190.01
190.02 19002 FIRST MED CLINICS	0	0	0	0	0	190.02
190.03 19003 EAP	0	0	0	0	0	190.03
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	9,224	192.00
192.01 19201 NON REIMBURSEABLE COST	1,993	0	0	0	0	192.01
192.02 19202 FOUNDATION	0	0	0	0	0	192.02
192.03 19203 BIO MED SERVICES - OUTREACH	64	0	0	0	0	192.03
192.04 19204 OUTREACH PROGRAMS	277	0	0	0	0	192.04
192.05 19205 PHASE III REHAB	0	0	0	0	0	192.05
192.06 19206 AFFILIATES	0	0	0	0	0	192.06
192.07 19207 NON-ALLOWABLE MEALS	0	0	0	0	0	192.07
192.08 19208 ENVIRONMENTAL SVCS - OUTREACH	11,781	0	0	0	0	192.08
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)	6,598,559	7,468,717	3,756,466	144,936	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.148418	7.468717	0.004518	2.003179	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,344,460	510,530	180,749	60,916	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.030240	0.510530	0.000217	0.841928	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1
Date/Time Prepared:
11/22/2013 9:38 am

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	
		SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
		22.00	23.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00510	A&G SHARED		5.01
5.02	00560	OTHER ADMINISTRATIVE AND GENERAL		5.02
5.03	00561	OTHER ADMINISTRATIVE AND GENERAL-SBS		5.03
6.00	00600	MAINTENANCE & REPAIRS		6.00
6.01	00601	MOB I		6.01
6.02	00602	MOB II		6.02
6.03	00603	BETT MED PARK		6.03
6.04	00604	NW CLINICS		6.04
6.05	00605	CPMP I		6.05
6.06	00606	CPMP II		6.06
6.07	00607	BETT PLAZA		6.07
6.08	00608	HEART INSTITUTE		6.08
6.09	00609	53RD STREET		6.09
6.10	00610	ELDRIDGE		6.10
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
11.01	01101	EMPLOYEE CAFETERIA		11.01
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	36,731	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	17,827	30.00
31.00	03100	INTENSIVE CARE UNIT	1,208	31.00
32.01	03201	NICU	1,310	32.01
40.00	04000	SUBPROVIDER - I PF	1,219	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	2,091	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	764	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	319	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	85	66.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	433	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.01	09001	CLINICAL PSYCH	0	90.01
90.02	09002	OP INSTITUTES	0	90.02
90.03	09003	MARC	0	90.03
90.04	09004	BARIATRIC CLINIC	0	90.04
90.05	09005	PAIN MANAGEMENT	0	90.05
91.00	09100	EMERGENCY	2,251	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	27,507	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033

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

Worksheet B-1

Date/Time Prepared:
11/22/2013 9:38 am

Cost Center Description		INTERNS & RESIDENTS	PARAMETERED PRGM (ASSIGNED TIME)		
		SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		22.00			
190.01	19001	AUXILIARY	0	0	190.01
190.02	19002	FIRST MED CLINICS	0	0	190.02
190.03	19003	EAP	0	0	190.03
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,224	0	192.00
192.01	19201	NON REIMBURSEABLE COST	0	0	192.01
192.02	19202	FOUNDATION	0	0	192.02
192.03	19203	BIO MED SERVICES - OUTREACH	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	192.04
192.05	19205	PHASE III REHAB	0	0	192.05
192.06	19206	AFFILIATES	0	0	192.06
192.07	19207	NON-ALLOWABLE MEALS	0	0	192.07
192.08	19208	ENVIRONMENTAL SVCS - OUTREACH	0	0	192.08
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,353,189	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	118.515396	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	313,266	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	8.528654	0.000000	205.00

Provider CCN: 160033

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

Worksheet B-2

Date/Time Prepared:
11/22/2013 9:38 am

	Description	Worksheet		Amount	
		Part	Line No.		
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS	2.00	3.00	74.00	0 1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM			94.00	0 2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS			74.00	0 3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM			94.00	0 4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS			74.00	0 5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM			94.00	0 6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/22/2013 9:38 am
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		44,259,620	0	44,259,620	30.00
31.00	03100 INTENSIVE CARE UNIT		6,201,259	0	6,201,259	31.00
32.01	03201 NICU		2,102,083	0	2,102,083	32.01
40.00	04000 SUBPROVIDER - I PF		3,834,433	0	3,834,433	40.00
41.00	04100 SUBPROVIDER - I RF		4,226,535	0	4,226,535	41.00
43.00	04300 NURSERY		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		22,156,496	0	22,156,496	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		25,892,690	0	25,892,690	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		8,272,426	0	8,272,426	55.00
57.00	05700 CT SCAN		2,267,315	0	2,267,315	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,077,186	0	1,077,186	58.00
59.00	05900 CARDIAC CATHETERIZATION		10,162,467	0	10,162,467	59.00
60.00	06000 LABORATORY		12,154,545	0	12,154,545	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		2,149,235	0	2,149,235	63.00
65.00	06500 RESPIRATORY THERAPY	0	4,889,756	0	4,889,756	65.00
66.00	06600 PHYSICAL THERAPY	0	17,390,537	0	17,390,537	66.00
69.00	06900 ELECTROCARDIOLOGY		5,163,963	0	5,163,963	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,835,682	0	1,835,682	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		18,589,909	0	18,589,909	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		31,735,925	0	31,735,925	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		25,202,102	0	25,202,102	73.00
74.00	07400 RENAL DIALYSIS		5,576,875	0	5,576,875	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01	09001 CLINICAL PSYCH		331,687	0	331,687	90.01
90.02	09002 OP INSTITUTES		2,867,884	0	2,867,884	90.02
90.03	09003 MARC		0	0	0	90.03
90.04	09004 BARIATRIC CLINIC		632,318	0	632,318	90.04
90.05	09005 PAIN MANAGEMENT		885,863	0	885,863	90.05
91.00	09100 EMERGENCY		11,083,888	0	11,083,888	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,658,266	0	3,658,266	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		0	0	0	95.00
200.00	Subtotal (see instructions)		274,600,945	0	274,600,945	200.00
201.00	Less Observation Beds		3,658,266		3,658,266	201.00
202.00	Total (see instructions)		270,942,679	0	270,942,679	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/22/2013 9:38 am
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Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
Title VIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	73,631,933		73,631,933		30.00
31.00	03100	INTENSIVE CARE UNIT	14,602,692		14,602,692		31.00
32.01	03201	NICU	4,592,635		4,592,635		32.01
40.00	04000	SUBPROVIDER - I/PF	7,057,519		7,057,519		40.00
41.00	04100	SUBPROVIDER - I/RF	8,392,998		8,392,998		41.00
43.00	04300	NURSERY	0		0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	38,558,539	29,348,879	67,907,418	0.326275	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,070,189	54,252,326	65,322,515	0.396382	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	462,440	15,635,026	16,097,466	0.513896	55.00
57.00	05700	CT SCAN	9,584,623	21,729,014	31,313,637	0.072407	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,088,797	8,609,295	12,698,092	0.084831	58.00
59.00	05900	CARDIAC CATHETERIZATION	39,937,314	49,057,223	88,994,537	0.114192	59.00
60.00	06000	LABORATORY	29,758,344	17,978,256	47,736,600	0.254617	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,360,878	1,039,636	4,400,514	0.488405	63.00
65.00	06500	RESPIRATORY THERAPY	22,412,917	2,342,753	24,755,670	0.197521	65.00
66.00	06600	PHYSICAL THERAPY	14,383,297	17,819,207	32,202,504	0.540037	66.00
69.00	06900	ELECTROCARDIOLOGY	7,994,231	9,921,491	17,915,722	0.288236	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	694,333	4,578,239	5,272,572	0.348157	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,239,292	16,407,584	53,646,876	0.346524	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	50,060,525	28,707,367	78,767,892	0.402904	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	49,066,074	40,676,543	89,742,617	0.280826	73.00
74.00	07400	RENAL DIALYSIS	161,887	7,898,917	8,060,804	0.691851	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	CLINICAL PSYCH	388,892	236,715	625,607	0.530184	90.01
90.02	09002	OP INSTITUTES	266,849	7,156,478	7,423,327	0.386334	90.02
90.03	09003	MARC	0	0	0	0.000000	90.03
90.04	09004	BARIATRIC CLINIC	3,776	305,004	308,780	2.047795	90.04
90.05	09005	PAIN MANAGEMENT	2,540	1,631,088	1,633,628	0.542267	90.05
91.00	09100	EMERGENCY	10,902,632	51,949,988	62,852,620	0.176347	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,348,015	2,209,730	5,557,745	0.658228	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
200.00		Subtotal (see instructions)	442,024,161	389,490,759	831,514,920		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	442,024,161	389,490,759	831,514,920		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/22/2013 9:38 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.01	03201 NICU			32.01
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.326275		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.396382		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.513896		55.00
57.00	05700 CT SCAN	0.072407		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.084831		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.114192		59.00
60.00	06000 LABORATORY	0.254617		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.488405		63.00
65.00	06500 RESPIRATORY THERAPY	0.197521		65.00
66.00	06600 PHYSICAL THERAPY	0.540037		66.00
69.00	06900 ELECTROCARDIOLOGY	0.288236		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.348157		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.346524		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.402904		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.280826		73.00
74.00	07400 RENAL DIALYSIS	0.691851		74.00
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 CLINICAL PSYCH	0.530184		90.01
90.02	09002 OP INSTITUTES	0.386334		90.02
90.03	09003 MARC	0.000000		90.03
90.04	09004 BARIATRIC CLINIC	2.047795		90.04
90.05	09005 PAIN MANAGEMENT	0.542267		90.05
91.00	09100 EMERGENCY	0.176347		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.658228		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
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: 160033

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

Worksheet C
Part I
Date/Time Prepared:
11/22/2013 9:38 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	44,259,620		44,259,620	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	6,201,259		6,201,259	0	0	31.00
32.01	03201 NICU	2,102,083		2,102,083	0	0	32.01
40.00	04000 SUBPROVIDER - I PF	3,834,433		3,834,433	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	4,226,535		4,226,535	0	0	41.00
43.00	04300 NURSERY	0		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	22,156,496		22,156,496	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	25,892,690		25,892,690	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	8,272,426		8,272,426	0	0	55.00
57.00	05700 CT SCAN	2,267,315		2,267,315	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,077,186		1,077,186	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	10,162,467		10,162,467	0	0	59.00
60.00	06000 LABORATORY	12,154,545		12,154,545	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	2,149,235		2,149,235	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	4,889,756	0	4,889,756	0	0	65.00
66.00	06600 PHYSICAL THERAPY	17,390,537	0	17,390,537	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	5,163,963		5,163,963	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,835,682		1,835,682	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	18,589,909		18,589,909	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	31,735,925		31,735,925	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	25,202,102		25,202,102	0	0	73.00
74.00	07400 RENAL DIALYSIS	5,576,875		5,576,875	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	331,687		331,687	0	0	90.01
90.02	09002 OP INSTITUTES	2,867,884		2,867,884	0	0	90.02
90.03	09003 MARC	0		0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	632,318		632,318	0	0	90.04
90.05	09005 PAIN MANAGEMENT	885,863		885,863	0	0	90.05
91.00	09100 EMERGENCY	11,083,888		11,083,888	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,658,266		3,658,266	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
200.00	Subtotal (see instructions)	274,600,945	0	274,600,945	0	0	200.00
201.00	Less Observation Beds	3,658,266		3,658,266	0	0	201.00
202.00	Total (see instructions)	270,942,679	0	270,942,679	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/22/2013 9:38 am
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Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	Cost
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	73,631,933		73,631,933			30.00
31.00 03100 INTENSIVE CARE UNIT	14,602,692		14,602,692			31.00
32.01 03201 NICU	4,592,635		4,592,635			32.01
40.00 04000 SUBPROVIDER - I/PF	7,057,519		7,057,519			40.00
41.00 04100 SUBPROVIDER - I/RF	8,392,998		8,392,998			41.00
43.00 04300 NURSERY	0		0			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	38,558,539	29,348,879	67,907,418	0.326275	0.000000	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	11,070,189	54,252,326	65,322,515	0.396382	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	462,440	15,635,026	16,097,466	0.513896	0.000000	55.00
57.00 05700 CT SCAN	9,584,623	21,729,014	31,313,637	0.072407	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	4,088,797	8,609,295	12,698,092	0.084831	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	39,937,314	49,057,223	88,994,537	0.114192	0.000000	59.00
60.00 06000 LABORATORY	29,758,344	17,978,256	47,736,600	0.254617	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	3,360,878	1,039,636	4,400,514	0.488405	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	22,412,917	2,342,753	24,755,670	0.197521	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	14,383,297	17,819,207	32,202,504	0.540037	0.000000	66.00
69.00 06900 ELECTROCARDIOLOGY	7,994,231	9,921,491	17,915,722	0.288236	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	694,333	4,578,239	5,272,572	0.348157	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	37,239,292	16,407,584	53,646,876	0.346524	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	50,060,525	28,707,367	78,767,892	0.402904	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	49,066,074	40,676,543	89,742,617	0.280826	0.000000	73.00
74.00 07400 RENAL DIALYSIS	161,887	7,898,917	8,060,804	0.691851	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	388,892	236,715	625,607	0.530184	0.000000	90.01
90.02 09002 OP INSTITUTES	266,849	7,156,478	7,423,327	0.386334	0.000000	90.02
90.03 09003 MARC	0	0	0	0.000000	0.000000	90.03
90.04 09004 BARIATRIC CLINIC	3,776	305,004	308,780	2.047795	0.000000	90.04
90.05 09005 PAIN MANAGEMENT	2,540	1,631,088	1,633,628	0.542267	0.000000	90.05
91.00 09100 EMERGENCY	10,902,632	51,949,988	62,852,620	0.176347	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,348,015	2,209,730	5,557,745	0.658228	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
200.00	Subtotal (see instructions)	442,024,161	389,490,759	831,514,920		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	442,024,161	389,490,759	831,514,920		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/22/2013 9:38 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.01	03201 NICU			32.01
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
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
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 CLINICAL PSYCH	0.000000		90.01
90.02	09002 OP INSTITUTES	0.000000		90.02
90.03	09003 MARC	0.000000		90.03
90.04	09004 BARIATRIC CLINIC	0.000000		90.04
90.05	09005 PAIN MANAGEMENT	0.000000		90.05
91.00	09100 EMERGENCY	0.000000		91.00
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
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: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part I Date/Time Prepared: 11/22/2013 9:38 am
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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)	Total Patient Days	Per Diem (col. 3 / col. 4)		
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00		
30.00	ADULTS & PEDIATRICS	3,404,338	0	3,404,338	53,173	64.02	30.00	
31.00	INTENSIVE CARE UNIT	488,890		488,890	5,027	97.25	31.00	
32.01	NICU	306,579		306,579	2,495	122.88	32.01	
40.00	SUBPROVIDER - IPF	347,707	0	347,707	6,493	53.55	40.00	
41.00	SUBPROVIDER - IRF	378,805	0	378,805	7,884	48.05	41.00	
43.00	NURSERY	0		0	3,864	0.00	43.00	
200.00	Total (Lines 30-199)	4,926,319		4,926,319	78,936		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00					
30.00	ADULTS & PEDIATRICS	24,990	1,599,860					30.00
31.00	INTENSIVE CARE UNIT	2,604	253,239					31.00
32.01	NICU	0	0					32.01
40.00	SUBPROVIDER - IPF	1,631	87,340					40.00
41.00	SUBPROVIDER - IRF	4,492	215,841					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (Lines 30-199)	33,717	2,156,280					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part II Date/Time Prepared: 11/22/2013 9:38 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,895,523	67,907,418	0.072091	18,397,608	1,326,302	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,300,613	65,322,515	0.050528	6,334,978	320,094	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,930,357	16,097,466	0.244160	252,801	61,724	55.00
57.00	05700 CT SCAN	65,668	31,313,637	0.002097	3,687,163	7,732	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	62,431	12,698,092	0.004917	2,036,512	10,014	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,996,657	88,994,537	0.022436	20,734,931	465,209	59.00
60.00	06000 LABORATORY	383,314	47,736,600	0.008030	13,668,032	109,754	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	26,941	4,400,514	0.006122	2,090,427	12,798	63.00
65.00	06500 RESPIRATORY THERAPY	371,882	24,755,670	0.015022	11,922,067	179,093	65.00
66.00	06600 PHYSICAL THERAPY	2,416,164	32,202,504	0.075030	4,556,713	341,890	66.00
69.00	06900 ELECTROCARDIOLOGY	1,795,931	17,915,722	0.100243	4,748,631	476,017	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	308,186	5,272,572	0.058451	202,605	11,842	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	504,337	53,646,876	0.009401	18,098,724	170,146	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	888,285	78,767,892	0.011277	27,132,181	305,970	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	645,526	89,742,617	0.007193	22,739,888	163,568	73.00
74.00	07400 RENAL DIALYSIS	681,340	8,060,804	0.084525	145,008	12,257	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	3,005	625,607	0.004803	58,507	281	90.01
90.02	09002 OP INSTITUTES	520,066	7,423,327	0.070058	169,272	11,859	90.02
90.03	09003 MARC	0	0	0.000000	0	0	90.03
90.04	09004 BARIATRIC CLINIC	155,363	308,780	0.503151	3,776	1,900	90.04
90.05	09005 PAIN MANAGEMENT	359,205	1,633,628	0.219882	2,540	559	90.05
91.00	09100 EMERGENCY	799,695	62,852,620	0.012723	6,707,728	85,342	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	281,383	5,557,745	0.050629	1,102,526	55,820	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	24,391,872	723,237,143		164,792,618	4,130,171	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part III Date/Time Prepared: 11/22/2013 9:38 am
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Cost Center Description			Title XVIII		Hospital		PPS
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
32.01	03201	NICU	0	0	0	0	0 32.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
200.00		Total (lines 30-199)	0	0	0	0	0 200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	53,173	0.00	24,990	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,027	0.00	2,604	0	31.00
32.01	03201	NICU	2,495	0.00	0	0	32.01
40.00	04000	SUBPROVIDER - IPF	6,493	0.00	1,631	0	40.00
41.00	04100	SUBPROVIDER - IRF	7,884	0.00	4,492	0	41.00
43.00	04300	NURSERY	3,864	0.00	0	0	43.00
200.00		Total (lines 30-199)	78,936		33,717	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160033

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2013 9:38 am

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
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
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	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
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	CLINICAL PSYCH	0	0	0	0	0	0	90.01
90.02	09002	OP INSTITUTES	0	0	0	0	0	0	90.02
90.03	09003	MARC	0	0	0	0	0	0	90.03
90.04	09004	BARIATRIC CLINIC	0	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
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							95.00
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: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/22/2013 9:38 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	67,907,418	0.000000	0.000000	18,397,608	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	65,322,515	0.000000	0.000000	6,334,978	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	16,097,466	0.000000	0.000000	252,801	55.00
57.00	05700 CT SCAN	0	31,313,637	0.000000	0.000000	3,687,163	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,698,092	0.000000	0.000000	2,036,512	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	88,994,537	0.000000	0.000000	20,734,931	59.00
60.00	06000 LABORATORY	0	47,736,600	0.000000	0.000000	13,668,032	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	4,400,514	0.000000	0.000000	2,090,427	63.00
65.00	06500 RESPIRATORY THERAPY	0	24,755,670	0.000000	0.000000	11,922,067	65.00
66.00	06600 PHYSICAL THERAPY	0	32,202,504	0.000000	0.000000	4,556,713	66.00
69.00	06900 ELECTROCARDIOLOGY	0	17,915,722	0.000000	0.000000	4,748,631	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,272,572	0.000000	0.000000	202,605	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	53,646,876	0.000000	0.000000	18,098,724	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	78,767,892	0.000000	0.000000	27,132,181	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	89,742,617	0.000000	0.000000	22,739,888	73.00
74.00	07400 RENAL DIALYSIS	0	8,060,804	0.000000	0.000000	145,008	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	0	625,607	0.000000	0.000000	58,507	90.01
90.02	09002 OP INSTITUTES	0	7,423,327	0.000000	0.000000	169,272	90.02
90.03	09003 MARC	0	0	0.000000	0.000000	0	90.03
90.04	09004 BARIATRIC CLINIC	0	308,780	0.000000	0.000000	3,776	90.04
90.05	09005 PAIN MANAGEMENT	0	1,633,628	0.000000	0.000000	2,540	90.05
91.00	09100 EMERGENCY	0	62,852,620	0.000000	0.000000	6,707,728	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,557,745	0.000000	0.000000	1,102,526	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	0	723,237,143			164,792,618	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160033

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2013 9:38 am

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	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	6,533,737	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	13,052,358	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	6,384,890	0	55.00
57.00	05700 CT SCAN	0	7,021,267	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,282,224	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	25,988,006	0	59.00
60.00	06000 LABORATORY	0	1,643,604	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	459,824	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	1,399,400	0	65.00
66.00	06600 PHYSICAL THERAPY	0	137,850	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	3,575,443	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,076,946	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,575,095	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	14,136,375	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	13,802,659	0	73.00
74.00	07400 RENAL DIALYSIS	0	401,303	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 CLINICAL PSYCH	0	104,406	0	90.01
90.02	09002 OP INSTITUTES	0	3,197,724	0	90.02
90.03	09003 MARC	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	0	37,475	0	90.04
90.05	09005 PAIN MANAGEMENT	0	703,796	0	90.05
91.00	09100 EMERGENCY	0	7,166,196	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	458,882	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (Lines 50-199)	0	117,139,460	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/22/2013 9:38 am
	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	0.326275	6,533,737	0	0	2,131,795	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.396382	13,052,358	198	0	5,173,720	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.513896	6,384,890	0	0	3,281,169	55.00
57.00 05700 CT SCAN	0.072407	7,021,267	0	0	508,389	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.084831	2,282,224	0	0	193,603	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.114192	25,988,006	0	0	2,967,622	59.00
60.00 06000 LABORATORY	0.254617	1,643,604	20,846	0	418,490	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.488405	459,824	76,780	0	224,580	63.00
65.00 06500 RESPIRATORY THERAPY	0.197521	1,399,400	0	0	276,411	65.00
66.00 06600 PHYSICAL THERAPY	0.540037	137,850	0	0	74,444	66.00
69.00 06900 ELECTROCARDIOLOGY	0.288236	3,575,443	0	0	1,030,571	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.348157	1,076,946	0	0	374,946	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.346524	7,575,095	0	0	2,624,952	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.402904	14,136,375	0	0	5,695,602	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.280826	13,802,659	282,588	0	3,876,146	73.00
74.00 07400 RENAL DIALYSIS	0.691851	401,303	0	0	277,642	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	0.530184	104,406	0	0	55,354	90.01
90.02 09002 OP INSTITUTES	0.386334	3,197,724	0	0	1,235,390	90.02
90.03 09003 MARC	0.000000	0	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	2.047795	37,475	0	0	76,741	90.04
90.05 09005 PAIN MANAGEMENT	0.542267	703,796	0	0	381,645	90.05
91.00 09100 EMERGENCY	0.176347	7,166,196	0	0	1,263,737	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.658228	458,882	0	0	302,049	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000		0	0		95.00
200.00	Subtotal (see instructions)		117,139,460	380,412	32,444,998	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		117,139,460	380,412	32,444,998	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/22/2013 9:38 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	78	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	5,308	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	37,500	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	79,358	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.01 09001 CLINICAL PSYCH	0	0		90.01
90.02 09002 OP INSTITUTES	0	0		90.02
90.03 09003 MARC	0	0		90.03
90.04 09004 BARIATRIC CLINIC	0	0		90.04
90.05 09005 PAIN MANAGEMENT	0	0		90.05
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	122,244	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	122,244	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160033 Component CCN: 16S033		Period: From 07/01/2012 To 06/30/2013		Worksheet D Part II Date/Time Prepared: 11/22/2013 9:38 am		
				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	4,895,523	67,907,418	0.072091	13,446	969	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,300,613	65,322,515	0.050528	25,260	1,276	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,930,357	16,097,466	0.244160	0	0	55.00
57.00	05700	CT SCAN	65,668	31,313,637	0.002097	30,314	64	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	62,431	12,698,092	0.004917	17,457	86	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,996,657	88,994,537	0.022436	0	0	59.00
60.00	06000	LABORATORY	383,314	47,736,600	0.008030	169,882	1,364	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	26,941	4,400,514	0.006122	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	371,882	24,755,670	0.015022	19,732	296	65.00
66.00	06600	PHYSICAL THERAPY	2,416,164	32,202,504	0.075030	349,403	26,216	66.00
69.00	06900	ELECTROCARDIOLOGY	1,795,931	17,915,722	0.100243	13,406	1,344	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	308,186	5,272,572	0.058451	1,725	101	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	504,337	53,646,876	0.009401	6,728	63	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	888,285	78,767,892	0.011277	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	645,526	89,742,617	0.007193	306,634	2,206	73.00
74.00	07400	RENAL DIALYSIS	681,340	8,060,804	0.084525	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	CLINICAL PSYCH	3,005	625,607	0.004803	0	0	90.01
90.02	09002	OP INSTITUTES	520,066	7,423,327	0.070058	2,632	184	90.02
90.03	09003	MARC	0	0	0.000000	0	0	90.03
90.04	09004	BARIATRIC CLINIC	155,363	308,780	0.503151	0	0	90.04
90.05	09005	PAIN MANAGEMENT	359,205	1,633,628	0.219882	0	0	90.05
91.00	09100	EMERGENCY	799,695	62,852,620	0.012723	138,889	1,767	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,557,745	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	24,110,489	723,237,143		1,095,508	35,936	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/22/2013 9:38 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	0	0	0	0	0	90.01
90.02	09002 OP INSTITUTES	0	0	0	0	0	90.02
90.03	09003 MARC	0	0	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
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: 160033 Component CCN: 16S033	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/22/2013 9:38 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	67,907,418	0.000000	0.000000	13,446 50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	65,322,515	0.000000	0.000000	25,260 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	16,097,466	0.000000	0.000000	0 55.00
57.00 05700 CT SCAN	0	31,313,637	0.000000	0.000000	30,314 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,698,092	0.000000	0.000000	17,457 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	88,994,537	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	47,736,600	0.000000	0.000000	169,882 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	4,400,514	0.000000	0.000000	0 63.00
65.00 06500 RESPIRATORY THERAPY	0	24,755,670	0.000000	0.000000	19,732 65.00
66.00 06600 PHYSICAL THERAPY	0	32,202,504	0.000000	0.000000	349,403 66.00
69.00 06900 ELECTROCARDIOLOGY	0	17,915,722	0.000000	0.000000	13,406 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,272,572	0.000000	0.000000	1,725 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	53,646,876	0.000000	0.000000	6,728 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	78,767,892	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	89,742,617	0.000000	0.000000	306,634 73.00
74.00 07400 RENAL DIALYSIS	0	8,060,804	0.000000	0.000000	0 74.00
OUTPATIENT SERVICE COST CENTERS					
90.01 09001 CLINICAL PSYCH	0	625,607	0.000000	0.000000	0 90.01
90.02 09002 OP INSTITUTES	0	7,423,327	0.000000	0.000000	2,632 90.02
90.03 09003 MARC	0	0	0.000000	0.000000	0 90.03
90.04 09004 BARIATRIC CLINIC	0	308,780	0.000000	0.000000	0 90.04
90.05 09005 PAIN MANAGEMENT	0	1,633,628	0.000000	0.000000	0 90.05
91.00 09100 EMERGENCY	0	62,852,620	0.000000	0.000000	138,889 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,557,745	0.000000	0.000000	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES					
200.00 Total (lines 50-199)	0	723,237,143			1,095,508 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/22/2013 9:38 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,678	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 CLINICAL PSYCH	0	0	0	90.01
90.02	09002 OP INSTITUTES	0	0	0	90.02
90.03	09003 MARC	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
200.00	Total (lines 50-199)	0	1,678	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/22/2013 9:38 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not 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	0.326275	0	0	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.396382	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.513896	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0.072407	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.084831	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.114192	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0.254617	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.488405	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.197521	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.540037	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.288236	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.348157	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.346524	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.402904	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.280826	1,678	0	2,178	471	0	73.00
74.00 07400 RENAL DIALYSIS	0.691851	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01 09001 CLINICAL PSYCH	0.530184	0	0	0	0	0	90.01
90.02 09002 OP INSTITUTES	0.386334	0	0	0	0	0	90.02
90.03 09003 MARC	0.000000	0	0	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	2.047795	0	0	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0.542267	0	0	0	0	0	90.05
91.00 09100 EMERGENCY	0.176347	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.658228	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0.000000		0	0			95.00
200.00	Subtotal (see instructions)		1,678	0	2,178	471	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)		1,678	0	2,178	471	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/22/2013 9:38 am
	Title XVII I	Subprovider - IPF	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
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
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
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	612		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.01 09001 CLINICAL PSYCH	0	0		90.01
90.02 09002 OP INSTITUTES	0	0		90.02
90.03 09003 MARC	0	0		90.03
90.04 09004 BARIATRIC CLINIC	0	0		90.04
90.05 09005 PAIN MANAGEMENT	0	0		90.05
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	0	612		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	612		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160033 Component CCN: 16T033		Period: From 07/01/2012 To 06/30/2013		Worksheet D Part II Date/Time Prepared: 11/22/2013 9:38 am	
		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	4,895,523	67,907,418	0.072091	20,687	1,491	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,300,613	65,322,515	0.050528	152,937	7,728	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	3,930,357	16,097,466	0.244160	21,287	5,197	55.00
57.00	05700 CT SCAN	65,668	31,313,637	0.002097	109,465	230	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	62,431	12,698,092	0.004917	12,642	62	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,996,657	88,994,537	0.022436	4,954	111	59.00
60.00	06000 LABORATORY	383,314	47,736,600	0.008030	527,970	4,240	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	26,941	4,400,514	0.006122	7,028	43	63.00
65.00	06500 RESPIRATORY THERAPY	371,882	24,755,670	0.015022	429,593	6,453	65.00
66.00	06600 PHYSICAL THERAPY	2,416,164	32,202,504	0.075030	3,314,162	248,662	66.00
69.00	06900 ELECTROCARDIOLOGY	1,795,931	17,915,722	0.100243	38,229	3,832	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	308,186	5,272,572	0.058451	5,910	345	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	504,337	53,646,876	0.009401	480,955	4,521	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	888,285	78,767,892	0.011277	20,088	227	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	645,526	89,742,617	0.007193	1,084,271	7,799	73.00
74.00	07400 RENAL DIALYSIS	681,340	8,060,804	0.084525	16,879	1,427	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	3,005	625,607	0.004803	138,191	664	90.01
90.02	09002 OP INSTITUTES	520,066	7,423,327	0.070058	14,553	1,020	90.02
90.03	09003 MARC	0	0	0.000000	0	0	90.03
90.04	09004 BARIATRIC CLINIC	155,363	308,780	0.503151	0	0	90.04
90.05	09005 PAIN MANAGEMENT	359,205	1,633,628	0.219882	0	0	90.05
91.00	09100 EMERGENCY	799,695	62,852,620	0.012723	2,830	36	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,557,745	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	24,110,489	723,237,143		6,402,631	294,088	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/22/2013 9:38 am
	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
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	0	0	0	0	0	90.01
90.02 09002 OP INSTITUTES	0	0	0	0	0	90.02
90.03 09003 MARC	0	0	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	0	0	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
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: 160033 Component CCN: 16T033	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/22/2013 9:38 am
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	67,907,418	0.000000	0.000000	20,687	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	65,322,515	0.000000	0.000000	152,937	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	16,097,466	0.000000	0.000000	21,287	55.00
57.00	05700 CT SCAN	0	31,313,637	0.000000	0.000000	109,465	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,698,092	0.000000	0.000000	12,642	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	88,994,537	0.000000	0.000000	4,954	59.00
60.00	06000 LABORATORY	0	47,736,600	0.000000	0.000000	527,970	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	4,400,514	0.000000	0.000000	7,028	63.00
65.00	06500 RESPIRATORY THERAPY	0	24,755,670	0.000000	0.000000	429,593	65.00
66.00	06600 PHYSICAL THERAPY	0	32,202,504	0.000000	0.000000	3,314,162	66.00
69.00	06900 ELECTROCARDIOLOGY	0	17,915,722	0.000000	0.000000	38,229	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,272,572	0.000000	0.000000	5,910	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	53,646,876	0.000000	0.000000	480,955	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	78,767,892	0.000000	0.000000	20,088	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	89,742,617	0.000000	0.000000	1,084,271	73.00
74.00	07400 RENAL DIALYSIS	0	8,060,804	0.000000	0.000000	16,879	74.00
OUTPATIENT SERVICE COST CENTERS							
90.01	09001 CLINICAL PSYCH	0	625,607	0.000000	0.000000	138,191	90.01
90.02	09002 OP INSTITUTES	0	7,423,327	0.000000	0.000000	14,553	90.02
90.03	09003 MARC	0	0	0.000000	0.000000	0	90.03
90.04	09004 BARIATRIC CLINIC	0	308,780	0.000000	0.000000	0	90.04
90.05	09005 PAIN MANAGEMENT	0	1,633,628	0.000000	0.000000	0	90.05
91.00	09100 EMERGENCY	0	62,852,620	0.000000	0.000000	2,830	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,557,745	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	723,237,143			6,402,631	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/22/2013 9:38 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	322	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	980	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,630	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001 CLINICAL PSYCH	0	0	0	90.01
90.02	09002 OP INSTITUTES	0	0	0	90.02
90.03	09003 MARC	0	0	0	90.03
90.04	09004 BARIATRIC CLINIC	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
200.00	Total (lines 50-199)	0	2,932	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/22/2013 9:38 am
	Title XVIII	Subprovider - IRF	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	0.326275	0	0	0	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.396382	322	0	0	128	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.513896	0	0	0	0	55.00
57.00 05700 CT SCAN	0.072407	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.084831	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.114192	0	0	0	0	59.00
60.00 06000 LABORATORY	0.254617	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.488405	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.197521	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.540037	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.288236	980	0	0	282	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.348157	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.346524	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.402904	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.280826	1,630	0	522	458	73.00
74.00 07400 RENAL DIALYSIS	0.691851	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.01 09001 CLINICAL PSYCH	0.530184	0	0	0	0	90.01
90.02 09002 OP INSTITUTES	0.386334	0	0	0	0	90.02
90.03 09003 MARC	0.000000	0	0	0	0	90.03
90.04 09004 BARIATRIC CLINIC	2.047795	0	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0.542267	0	0	0	0	90.05
91.00 09100 EMERGENCY	0.176347	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.658228	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000		0			95.00
200.00	Subtotal (see instructions)		2,932	0	522	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		2,932	0	522	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/22/2013 9:38 am
	Title XVII I	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
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
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
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	147	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS			
90.01 09001 CLINICAL PSYCH	0	0	90.01
90.02 09002 OP INSTITUTES	0	0	90.02
90.03 09003 MARC	0	0	90.03
90.04 09004 BARIATRIC CLINIC	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	90.05
91.00 09100 EMERGENCY	0	0	91.00
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
200.00 Subtotal (see instructions)	0	147	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	147	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/22/2013 9:38 am
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)		53,173	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		53,173	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)		48,778	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)		24,990	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)		44,259,620	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)		44,259,620	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)		44,259,620	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)		832.37	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,800,926	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)		20,800,926	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1	
		Title XVIII		Hospital		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	6,201,259	5,027	1,233.59	2,604	3,212,268	43.00
44.00	CORONARY CARE UNIT						44.00
44.01	NICU	2,102,083	2,495	842.52	0	0	44.01
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)					47,910,874	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					71,924,068	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,853,099	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,130,171	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,983,270	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					65,940,798	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)					4,395	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					832.37	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,658,266	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/22/2013 9:38 am	
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	3,404,338	44,259,620	0.076917	3,658,266	281,383	90.00
91.00	Nursing School cost	0	44,259,620	0.000000	3,658,266	0	91.00
92.00	Allied health cost	0	44,259,620	0.000000	3,658,266	0	92.00
93.00	All other Medical Education	0	44,259,620	0.000000	3,658,266	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/22/2013 9:38 am
		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)			6,493 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			6,493 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			6,493 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			1,631 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)			3,834,433 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)			3,834,433 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)			3,834,433 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)			590.55 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			963,187 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)			963,187 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1	
		Component CCN: 16S033				Date/Time Prepared: 11/22/2013 9:38 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
44.01	NICU	0	0	0.00	0	0	44.01
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)					372,336	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,335,523	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)					87,340	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					35,936	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					123,276	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,212,247	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: 160033 Component CCN: 16S033		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/22/2013 9:38 am	
		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	347,707	3,834,433	0.090680	0	0	90.00
91.00	Nursing School cost	0	3,834,433	0.000000	0	0	91.00
92.00	Allied health cost	0	3,834,433	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,834,433	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/22/2013 9:38 am
		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)			7,884 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			7,884 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)			7,884 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			4,492 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			4,226,535 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			4,226,535 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			4,226,535 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)			536.09 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,408,116 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)			2,408,116 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160033		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1	
		Component CCN: 16T033				Date/Time Prepared: 11/22/2013 9:38 am	
		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
44.00 CORONARY CARE UNIT							44.00
44.01 NICU	0	0	0.00	0	0		44.01
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)					1.00		
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,683,751		48.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					215,841		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					294,088		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					509,929		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,581,938		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		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: 160033 Component CCN: 16T033		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/22/2013 9:38 am	
		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	378,805	4,226,535	0.089625	0	0	90.00
91.00	Nursing School cost	0	4,226,535	0.000000	0	0	91.00
92.00	Allied health cost	0	4,226,535	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,226,535	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/22/2013 9:38 am	
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		32,561,081	30.00
31.00	03100	INTENSIVE CARE UNIT		8,175,215	31.00
32.01	03201	NICU		0	32.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		26,829	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.326275	18,397,608	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.396382	6,334,978	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.513896	252,801	55.00
57.00	05700	CT SCAN	0.072407	3,687,163	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.084831	2,036,512	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.114192	20,734,931	59.00
60.00	06000	LABORATORY	0.254617	13,668,032	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.488405	2,090,427	63.00
65.00	06500	RESPIRATORY THERAPY	0.197521	11,922,067	65.00
66.00	06600	PHYSICAL THERAPY	0.540037	4,556,713	66.00
69.00	06900	ELECTROCARDIOLOGY	0.288236	4,748,631	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.348157	202,605	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.346524	18,098,724	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.402904	27,132,181	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.280826	22,739,888	73.00
74.00	07400	RENAL DIALYSIS	0.691851	145,008	74.00
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	CLINICAL PSYCH	0.530184	58,507	90.01
90.02	09002	OP INSTITUTES	0.386334	169,272	90.02
90.03	09003	MARC	0.000000	0	90.03
90.04	09004	BARIATRIC CLINIC	2.047795	3,776	90.04
90.05	09005	PAIN MANAGEMENT	0.542267	2,540	90.05
91.00	09100	EMERGENCY	0.176347	6,707,728	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.658228	1,102,526	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		164,792,618	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)		164,792,618	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160033 Component CCN: 16S033	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/22/2013 9:38 am
		Title XVIIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.01	03201 NICU		0	32.01
40.00	04000 SUBPROVIDER - IPF		1,965,184	40.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.326275	13,446	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.396382	25,260	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.513896	0	55.00
57.00	05700 CT SCAN	0.072407	30,314	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.084831	17,457	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.114192	0	59.00
60.00	06000 LABORATORY	0.254617	169,882	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.488405	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.197521	19,732	65.00
66.00	06600 PHYSICAL THERAPY	0.540037	349,403	66.00
69.00	06900 ELECTROCARDIOLOGY	0.288236	13,406	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.348157	1,725	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.346524	6,728	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.402904	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.280826	306,634	73.00
74.00	07400 RENAL DIALYSIS	0.691851	0	74.00
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 CLINICAL PSYCH	0.530184	0	90.01
90.02	09002 OP INSTITUTES	0.386334	2,632	90.02
90.03	09003 MARC	0.000000	0	90.03
90.04	09004 BARIATRIC CLINIC	2.047795	0	90.04
90.05	09005 PAIN MANAGEMENT	0.542267	0	90.05
91.00	09100 EMERGENCY	0.176347	138,889	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.658228	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (sum of lines 50-94 and 96-98)		1,095,508	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		1,095,508	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160033 Component CCN: 16T033	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/22/2013 9:38 am
		Title XVIIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.01	03201 NICU		0	32.01
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		4,810,254	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.326275	20,687	6,750 50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.396382	152,937	60,621 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.513896	21,287	10,939 55.00
57.00	05700 CT SCAN	0.072407	109,465	7,926 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.084831	12,642	1,072 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.114192	4,954	566 59.00
60.00	06000 LABORATORY	0.254617	527,970	134,430 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.488405	7,028	3,433 63.00
65.00	06500 RESPIRATORY THERAPY	0.197521	429,593	84,854 65.00
66.00	06600 PHYSICAL THERAPY	0.540037	3,314,162	1,789,770 66.00
69.00	06900 ELECTROCARDIOLOGY	0.288236	38,229	11,019 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.348157	5,910	2,058 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.346524	480,955	166,662 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.402904	20,088	8,094 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.280826	1,084,271	304,491 73.00
74.00	07400 RENAL DIALYSIS	0.691851	16,879	11,678 74.00
OUTPATIENT SERVICE COST CENTERS				
90.01	09001 CLINICAL PSYCH	0.530184	138,191	73,267 90.01
90.02	09002 OP INSTITUTES	0.386334	14,553	5,622 90.02
90.03	09003 MARC	0.000000	0	0 90.03
90.04	09004 BARIATRIC CLINIC	2.047795	0	0 90.04
90.05	09005 PAIN MANAGEMENT	0.542267	0	0 90.05
91.00	09100 EMERGENCY	0.176347	2,830	499 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.658228	0	0 92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			
200.00	Total (sum of lines 50-94 and 96-98)		6,402,631	2,683,751 200.00
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)		6,402,631	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/22/2013 9:38 am	
		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		54,198,429		1.00
2.00	Outlier payments for discharges. (see instructions)		2,182,058		2.00
2.01	Outlier reconciliation amount		0		2.01
3.00	Managed Care Simulated Payments		11,156,734		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		229.96		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)		11.57		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(F)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(F)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		11.57		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		17.66		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		11.57		12.00
13.00	Total allowable FTE count for the prior year.		11.57		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.		11.57		14.00
15.00	Sum of lines 12 through 14 divided by 3.		11.57		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		11.57		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.050313		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.046526		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.046526		21.00
22.00	IME payment adjustment (see instructions)		1,640,022		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).		3.08		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		6.09		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)		3.08		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.013394		26.00
27.00	IME payments adjustment. (see instructions)		0.003566		27.00
28.00	IME Adjustment (see instructions)		233,057		28.00
29.00	Total IME payment (sum of lines 22 and 28)		1,873,079		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.26		30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.87		31.00
32.00	Sum of lines 30 and 31		23.13		32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.30		33.00
34.00	Disproportionate share adjustment (see instructions)		4,498,470		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: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/22/2013 9:38 am	
		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)		62,752,036		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)		62,752,036		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		4,887,242		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).		922,318		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		36,990		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)		68,598,586		59.00
60.00	Primary payer payments		102,744		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		68,495,842		61.00
62.00	Deductibles billed to program beneficiaries		5,661,138		62.00
63.00	Coinurance billed to program beneficiaries		146,682		63.00
64.00	Allowable bad debts (see instructions)		90,695		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		63,487		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		44,522		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		62,752,009		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		15,576		68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	SEQUESTRATION RECONCILIATION TO PS&R		12,186		70.00
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		-27,497		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		0		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)		62,721,122		71.00
71.01	Sequestration adjustment (see instructions)		313,606		71.01
72.00	Interim payments		63,179,699		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		-772,183		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/22/2013 9:38 am	
		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: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/22/2013 9:38 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		122,244	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		32,444,998	2.00
3.00	PPS payments		29,416,514	3.00
4.00	Outlier payment (see instructions)		186,935	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)		122,244	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		380,412	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)		380,412	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)		380,412	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		258,168	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)		122,244	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)		29,603,449	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		146,912	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,769,833	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)		23,808,948	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		383,513	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)		24,192,461	30.00
31.00	Primary payer payments		32,426	31.00
32.00	Subtotal (line 30 minus line 31)		24,160,035	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)		176,270	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		123,389	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		77,977	36.00
37.00	Subtotal (see instructions)		24,283,424	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	SEQUESTRATION RECONCILIATION TO PS&R		-4,212	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		24,279,212	40.00
40.01	Sequestration adjustment (see instructions)		121,396	40.01
41.00	Interim payments		24,099,651	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		58,165	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: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/22/2013 9:38 am
		Component CCN: 16S033	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		612	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		471	2.00
3.00	PPS payments		542	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)		612	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		2,178	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)		2,178	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)		2,178	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,566	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)		612	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)		542	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)		1,154	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)		1,154	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,154	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)		1,154	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)		1,154	40.00
40.01	Sequestration adjustment (see instructions)		6	40.01
41.00	Interim payments		542	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		606	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: 160033 Component CCN: 16T033	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/22/2013 9:38 am
		Title XVII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			147 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			868 2.00
3.00	PPS payments			205 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)			147 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			522 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)			522 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)			522 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			375 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)			147 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)			205 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			17 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)			335 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)			335 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			335 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)			335 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)			335 40.00
40.01	Sequestration adjustment (see instructions)			2 40.01
41.00	Interim payments			290 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			43 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: 160033

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

Worksheet E-1
Part I
Date/Time Prepared:
11/22/2013 9:38 am

		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		63,179,699		24,099,651	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)		63,179,699		24,099,651	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		179,561	6.01	
6.02	SETTLEMENT TO PROGRAM		458,577		0	6.02	
7.00	Total Medicare program liability (see instructions)		62,721,122		24,279,212	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: 160033
Component CCN: 16S033

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

Worksheet E-1
Part I
Date/Time Prepared:
11/22/2013 9:38 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,025,769		542	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,025,769		542	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		10,666		612	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,036,435		1,154	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: 160033
Component CCN: 16T033

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

Worksheet E-1
Part I
Date/Time Prepared:
11/22/2013 9:38 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,647,887		290	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)		4,647,887		290	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		122,629		45	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,770,516		335	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 160033

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

Worksheet E-1
Part II
Date/Time Prepared:
11/22/2013 9:38 am

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			15,060 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			27,594 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			5,793 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			56,300 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			831,514,920 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			18,879,265 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			2,176,379 8.00
9.00	Sequestration adjustment amount (see instructions)			43,528 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			2,132,851 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			2,132,851 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part II Date/Time Prepared: 11/22/2013 9:38 am
		Component CCN: 16S033	Title XVII I	Subprovider - IPF PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,177,745 1.00
2.00	Net IPF PPS Outlier Payments			52,047 2.00
3.00	Net IPF PPS ECT Payments			10,705 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)			17.789041 9.00
10.00	Indirect Medical Education Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Indirect Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,240,497 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,240,497 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,240,497 18.00
19.00	Deductibles			187,144 19.00
20.00	Subtotal (line 18 minus line 19)			1,053,353 20.00
21.00	Coinsurance			23,176 21.00
22.00	Subtotal (line 20 minus line 21)			1,030,177 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			7,834 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			5,484 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,823 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,035,661 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	SEQUESTRATION RECONCILIATION TO PS&R			774 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,036,435 31.00
31.01	Sequestration adjustment (see instructions)			5,182 31.01
32.00	Interim payments			1,025,769 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			5,484 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			52,047 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: 160033 Component CCN: 16T033	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part III Date/Time Prepared: 11/22/2013 9:38 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,149,965 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0387 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			392,587 3.00
4.00	Outlier Payments			375,151 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)			21.600000 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)			4,917,703 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)			4,917,703 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,917,703 19.00
20.00	Deductibles			23,344 20.00
21.00	Subtotal (line 19 minus line 20)			4,894,359 21.00
22.00	Coinsurance			129,082 22.00
23.00	Subtotal (line 21 minus line 22)			4,765,277 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,132 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			792 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)			4,766,069 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	SEQUESTRATION RECONCILIATION TO PS&R			4,447 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,770,516 32.00
32.01	Sequestration adjustment (see instructions)			23,853 32.01
33.00	Interim payments			4,647,887 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			98,776 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			375,151 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet E-4 Date/Time Prepared: 11/22/2013 9:38 am	
		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.			15.51	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			2.71	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)			12.80	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.	17.66	0.00	17.66	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.	17.66	0.00	17.66	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	17.66	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	19.73	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	17.93	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	18.44	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	18.44	0.00		17.00
18.00	Per resident amount	127,665.18	124,593.29		18.00
19.00	Approved amount for resident costs	2,354,146	0	2,354,146	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)			2,354,146	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	33,717	6,390		26.00
27.00	Total Inpatient Days (see instructions)	70,677	70,677		27.00
28.00	Ratio of inpatient days to total inpatient days	0.477058	0.090411		28.00
29.00	Program direct GME amount	1,123,064	212,841		29.00
30.00	Reduction for direct GME payments for Medicare managed care		30,074		30.00
31.00	Net Program direct GME amount			1,305,831	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet E-4 Date/Time Prepared: 11/22/2013 9:38 am
		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)			8,060,804 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)			78,351,458 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)			102,744 40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			78,248,714 41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			32,569,340 42.00
43.00	Primary payer payments (see instructions)			32,426 43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			32,536,914 44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			110,785,628 45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.706307 46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.293693 47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			1,305,831 48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)			922,318 49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			383,513 50.00

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

Provider CCN: 160033

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

Worksheet G

Date/Time Prepared:
11/22/2013 9:38 am

		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	7,021,905	0	0	0	1.00
2.00	Temporary investments	15,164,706	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	104,666,660	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-58,758,057	0	0	0	6.00
7.00	Inventory	8,949,095	0	0	0	7.00
8.00	Prepaid expenses	1,326,222	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	78,370,531	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,768,376	0	0	0	12.00
13.00	Land improvements	14,758,038	0	0	0	13.00
14.00	Accumulated depreciation	-11,261,235	0	0	0	14.00
15.00	Buildings	173,042,260	0	0	0	15.00
16.00	Accumulated depreciation	-108,998,895	0	0	0	16.00
17.00	Leasehold improvements	14,530,958	0	0	0	17.00
18.00	Accumulated depreciation	-13,174,905	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	163,657,123	0	0	0	23.00
24.00	Accumulated depreciation	-126,167,063	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	112,154,657	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	242,926,924	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	144,674	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	243,071,598	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	433,596,786	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	14,530,785	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,153,361	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	7,625,087	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	8,695,399	0	0	0	43.00
44.00	Other current liabilities	4,378,353	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	47,382,985	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	72,649,792	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	72,649,792	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	120,032,777	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	313,564,009				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)	313,564,009	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	433,596,786	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 160033

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

Worksheet G-1

Date/Time Prepared:
11/22/2013 9:38 am

		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		290,823,063		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		44,812,328			2.00
3.00	Total (sum of line 1 and line 2)		335,635,391		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		335,635,391		0	11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS)	22,071,382		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		22,071,382		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		313,564,009		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 160033

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/22/2013 9:38 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	76,641,955		76,641,955	1.00
2.00	SUBPROVIDER - IPF	7,085,130		7,085,130	2.00
3.00	SUBPROVIDER - IRF	8,489,811		8,489,811	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	92,216,896		92,216,896	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,731,345		14,731,345	11.00
12.00	CORONARY CARE UNIT				12.00
12.01	NICU	4,609,984		4,609,984	12.01
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)	19,341,329		19,341,329	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	111,558,225		111,558,225	17.00
18.00	Ancillary services	249,971,903	288,072,733	538,044,636	18.00
19.00	Outpatient services	0	72,843,962	72,843,962	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	80,745,001	45,666,686	126,411,687	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	442,275,129	406,583,381	848,858,510	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		300,328,444		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		300,328,444		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 160033

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

Worksheet G-3

Date/Time Prepared:
11/22/2013 9:38 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	848,858,510	1.00
2.00	Less contractual allowances and discounts on patients' accounts	542,161,716	2.00
3.00	Net patient revenues (line 1 minus line 2)	306,696,794	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	300,328,444	4.00
5.00	Net income from service to patients (line 3 minus line 4)	6,368,350	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	4,370,343	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	192,049	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,923,183	14.00
15.00	Revenue from rental of living quarters	326,453	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	INTERCOMPANY REVENUE	1,696,720	24.00
24.01	OUTREACH REVENUE	2,350,926	24.01
24.02	MISCELLANEOUS REVENUE	4,770,310	24.02
24.03	GRANT REVENUE	40,128	24.03
24.04	INTEREST INCOME - RELATED	320,621	24.04
24.05	SPONSOR REVENUE	98,558	24.05
24.06	NON OPERATING GAINS	22,354,687	24.06
25.00	Total other income (sum of lines 6-24)	38,443,978	25.00
26.00	Total (line 5 plus line 25)	44,812,328	26.00
27.00	ROUNDING	0	27.00
27.01		0	27.01
27.02		0	27.02
27.03		0	27.03
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)	44,812,328	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 160033

Period:

Worksheet I-1

Component CCN: 162303

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

Date/Time Prepared:
11/22/2013 9:38 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	860,138	Hours of Service	26,752.00	12.86	1.00
2.00	Licensed Practical Nurses	0	Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	1,946	Hours of Service	138.00	0.07	3.00
4.00	Technicians	357,815	Hours of Service	21,892.00	10.53	4.00
5.00	Social Workers	0	Hours of Service	0.00	0.00	5.00
6.00	Dieticians	74,207	Hours of Service	2,256.00	1.08	6.00
7.00	Physicians	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	336,319	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	1,630,425				9.00
10.00	Employee Benefits	117,265	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	7,502	Percentage of Time			12.00
13.00	Machine Costs & Repairs	0	Percentage of Time			13.00
14.00	Supplies	540,427	Requisitions			14.00
15.00	Drugs	1,063,714	Requisitions			15.00
16.00	Other	479,697	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	3,839,030				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	48,441	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	127,215	Percentage of Time			19.00
20.00	Employee Benefits Department	175,225	Salary			20.00
21.00	Administrative & General	902,791	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	264,196	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	84,741	Requisitions			24.00
25.00	Pharmacy	0	Requisitions			25.00
26.00	Other Allocated Costs	135,236	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	5,576,875				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	5,576,875				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 160033

Period: From 07/01/2012

Worksheet 1-2

Component CCN: 162303

To 06/30/2013

Date/Time Prepared: 11/22/2013 9:38 am

Renal Dialysis

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs	
		Bui l di ng	Equip ment	RNs	Other			
		1.00	2.00	3.00	4.00			
1.00	Total Renal Department Costs	312,637	134,717	860,138	433,968	292,490	1,063,714	1.00
MAINTENANCE								
2.00	Hemodialysis	296,677	127,833	816,218	411,813	277,555	1,063,714	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	0	7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	0	10.00
11.00	CCDP	0	0	0	0	0	0	11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	15,960	6,884	43,920	22,155	14,935	0	12.00
13.00	Method II Home Patient	0	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						0	14.00
15.00	ARANESP (include in Renal Department)						1,063,714	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	312,637	134,717	860,138	433,968	292,490	1,063,714	17.00
18.00	Medical Educational Program Costs							18.00
19.00	Total Renal Costs (line 17 + line 18)							19.00
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)		
		7.00	8.00	9.00	10.00	11.00		
1.00	Total Renal Department Costs	625,168	0	3,722,832	1,854,043	5,576,875		1.00
MAINTENANCE								
2.00	Hemodialysis	593,245	0	3,587,055	1,786,423	5,373,478		2.00
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00
TRAINING								
4.00	Hemodialysis	0	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00
6.00	CAPD	0	0	0	0	0		6.00
7.00	CCDP	0	0	0	0	0		7.00
HOME								
8.00	Hemodialysis	0	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00
10.00	CAPD	0	0	0	0	0		10.00
11.00	CCDP	0	0	0	0	0		11.00
OTHER BILLABLE SERVICES								
12.00	Inpatient Dialysis	31,923	0	135,777	67,620	203,397		12.00
13.00	Method II Home Patient	0	0	0	0	0		13.00
14.00	EPO (include in Renal Department)							14.00
15.00	ARANESP (include in Renal Department)							15.00
16.00	Other	0	0	0	0	0		16.00
17.00	Total (sum of lines 2-16)	625,168	0	3,722,832	1,854,043	5,576,875		17.00
18.00	Medical Educational Program Costs					0		18.00
19.00	Total Renal Costs (line 17 + line 18)					5,576,875		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160033
Component CCN: 162303

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

Worksheet 1-3
Date/Time Prepared: 11/22/2013 9:38 am

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	312,637	134,717	860,138	433,968	292,490	1.00
MAINTENANCE							
2.00	Hemodialysis	3,885	94.89	25,386.00	9,554.00	1,547,172	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCDP	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCDP	0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	1,024	209	5.11	1,366.00	514.00	83,253
13.00	Method II Home Patient	0	0	0.00	0.00	0.00	0
14.00	EPO	0	0	0.00	0.00	0.00	0
15.00	ARANESP	0	0	0.00	0.00	0.00	0
16.00	Other	0	0.00	0.00	0.00	0.00	0
17.00	Total Statistical Basis	4,094	100.00	26,752.00	10,068.00	1,630,425	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	76.364680	1,347.170000	32.152288	43.103695	0.179395	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	1,063,714	625,168	0	3,722,832	1,854,043	1.00
MAINTENANCE							
2.00	Hemodialysis	0	541,808	0			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCDP	0	0	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCDP	0	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	0	29,155	0			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	EPO	0	0	0			14.00
15.00	ARANESP	1,063,714	0	0			15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	1,063,714	570,963	0		3,722,832	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.000000	1.094936	0.000000		0.498020	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 160033

Period: From 07/01/2012

Worksheet 1-4

Component CCN: 162303

To 06/30/2013

Date/Time Prepared: 11/22/2013 9:38 am

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Number of Program Treatments (prior to Jan. 1)	
		1.00	2.00	3.00	4.00	4.01	
1.00	Maintenance - Hemodialysis	20,054	5,373,478	267.95	0	7,182	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks	Patient Weeks (prior to Jan. 1)	
		1.00	2.00	3.00	4.00	4.01	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	20,054	5,373,478		0	7,182	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	20,054					12.00
		Number of Program Treatments (on/after Jan. 1)	Total Program Expenses (see instructions)	Total Program Payment	Total Program Payment (prior to Jan. 1)	Total Program Payment (on/after Jan. 1)	
		4.02	5.00	6.00	6.01	6.02	
1.00	Maintenance - Hemodialysis	7,182	3,848,834	0	1,525,878	1,525,879	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0	0	0	2.00
3.00	Training - Hemodialysis	0	0	0	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0	0	0	8.00
		Patient Weeks (on/after Jan. 1)			(prior to Jan. 1)	(on/after Jan. 1)	
		4.02	5.00	6.00	6.01	6.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	7,182	3,848,834	0	1,525,878	1,525,879	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))						12.00
		Average Payment Rate (col. 6 ÷ col. 4)	Average Payment Rate (col. 6.01 ÷ col. 4.01)	Average Payment Rate (col. 6.02 ÷ col. 4.02)			
		7.00	7.01	7.02			
1.00	Maintenance - Hemodialysis	212.46	212.46	212.46			
2.00	Maintenance - Peritoneal Dialysis	0.00	0.00	0.00			
3.00	Training - Hemodialysis	0.00	0.00	0.00			
4.00	Training - Peritoneal Dialysis	0.00	0.00	0.00			
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0.00	0.00	0.00			
6.00	Training - Continuous Cycling Peritoneal Dialysis	0.00	0.00	0.00			
7.00	Home Program - Hemodialysis	0.00	0.00	0.00			
8.00	Home Program - Peritoneal Dialysis	0.00	0.00	0.00			

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 160033
Component CCN: 162303

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

Worksheet 1-4
Date/Time Prepared:
11/22/2013 9:38 am

		Rate 0			Renal Dialysis	
		7.00	7.01	7.02		
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0.00	0.00	0.00		9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0.00	0.00	0.00		10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)					11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))					12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet I-5 Date/Time Prepared: 11/22/2013 9:38 am
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		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)	3,848,834		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)	1,525,878	1,525,878	2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)	1,525,879	1,525,879	2.02
2.03	Total payment due (see instructions)	3,051,757	3,051,757	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	294	294	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)	294	294	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	610,594	610,594	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)	610,594	610,594	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			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			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	0	0	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)	610,888	610,888	8.00
9.00	Program payment (see instructions)	-235	2,441,170	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)	3,238,181	796,776	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)	5,373,478		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	5,373,478		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 160033	Period: From 07/01/2012 To 06/30/2013	Worksheet L Parts I-III Date/Time Prepared: 11/22/2013 9:38 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,299,509	1.00
2.00	Capital DRG outlier payments		266,990	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		156.80	3.00
4.00	Number of interns & residents (see instructions)		14.65	4.00
5.00	Indirect medical education percentage (see instructions)		2.67	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		114,797	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.26	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.87	8.00
9.00	Sum of lines 7 and 8		23.13	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.79	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		205,946	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		4,887,242	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